

Women's Domestic Issues

file abortion

PHOTOCOPY
PRESERVATION



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São Paulo, Brasil

February 2000

Dear Colleagues:

For more than 25 years, Catholics for a Free Choice—and I—have been working to reach out to those confused by the rhetoric surrounding abortion rights or those uncommitted to our cause. Rather than preach to the choir, we have talked to those who are not even in the prochoice pews. I know what it is like to work in environments hostile to women and women's rights. I know how tough it is to go under hot TV lights, to argue with an aggressive radio host or to face a censorious audience. Through trial and error, we have developed a highly effective way to talk about abortion that addresses people's real concerns about the issue. We have found that we need to provide answers to the tough questions about abortion, life, and morality to people whether they live in the United States, the Philippines or Ireland.

I am therefore very excited about the enclosed publication and hope that after reading it you share my enthusiasm. *How to Talk About Abortion—A Guide to Successful Communications* is the culmination of an immense amount of work. Two years in the making, it has been read and reviewed by many of our colleagues around the world, as well as by CFFC staff. I am convinced that this publication will be of tremendous value in shaping our discourse about abortion and reproductive rights. Most importantly, I hope it will challenge your own thought processes and ignite a new excitement and perspective on the important work we do.

We designed the guide in an easy-reference Q&A format so that it can be read in one sitting, at many sittings, or just dipped into as appropriate before meetings, debates or media appearances.

The guide deals with the difficult questions we face in our work every day, including those related to fetal rights and "personhood," abortion and health, abortion as a "sin," adoption, population control, and many, many more. Where appropriate our unique prochoice Catholic perspective informs the responses, but for the most part, these questions and answers are at the heart of the debate for people of any faith—and no faith.

There are difficult questions, my responses and accompanying facts and resources on:

- Women's Perspectives: Health, Morality and Rights
- The Status of the Fetus: Personhood and Rights
- Values and Culture
- Catholicism
- Insults and Personal Attacks
- Difficult Questions for Your Adversary

The most commonly asked questions have been dealt with and the facts sections provide further information on many issues. The resources section at the back of each chapter provides further in-depth information and insights into the issues from many different organizations and authorities.

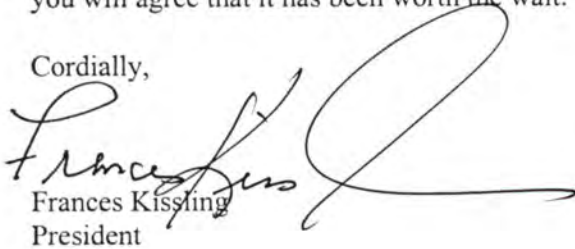
The guide was designed to fit into a standard ring binder. This will allow us to produce and distribute updates as new statistics and more resources become available.

I'm sure that you will find this guide invaluable. If you have any comments you would like to share with us, please fill out the feedback form at the back. By doing so, you can be sure that future updates will meet your requirements.

Many of you will want to order multiple copies of this guide for your colleagues and staff. Please complete the order form at the rear of the guide or contact David Nolan, senior associate for communications, for details of special multi-copy rates.

How to Talk About Abortion—A Guide to Successful Communications has had a long gestation. I'm sure you will agree that it has been worth the wait.

Cordially,

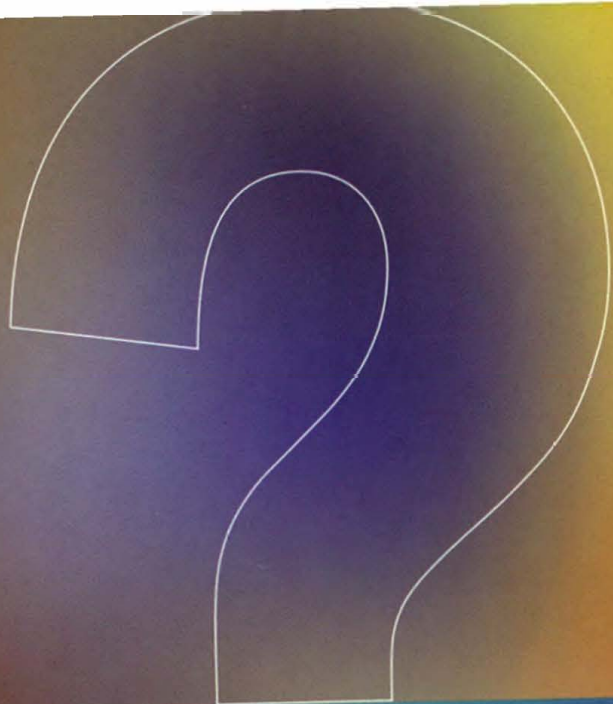
A large, elegant handwritten signature in black ink, which appears to read "Frances Kissling". The signature is written over the printed name and title.

Frances Kissling
President

How to Talk About Abortion

A GUIDE TO SUCCESSFUL COMMUNICATIONS

CATHOLICS
FOR A FREE
CHOICE



How to Talk About Abortion



**A GUIDE TO
SUCCESSFUL
COMMUNICATIONS**



CATHOLICS FOR A FREE CHOICE

What the prochoice community
has said about
how to talk about
abortion—A guide
to successful
communications:

*“This guide will be
of tremendous practical use
to prochoice communicators
around the world.”*

Tony O'Brien

Chief Executive, Irish Family Planning Association

*“Provides a unique
moral and ethical
framework to prochoice
arguments.”*

Maria Mejía

*Director, Católicas por el Derecho
a Decidir, Mexico*

*“Essential. A vital
contribution to any
serious ethical discussion
about abortion.”*

Rosemary Radford Ruether

*Georgia Harkness Professor,
Garrett Evangelical Seminary*

*“In the increasingly difficult
debate about abortion, this
book offers answers to hard
questions that are likely to
make people think.”*

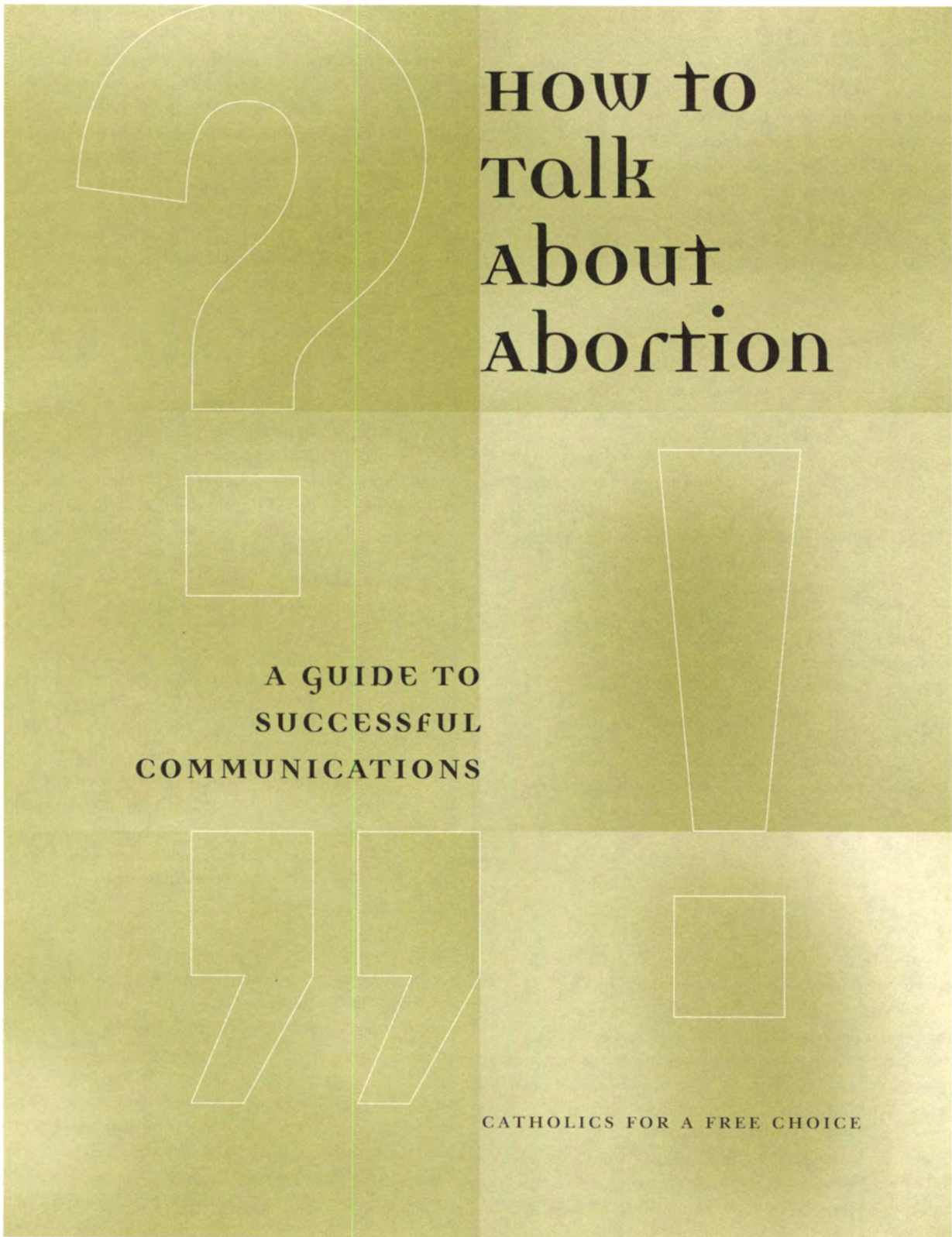
Sr. Maureen Fiedler

National Coordinator, Catholics Speak Out

*“No matter how good you are in
communicating prochoice views,
there is always something more
to learn—and Frances Kissling
is a good teacher.”*

Kate Michelman

*President, National Abortion and
Reproductive Rights Action League*



By Frances Kissling

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ABOUT CATHOLICS FOR A FREE CHOICE

Catholics for a Free Choice shapes and advances sexual and reproductive ethics that are based on justice, reflect a commitment to women's well-being, and respect and affirm the moral capacity of women and men to make sound decisions about their lives.

Through discourse, education, and advocacy, CFFC works in the United States and internationally to infuse these values into public policy, community life, feminist analysis and Catholic social thinking and teaching.

ABOUT THE AUTHOR

Frances Kissling has been active on the front lines of the reproductive and feminist religious movements for more than 25 years. From directing one of the first family planning clinics to provide legal abortions in the United States to shaping Catholics for a Free Choice into the voice of prochoice Catholicism both in the US and internationally, she has extensive experience in shaping communications strategies in the areas of reproductive health and ethics.

Ms. Kissling has assisted activists around the world in their efforts to secure reproductive rights—from Ireland to Eastern Europe to the Philippines, and throughout Latin America.

An expert communicator, Ms. Kissling is a veteran of hundreds of debates and speeches and thousands of television, radio and print news interviews throughout the world.

AUTHOR'S ACKNOWLEDGMENTS

Learning how to say things in a way that accurately reflects the complexity of how we think and feel about abortion takes many years of experience, trial and error, and much help from colleagues. Those who disagree with us and ask hard questions teach us a great deal as well. This has certainly been true for me as a communicator and as we developed this communications manual. Catholics for a Free Choice staff, our partners in *Católicas por el Derecho a Decidir* in Latin America and colleagues in the field who reviewed earlier drafts gave insight and advice and asked the hard questions that made this a much better product.

Geoffrey Knox served as the editorial consultant on this project, but that title barely begins to describe

the way in which he helped shape this product. By spending hours talking through almost all the questions and answers with me, he helped me clarify my own thoughts and strengthened answers that were weak or inadequate. Ultimately, he played a major role in bringing order out of chaos. CFFC staff past and present were critical not only to the content, but to maintaining passion for the publication over a long period of review and revision. Jon O'Brien, CFFC's vice president and director of communications, spent long hours searching out resources to accompany the guide. His determination to see this project through and his belief in its value were critical. Denise Shannon, who has been a staff member, consultant and friend of CFFC, played a special role in pushing the envelope on some of the tougher questions. Denise, Patti Miller, CFFC's director of writing and research, and Maggie Hume, who formerly served in that capacity, served as editors. David Nolan, senior associate for communications and education, played the final critical role in managing the publication process and ensuring that the manual gets in the hands of those who can best use it. Delia Allen O'Brien provided computer assistance that was essential to this publishing effort.

Special acknowledgement is due to our colleagues in *Católicas por el Derecho a Decidir* in Latin America. While no manual can adequately deal with the many different cultural markers that influence how we think and talk about critical issues, our Latin American colleagues provided considerable insight and advice on perspectives and styles of communication there. Special thanks to María Consuelo Mejía, director of *Católicas por el Derecho a Decidir*, and María José Rosado Nunes, coordinator of *Católicas pelo Direito de Decidir*.

A final thanks to the numerous friends and colleagues who reviewed early drafts. They are far too numerous to list here, but you know who you are. I hope you see the results of your probing and helpful comments.

But in the end, the responsibility for both what works and what doesn't is mine. Questions and answers were filtered through the lens of my experience. This manual is only a rough guide. The final acknowledgment belongs to those of you who will use this and make it your own. It will come to life as you grapple with these questions and answers and change them according to your experiences, your feelings and your values.

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TABLE OF CONTENTS

Divider Title: _____

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How to Talk About Abortion—A Guide to Successful Communications

Design by Hasten Design Studio, Inc.

table of contents

About This Guide	2
Strategies for Successful Communication	4
Women's Perspectives: Health, Morality and Rights	8
Health	9
Morality	11
Rights	15
Resources	
The Status of the Fetus: Personhood and Rights	17
Personhood	17
Rights	19
Resources	
Values and Culture	23
Individual Versus Community	23
Population Control	23
Cultural Imperialism	24
Cheapening of Life, Social Decline	25
Fetal Abnormalities	25
Men's Role and Responsibility	26
Parents and Teenagers	27
Resources	
Catholicism	28
Resources	
Insults and Personal Attacks	33
Questions for Your Adversary	35
Index	37
Index of Resources	39

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ABOUT THIS GUIDE

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ABOUT THIS GUIDE

Abortion is one of the most emotional, complex, and yet oversimplified issues to occupy public attention. The issue stirs up people's deepest feelings and beliefs about the meaning of life, the power of creation, and the survival of our species. These emotions, beliefs, and values play themselves out in public policy debates where the medical, ethical, legal, religious, and political grounds shift frequently. While positions on abortion are often expressed in near absolutes—one is either completely for or completely against legal abortion and considers it either almost never morally correct or very often morally correct—in reality, many people hold in balance conflicting values and views on the subject.

As people who publicly advocate legal abortion, we need to understand this ambivalence and the tension that many people feel about abortion. We cannot

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afford to ignore the real concerns of people who are undecided or only somewhat supportive of our positions. Public opinion polls in many countries show that most people want abortion to be legal and available, but at the same time people are uncomfortable with some aspects of the issue, including the frequency of abortions, some reasons women give for having abortions, and abortions performed in the later stages of pregnancy. People have questions about adolescents, about the role of husbands and partners, and about how decisions to have an abortion are made. Responding honestly to these concerns will make it possible for them to hear and understand our perspectives.

There is no single approach to talking about abortion and no single answer to any question about it. The best way to talk honestly and openly about abortion and to deal with people's ambivalence and fears

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to talking about abortion and
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question about it.**

will vary depending on your particular situation, who your audience is, the amount of time you are given, and the nature of the speaking opportunity. You will know better than anyone how the people in your town, city, or region think and feel about abortion and what arguments will work best to reach them and will open their minds to supporting legal abortion.

This guide is meant to stimulate your ideas on how to approach the abortion debate. It is designed for people who already have a public voice or who are beginning to develop their own public voice. The information presented here is by no means complete or comprehensive, but it does suggest arguments to use if you have the opportunity to stand up in front of people or to appear in the media and talk about abortion for two minutes, five minutes, or half an hour. No matter how experienced we are, for each interview or speech we have to ask ourselves: What do I want to say at this time? How can I convey what I believe about abortion to this particular audience?

We have included a range of difficult questions and assertions you may hear about abortion. Again, these questions and assertions and our responses to them are by no means definitive and will not apply everywhere. You may disagree with some of the positions we take, or with how we put them. It is up to you, as the one who knows your own context best, to decide what makes sense in your milieu. In some countries, abortion is not on the public agenda at all. In other countries, where abortion is legal, the debate is often about funding or access issues, or about how to reduce the need for abortions. But no matter where we live, the speed of information transfer around the globe has put abortion increasingly on the agenda in a much more sophisticated way than it was twenty years ago. More complex, difficult questions are being raised in the debate everywhere.

At its heart, the abortion debate is about values—the big questions. Whatever the foreground, the background is the attempt by good people to figure out what is the “right” thing to do—for the individual woman who faces an abortion, for the community which supports that woman, and for the state which sets the legal parameters in which the decision to terminate a pregnancy will be made and acted upon.

When we talk about abortion, we want not only to answer difficult questions and respond to real concerns, but also to convey a sense of the values that lead us to our beliefs. More often than not, you first will get an opportunity to make your case, and then you will have difficult questions thrown at you. Your preparation, therefore, has to include understanding what is most important to you about abortion and practicing what you want to say positively about your position. The section of this guide called “Strategies for Successful Communication” discusses how best to present your arguments.

Advocates of legal abortion need to be particularly aware of the distinction between making the big points and getting sidetracked by minutiae. Polls show that when you are discussing the general question of whether abortion should be legal, or whether the woman or the state should make the abortion decision, significant majorities support laws that favor individual choice and reject government restrictions. However, as you get down to certain specifics, such as abortion late in pregnancy, abortions for minors without parental permission, or some reasons women give for having abortions, many people are less sure about what they feel and tend to become more accepting of government restrictions.

People can hear better what you are saying if you acknowledge and take seriously their concerns and fears. Once you have allayed their misgivings, you will have a better opportunity to express your core values, your best arguments. Concentrating on health, women’s rights, individual conscience, pluralism, and democracy have been shown over time to work, and these arguments are emphasized throughout this guide.

This guide is based on CFFC’s experience working in many countries as an organization of Catholics who believe abortion can be morally correct and who have a distinct perspective on ethical issues, values, and social justice. But this guide is not just for Catholics. It is our experience that almost everyone has questions about the ethics of abortion. Whether they frame these questions in religious or secular terms, most are seeking an approach to the age-old task of determining the right thing to do in a difficult situation.

We cover what seem to us to be the most fundamental areas of argument in the abortion debate. We pose what we have found to be the most difficult questions, and then we answer them. In most cases, we first give a quick response, one that a reporter might be likely to use for a print, television, or radio interview. We then give a more detailed response expanding on that quotation. We provide relevant facts to back up the arguments. Because the arguments here are “ours,” you very likely will want to adapt this material to your local circumstances and culture. We recommend readings for further study, and offer various resources—such as opinion pieces, articles, and editorials—that may be helpful as you develop your own positions more fully.

We also ask for your reactions to this guide and suggestions on how it could be made more useful; you will find a feedback form included in these materials. We intend this guide to be a dynamic document that can be expanded and updated to respond to new challenges in the abortion debate. We ask for your help in this evolving endeavor and hope that it will prove useful in your work.

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STRATEGIES FOR SUCCESSFUL COMMUNICATION

Divider Title: _____



STRATEGIES FOR SUCCESSFUL COMMUNICATION

1. KNOW YOUR AUDIENCE.

- Who is going to be there? How many people? What are their interests? Decide whom you are targeting within the larger audience.
- Who are the other speakers or interviewees? Who is the moderator? Which ones are your adversaries and which ones are your allies?
- What have the other speakers said in the past? What are the strengths and weaknesses of their positions? Is the moderator balanced or biased, skilled or a novice?
- Invite your supporters to the event so that you can draw strength from their presence.

2. SHAPE THE FORMAT OF THE EVENT.

- Find out the proposed format of the event in which you are being asked to participate. Are you going to have an hour on TV? Are you going to have five minutes? Two minutes? Will it be taped or live? If taped, will it be edited?
- If the format is not the best one for you, request changes that would better suit you. If your requests are reasonable, and the organizers want you to speak, they will make some changes. Often the

organizers will be inexperienced and will welcome your advice.

- Try to be the only speaker. The best situations for talking about abortion are those in which you don't have to share your space with an adversarial speaker. Don't be afraid to seek or ask for that format.
- Set ground rules. Insist, for instance, that speakers are not to be allowed to use visual aids or, say, tape recordings of fetal heartbeats. Or, for a call-in radio program, insist that you want a certain number of minutes before the calls begin, and then limit the time during which you will take calls. You might want to set a limit of only ten or fifteen minutes.

3. PREPARE. PREPARE. PREPARE.

- Know thyself. Before you can really grapple with how to talk about abortion in the public arena, you first have to know what you think and feel about abortion. If you are uncertain or confused, this will become evident in your presentation.
- Prepare three points you want to make during the event. Choose the three points according to whom you will debate and who your audience is. Write the three points down and practice making them. If you do nothing else at the event, you want to

make those three points more than once before you leave.

- Know the final point you want to leave your audience thinking about. Try to get the last word, and make it big, strong, and positive.

4. LEAD, DON'T FOLLOW, THE DEBATE.

- You should shape the debate from the very beginning. Take the lead and don't simply respond to your adversaries.
- Change the course of the debate if it is getting out of your control. For example, you can jump in with, "I'd like to bring us back to the real question at hand." Or, "I think what we're missing here is that people's real concerns center on...."
- Use questions you are asked to give facts, cite statistics, or to talk about the points you want to make. There is a difference between *responding* to a question and *answering* it. You must respond, but you do not necessarily have to directly answer a question that you think goes nowhere. For example, if your adversary asks you, "Don't you believe abortion is killing a baby?" you can say, "Even conservative estimates say that illegal and unsafe abortions kill tens of thousands of women every year. We need to make abortion legal to save women's lives."
- Don't repeat your adversaries' accusations and misstatements. For example, if they say, "Abortion kills babies," don't respond, "No, abortion is not murder. It does not kill babies." In this case you would do better to turn their wrongheaded statement into a point supporting your position: "Legally available, safe abortion saves women's health and respects their rights."

5. TALK TO YOUR AUDIENCE, NOT TO YOUR ADVERSARIES.

- You are not there to convince anyone with an already strong position against abortion. The people in the room or those listening on TV or radio who are already part of the antiabortion movement are not your audience. Do not waste your time on minds that won't change.
- Your target audience consists of:
 - a) people who are ambivalent about abortion and who may be open to a persuasive point, especially if it addresses a real concern they have;
 - b) people who support legal abortion, but are not active, whom you want to mobilize to action; and
 - c) advocates of legal abortion who need good information and arguments.
- Before any interview or debate, always find out who is the most important segment of the audience and then tailor your talk for that audience.

6. CREATE A PERSONAL BOND WITH THE AUDIENCE.

- Show your humanity. Let your audience know that you do not have all the answers to every question. You can point out that you grapple with the same concerns they do. If you are talking to a general audience, you can say, "I think we all struggle with questions about abortion. I think about this a lot. Let me try to explain how I see it."
- Let your audience know what you have in common with them. When answering a question from the audience, try to start with a view you and the questioner share.
- Be specific with audiences. If the audience is all women, you can say, "As women, we never underestimate what an enormous responsibility it is if we become pregnant and have a child."

7. BRING THE AUDIENCE INTO THE DILEMMA.

- Let your audience share in thinking about and answering questions. You can say, for example, “That is an interesting question; now how should we think about that? What will we do about it?” You can continue by answering it, but now you’ve invited the audience to think along with you.

8. ASK DIFFICULT QUESTIONS.

- There is no reason you should have to deal with all the difficult questions. Ask your adversary hard questions. Just make sure the questions you ask or statements you assert are tough and well thought through, or your adversary will take the opportunity to promote herself or himself. (One section of this guide suggests several tough questions for adversaries of legal abortion.) For example, if you say that people who oppose legal abortion don’t care about women, you may be giving your adversary an opportunity to make a commercial for antiabortion “counseling” centers.
- When you ask a difficult question, have your own response prepared so you can comment on what your adversary says.

9. SAY SOMETHING FRESH AND UNEXPECTED.

- Avoid giving the same standard answer to questions. If you say the same thing everyone else has already said, people will stop paying attention.
- Again, showing your own thoughts and struggle can be disarming. You can say, “I struggle with the answers to these questions all the time. The abortion decision is one of the most difficult decisions a woman may ever have to make.”

10. USE HUMOR, WHEN APPROPRIATE.

- Let your audience know that you have a sense of humor. If you are completely solemn and serious all the time, it is harder for audiences to pay attention.
- You can attack a position, but never a person, even with humor. Don’t laugh at a person, or provoke the audience to laugh at them. You will lose sympathy and support.

11. BE PREPARED FOR PERSONAL ATTACKS.

- You may be called horrible names and verbally assaulted because you support legal abortion. Draw strength from the knowledge that you are working for a just cause, and do not let these attacks throw you off the points you want to make. By sticking to real concerns, you can weaken an adversary who uses personal attacks.

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WOMEN'S PERSPECTIVES

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Women's PERSPECTIVES

Health, Morality and Rights

While many people who are opposed to or confused about abortion focus their arguments almost exclusively on the fetus, we believe that most people's position on the issue is shaped by their views of women: women's nature, their role in the family and in society, their power and their lack of power. Our own values and commitments mean that we would be troubled by a discourse about abortion that does not put women at the center. Our goal is not simply to see that abortion is safe and legal. It is to transform political and social thought about women in a way that links women's dignity, health, and rights to the acceptance of women as morally and legally capable individuals

**our goal is to transform
political and social thought
about women.**

who should be entrusted to make decisions about when, whether, and how to bring new life into the world.

Advocates of legal abortion must deal with a long-standing tradition of hostility to women in matters of sexuality and reproduction. This hostility has to be recognized and exposed as you talk about abortion and answer the difficult questions and counter the personal attacks. This certainly does not require

ranting and raving. Nor does it require what has been criticized as a radical feminist line (and there is in our minds much to commend in radical feminist thought). It does demand a firm, calm call for the application of social justice principles to women, whichever of three perspectives on abortion one chooses to argue from: morality, rights, or health.

There is no reason for advocates of legal abortion to avoid discussion of morality, and every reason to

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to avoid discussion of morality.**

engage in it wholeheartedly. While moral discourse over time has been directed by men and still often excludes women or makes demands on women that would not be made of men, when it comes to decisions about reproduction, women are the primary moral agents. Moral discourse is multidimensional and relevant on a number of levels. Choosing to have an abortion can be a necessary and morally defensible choice in a wide range of circumstances. And clearly, it is not a moral good that women die, or lose their fertility, or are branded as criminals because they have unsafe, illegal abortions.

Advocates of legal abortion have found that with some audiences, emphasizing women's health is com-

elling and effective, especially in countries where unsafe, illegal abortion is a daily reality. We know that people respond sympathetically to the irrefutable fact that women suffer and die when abortion is illegal and unsafe: according to the World Health Organization, at least 80,000 women worldwide die every year as a result of unsafe illegal or clandestine abortions performed by unqualified practitioners in inadequate facilities. (Of course, there are also illegal abortions that are provided by competent, caring practitioners and are medically safe. But where abortion is illegal, it is very often unsafe.) The health argument can make people understand how safe and legal abortions save lives.

The health argument also has a social justice component: The death rate from abortion, according to the Alan Guttmacher Institute, is hundreds of times higher in developing than in developed regions of the world. It is poor women who suffer most from illegal and unsafe abortions.

The right of a woman to choose to have an abortion has proven to be a powerful argument in many countries. The very fact that there is a lively debate about the meaning of rights makes it important that rights language and concepts are part of our argumentation. Over the last years, there has been real progress in the international human rights community toward extending traditional political understanding of human rights to women's lives—to family and marriage law as well as to reproductive health. Compelling arguments can be made and will be understood by many audiences—lawyers and politicians among them. Moreover, as the debate over individual rights versus the rights of the community becomes more pronounced, the need to provide arguments for legal abortion in both of these frameworks is important.

HEALTH

Assertion: Abortions are unsafe and harm women's health.

Response:

- Opposition to abortion on moral grounds should not lead us to be inaccurate. In fact abortion, when legal and provided with care, is one of the simplest and safest medical procedures. Even where illegal, abortions performed by well-trained and well-motivated doctors and other health care

professionals result in a very low complication rate. I guess I would ask the question, if I could prove to you that abortion is safe and does not harm women's health, would you then believe it should be legal?

- Having an illegal, back-alley abortion is dangerous. It also turns women and doctors into criminals. Legal and safe abortions do not endanger a woman's health. But when abortion is illegal, women suffer and die. It has been internationally recognized that it is illegal and unsafe abortions that are a major public health concern.
- While abortion is one of the safest medical procedures known, no one should ignore the health consequences of illegal abortions. Every year, millions of women choose to have an abortion even though it is illegal in their country and they face a great risk to their health.
- Over a half million women die each year and millions more suffer severe or chronic health problems due to pregnancy-related causes. Most of this illness and injury is preventable. That is the threat to women's health that should concern us all.
- We know for a fact that at least 80,000 women per year die from illegal or clandestine abortions. We know for a fact that safe abortions save women's lives.

Assertion: You act as though you always have women's best interest at heart, but that is not true. It has been scientifically proven that women who abort suffer serious, lifelong psychological damage from destroying a pregnancy.

Response:

- If we are concerned about psychological or emotional problems following abortion, then legality is a good part of the answer. When abortion is legal, guilt is reduced, and the ability to seek help in what is often a sad and difficult situation is increased.
- Most of the claims that psychological problems are caused by abortion, as opposed to other decisions about a pregnancy—adoption, having a child you can only marginally care for—have been raised by those who are biased against abortion. There are no objective scientific studies that have shown an increase in psychological trauma because of abortion.

- Almost any decision a woman makes when she becomes pregnant under difficult circumstances or at a difficult time has traumatic aspects. Being a parent when you are unable to do a good job is no bed of roses. Giving up a child for adoption is extremely painful and is often emotionally unre-

solved for years, yet we wouldn't make adoption illegal. There is no doubt that having an abortion is, for many women, traumatic and sad, for some even tragic, but that does not mean that it should not be legal and safe, nor does it mean that it was not the right decision for them.

FACTS: SAFE ABORTION SAVES LIVES

- In countries where abortion is illegal, and even in countries where it is legal but often unavailable, the procedure is frequently performed illicitly, often under unsafe conditions.
- According to the World Health Organization, 80,000 women die annually from unsafe abortions.
World Health Organization, Unsafe Abortion: Global and regional estimates of incidence and mortality due to unsafe abortion, WHO/RHT/MSM/97.16 (Geneva: WHO, 1998).
- These deaths occur even though abortion is one of the safest medical procedures there is. Compare the relative risks of female death in the United States:

Abortion (safe conditions, < 9 weeks gestation)	one in	400,000
Live birth	one in	10,000
Contraceptive pill use by smokers	one in	16,000
Contraceptive pill use by nonsmokers	one in	63,000
IUD use	one in	100,000

Ruth Dixon-Mueller and Adrienne Germain, *Four Essays on Birth Control Needs and Risks* (New York: International Women's Health Coalition, 1993), p. 9.

- The Alan Guttmacher Institute estimates that the risk of death associated with childbirth is about 10 times as high as that associated with abortion.
"Induced Abortion," Facts in Brief (New York: Alan Guttmacher Institute, 1996).

- Unsafe abortions are a leading cause of maternal deaths around the world:

- 13% of all pregnancy-related deaths result from abortion complications.

World Health Organization, Abortion: A Tabulation of Available Data on the Frequency and Mortality of Unsafe Abortion, 2nd ed., WHO/FHE/MSM/93.12 (Geneva: WHO, 1994), p. 8.

- 50% of all maternal mortality is abortion-related in Nigeria, which allows abortion only to save a woman's life, while the figure is only 16.5% in Tanzania, which allows abortion for maternal health and/or judicial reasons.

Unsafe Abortion and Post-abortion Family Planning in Africa (London: International Planned Parenthood Federation—Africa Region, 1994).

- When safe, early abortion services became available in Jakarta, Indonesia, a hospital shut down its special ward for women suffering from botched abortions. No one came; there were no cases.

F.A. Moelock, et al., The Relation Between Menstrual Regulation Service and the Incidence of Septic Abortions in Indonesia (Jakarta: University of Indonesia, 1988), p. 2.

- Illegal, botched abortions use up scarce resources that public health systems desperately need for other life-saving interventions. In many countries, especially in sub-Saharan Africa and Latin America, botched abortions:

- fill half of all obstetrical/gynecological ward beds;
- use up half or more of the blood bank resources of local hospitals;
- take up half of the operating theater time; and
- occupy half or more of the time of surgeons and specialized professionals.

Kajsa Sundström, Abortion: A Reproductive Health Issue (Stockholm and Washington, DC: Swedish International Development Authority and The World Bank, July 1993), pp. 37 & 47.

- Unsafe and illegal abortion is also tragic. Branding women lawbreakers has its consequences. Women's physical health may be threatened by complications and by the fear of seeking help when they experience a complication; because the abortion was illegal, women are afraid to talk about it, even with their husbands, friends, or parents. Thus, the opportunities for emotional closure are few.
- When the rhetoric and propaganda used by those who oppose legal abortion is so vitriolic and condemning, it is not surprising if some women feel bad about themselves and their decisions. If women feel bad about themselves, perhaps the antiabortion movement should take some responsibility for their pain. Look at the way it portrays women.
- Do you also consider the long-term ill effects for a woman of being forced to bear a child she cannot care for? And the psychological and physical damage to that child?

MORALITY

In a world in which women's status is improving, it is unusual to hear our adversaries baldly state their biases against women. More often the statements are veiled or oblique, and it takes more work to uncover biases—such as the belief that women are amoral or immoral beings who are not capable of making good decisions. Often, assertions that seem on their face to be about abortion itself are at their core pejorative statements about women.

Assertion: You only talk about hard cases because they raise people's sympathy, but studies show that in reality, women have abortions for frivolous reasons. It is often because it's just not "convenient" to have a child.

Response:

- There is nothing "convenient" about having an abortion. Especially where it is illegal, having an abortion can be dangerous. And it is still socially stigmatized and personally wrenching.
- Women are most often the ones who care for children—often under the most difficult circumstances. Women have abortions because they care about others—they want to bring children into the world under good circumstances.

FACTS: REASONS FOR ABORTION

- Almost all women give more than one reason for choosing to have an abortion. On average, women in the United States give at least three reasons:
 - about three-quarters say that having a baby would interfere with work, school, or other responsibilities;
 - about two-thirds say they cannot afford a child;
 - about one-half say they do not want to be a single parent or are having problems with their husband or partner; and
 - about 15,000 women have abortions each year because they became pregnant after rape or incest.

- More than half of all pregnancies among US women are unintended; of these, half are terminated by abortion.

"Induced Abortion," Facts in Brief (New York: Alan Guttmacher Institute, 1996).

- Most abortions take place because the woman did not intend to become pregnant, but some women who did want to become pregnant also chose abortion:
 - 13% say they made the choice in part because of a possible fetal defect;
 - 7% cite a threat to their own health.

Abortion and Women's Health (New York: Alan Guttmacher Institute, 1990).

- According to studies in Latin America, common reasons for abortion include:
 - The woman or her partner is poorly paid, under- or unemployed, or a student and cannot afford to bear and rear a child;
 - The woman's relationship with her partner is unstable, or the male partner withdrew emotional or economic support upon learning of the pregnancy;
 - The woman or couple wants to end childbearing or postpone the next birth;
 - Pregnant teenagers and unmarried women fear rejection by their families and society; and
 - Some young women want to reach a certain level of personal achievement before becoming mothers.

Clandestine Abortion: A Latin American Reality (New York: Alan Guttmacher Institute, 1994).

- No woman wants to have an abortion. It is not fun, nor is it some sort of rite of passage. The decision to have an abortion reflects the poverty and inequities of the world we live in: scarce resources for and commitment to children; relationships where men are not prepared to love and commit to women and children; hostility toward sexuality and women.
- Women have abortions for different, and multiple, reasons. Study after study has shown that in many countries of the world, women who have abortions would have continued that pregnancy if circumstances had been different. But because these women care about what kind of life that child would have, they make their choice on the basis of what they think is best for developing life, for their existing children, for their family, and for their community. Many are poor. They would like to have a better life, to achieve some modest financial stability, and to have children they can care for.
- It is very hard to quantify, understand, or document the reasons women have abortions. Women's lives are complex and poorly understood, and society does not yet have the capacity to fully value women's decisions or their rationales for these decisions. For example, if a woman says that she had an abortion because having a child now would interfere with her work, many who oppose abortion depict that as a trivial reason. But if the woman is the principal breadwinner in her family, if children and possibly other adults depend on her for support, is this a trivial decision?
- Ultimately, we cannot judge for any other person what constitutes a worthy reason. In the end it comes down to who gets to make the decision. Clearly, each of us knows our own situation best, and we must be able to make our own decisions.
- If one is really serious about reducing the need for abortion, the most effective action is to change the conditions that put women in a situation of involuntary and unbearable pregnancy: unavailable or ineffective birth control; female poverty, especially for single women with responsibility for children; and a macho culture that makes men assert masculinity through sexual conquest of women.
- If one is really serious about reducing the *incidence* of abortion, one must work to reduce the *need* for abortion. First, by making a range of safe and

effective contraceptive methods available, and then by working to create a society that is more welcoming to children and less oppressive to women.

Assertion: The time to make a decision about children is before you are pregnant. If you don't want a baby, use contraception or don't have sex.

FACTS: CONTRACEPTIVE AVAILABILITY AND USE

- 6 in 10 US women having abortions experienced a contraceptive failure.
- 1 in 10 US women having abortions have never used a birth control method; non-use is greatest among the young, unmarried, poor, or poorly educated.

"Induced Abortion," *Facts in Brief* (New York: Alan Guttmacher Institute, 1996).

- An estimated 87 million married women in developing countries (excluding China) wish to space and limit births but lack access to contraceptives. Including unmarried women, the total might be 100 million.
- Inadequate family planning services—inadequate counseling, few contraceptive options, sporadic supplies, and/or rules against serving unmarried women—further impede use. The total number of women in all categories of unsatisfied need for contraceptives may approach 500 million.

International Planned Parenthood Federation, *Meeting Challenges: Promoting Choices* (London: IPPF, 1993), pp. 21-23.

- "[T]he full range of modern family-planning methods still remains unavailable to at least 350 million [married] couples worldwide, many of whom say they want to space or prevent another pregnancy. Survey data suggest that approximately 120 million additional [married] women worldwide would be currently using a modern family-planning method if more accurate information and affordable services were easily available, and if partners, extended families and the community were more supportive."

Paragraph 7.13, Programme of Action, UN International Conference on Population and Development, Cairo, 1994.

- Condom use by males accounts for only 6% of contraceptive use in developing countries and only 19% in developed countries.

Gita Sen et al., *Population Policies Reconsidered: Health, Empowerment, and Rights* (Boston: Harvard School of Public Health, 1994), p. 226.

Response:

- No method of contraception is perfect, and many women were using contraception when they became pregnant. Do you think their decision to have an abortion is more moral because of that?
- I am among the most ardent advocates of contraception. Like you, I want to help women avoid ever having to make the decision to have an abortion. Like you, I think a high degree of consciousness, self-esteem, and responsibility will lead to contraceptive use among men and women. However, I do not believe that the morality of abortion can be judged by whether a woman—or a man—was using contraception. We don't lose our rights because we made a mistake or we were less than perfect.
- I don't want to deny the importance of what you are saying about responsibility in sexual relations, but I think it is important to understand that contraceptives fail, are not always available or affordable, and have side effects that make it difficult for some women to use what is available. And the very people who are opposed to abortion are often the most active in working to make contraceptives unavailable and in preventing schools and health centers from providing education about contraceptives.
- Yes, I agree that couples should do everything in their power to prevent conception when it would not be a good decision to bring new life into the world. But the decision to have an abortion needs to be made in the context of the present and the future—that is, considering the circumstances of a woman's life and the possibilities she has for herself and a child in the future. The past, while an important point of personal reflection and an opportunity for learning, cannot override the present and the future.
- Denying women abortions because they didn't use contraception is like denying treatment for a person with AIDS because you oppose their lifestyle.
- Women can't choose contraception if they don't know about it or have it. Millions of women in the world have no access to contraceptives. Many women, especially teens, don't even know about contraception.

- Anyone who dares to judge a woman because she didn't use contraception must first be doing everything humanly possible to make safe and effective contraception available to all those who want it.

Assertion: Women should not be having sex unless they are prepared for the consequences—pregnancy is a natural outcome of sex.

Response:

- Women have rarely been able to be sexually active without consequences. Making the decision to have an abortion, going through the abortion, accepting that you are not ready or able to have a child, coming to terms with the inadequacy of the relationship with your partner, feeling some sense of the failure or inadequacy of one's life—I'd call those pretty serious consequences.
- I think we have come to the crux of the matter. One of the differences between those who favor legal abortion and those who oppose it is the different way in which the two groups view sexuality. For some who are opposed to abortion, sex is not in and

**children should not
be punishment for having sex.**

of itself a positive thing if it does not include openness to children. So the idea that you would have sex primarily because you love and want to be closely united with another person doesn't make sense. Some people go so far as to think that if you have sex and are not prepared to have a child, you should be punished—and your "punishment" should be to have a child. I think we all can agree that children should be the result of a freely made decision, preferably by two people, sometimes by a woman alone. Children should not be punishment for having sex.

Assertion: Abortion is a sin. It is evil and immoral.

Response:

- I believe it is immoral that during the course of this hour, eight women will die from unsafe abortions. I believe it is immoral that women are branded as criminals simply because they have an abortion.

- When a woman takes seriously the question of whether or not she should continue a pregnancy—whether or not she should bring a child into the world—and concludes, through a serious process of self-reflection, that the most moral thing she can do is to terminate the pregnancy, it is hard for me to say that she is immoral. Even if she has drawn a conclusion that I would not draw, even if I think it is the wrong decision, I really respect her process and would never call her immoral.
- However much women may need the advice and support of family, friends, doctors, lawyers, and priests, women must be recognized as the primary moral agents in decisions of pregnancy and birth.
- We must promote, first of all, safe and effective contraception, then comprehensive instruction on the use of such contraception, and adequate child support for women who want to bear a child but cannot

FACTS: CATHOLICS HAVE ABORTIONS

- Catholic women in the United States are as likely as women in the general population to have an abortion, and 29% more likely than Protestant women.

Survey by the Alan Guttmacher Institute of 9,985 abortion patients: Stanley Henshaw and Kathryn Kost, "Abortion Patients in 1994-95: Characteristics and Contraceptive Use," *Family Planning Perspectives*, July/August 1996.

- Catholic countries, even where abortion is illegal, have high levels of abortion:

- In Brazil, the estimated number of abortions ranges from 1 million to 2 million per year.

Brazilian Institute of Development, 1989 poll of urban areas with populations >1,000; *Clandestine Abortion: A Latin American Reality* (New York: Alan Guttmacher Institute, 1994).

- In Argentina, the federal government estimates that 365,000 abortions are performed each year. The International Planned Parenthood Federation puts the estimate even higher, at 450,000 a year.

International Family Planning Perspectives, March 1994.

- In Colombia, there are 300,000 to 400,000 abortions per year.

Carlos Lemoine, *Las Fuerzas de la Opinion* (Colombia: Centro Nacional de Consultoria, 1992), p. 89.

- In Peru, 5% of women of childbearing age have abortions each year, compared to 3% in the United States.

Clandestine Abortion: A Latin American Reality (Washington: Alan Guttmacher Institute, 1994).

FACTS: CATHOLICS BELIEVE ABORTION CAN BE MORAL

- 64% of US Catholics disapprove of the statement that abortion is morally wrong in every case.

Survey of 493 Catholics, designed by Lake Research and Tarrance Group, for *US News & World Report*, Sept. 1995, margin of error $\pm 4.5\%$.

- 69% of US Catholics believe a woman who has an abortion for reasons other than to save her life still can be a good Catholic.

ABC/Washington Post poll of 1,530 adults, Sept. 1995, margin of error $\pm 3\%$.

- It is common for Catholics to disagree with church teaching on abortion:

- 91% of Catholics in Poland approve of legal abortion to protect the woman's health; 85% in cases of rape; and 58% in cases of poverty.

Ted Jelen and Clyde Wilcox, "Attitudes Toward Abortion in Poland and the United States," Midwest Political Science Association meeting, Chicago, USA, Apr. 1993, citing data gathered by the National Opinion Research Center, Chicago, USA.

- 40% of Brazilian Catholics think couples should be free to decide about abortion for themselves.

Public opinion poll, Brazilian Institute of Development, 1989.

- 72% of Catholics in Australia say decisions about abortion should be left to individual women and their doctors.

Survey for Family Planning Australia and Children by Choice, Melbourne, AGB McNair, Aug. 1996.

support themselves and their children. Finally, we must promote a culture that affirms the woman as the primary moral agent in the decisions that affect her life. Any church or society refusing to promote these policies is, in effect, promoting abortion.

RIGHTS

Assertion: Rights, rights, rights. All you feminists ever talk about is rights. But nobody has the right to do absolutely anything they want to do.

Response:

- What we are talking about is the right to make decisions, the right to choose when and whether to have a child. Far from being an outlandish, radical demand, reproductive rights protect human dignity and autonomy at a basic level.
- As women more and more are treated as equal partners with men in society, our understanding of rights is evolving so that women's rights increasingly are recognized as human rights. There is already an internationally recognized right of a couple to determine the number and spacing of their children. At a conference on human rights in 1968, the countries represented in the United Nations unanimously adopted a statement that recognized this as a human right. Conference after international conference has reiterated this right.
- Common definitions of human rights encompass the right to bodily autonomy. For example, each of us has the right not to be tortured, to refuse medical treatment, or to obtain medical treatment. The right to make the abortion decision, the right not to be pregnant, is the same kind of autonomy right.
- If government does not recognize, clearly articulate, and make a priority of the rights of individuals regarding reproduction, it becomes the right of government to compel childbearing *or* abortion, over and against the wishes of individuals and couples. This was the tragedy of Romania, where during the Ceausescu regime, abortion and contraception were strictly forbidden, and women were forced to undergo examinations to ensure the continuation of pregnancies. More than ten thousand women died from complications of abortions, and many were permanently maimed. One legacy of

the unavailability of family planning and abortion was orphanages filled with neglected children. It is also the tragedy of China, where population control measures sometimes force women to terminate pregnancies. This kind of usurpation of individual autonomy is exactly what we are fighting against.

- A fundamental principle in moral theory holds that those who suffer the consequences of a situation are by rights the ones who should make the decision about that situation. In the case of pregnancy, it is clear that women suffer the greatest consequences—not only the expected physical consequences of child bearing but also more serious complications; albeit less and less frequently, women do die of pregnancy-related causes. Further, women by and large still are overwhelmingly responsible for the care of children once they are born. Thus, they deserve the right to make these decisions.

Assertion: Women who act irresponsibly and get pregnant when they're not married or don't want children don't deserve the right to have an abortion.

Response:

- When people act irresponsibly, society should help them act responsibly, not take away their rights. Rights tend to be important to protect that which is unpopular. We don't lose our right to freedom of religion because we choose to belong to an unpopular religion—or because we haven't practiced our faith. We don't lose the right to an education because we have failed the third grade. We don't lose the right to decide about a pregnancy because we got pregnant under circumstances of which society may disapprove.
- Do you really want childbearing to be a punishment for women who get pregnant unintentionally?

Assertion: Giving women the right to abort babies will only mean that abortions will increase.

Response:

- Legal restrictions do little to reduce the number of abortions. This is evident in many places. In Brazil, for example, there are an estimated 1 million to 2 million illegal abortions each year.

FACTS: RIGHTS

- Since the 1973 legalization of abortion, US public opinion has consistently held that decisions about abortion belong with the woman and her doctor.
 "Induced Abortion," *Facts in Brief* (New York: Alan Guttmacher Institute, 1996).
- International human rights documents recognize the right to reproductive and sexual health:
 - "Parents have a basic human right to determine freely and responsibly the number and spacing of their children."
 Article 16, unanimous proclamation of the United Nations' International Conference on Human Rights, Teheran, 1968.
 - "The human body, whether that of woman or man, is inviolable and respect of it is a fundamental element of human dignity and freedom."
 Article 11, proclamation of the UN World Conference of the International Women's Year, Mexico City, 1975.
 - "Reproductive rights embrace certain human rights that are already recognized in national laws, international human rights documents and other relevant consensus documents. These rights rest on the recognition of the basic right of all couples and individuals to decide freely and responsibly the number, spacing and timing of their children and to have the information and means to do so, and the right to attain the highest standard of sexual and reproductive health."
 Paragraph 7.3, Programme of Action, UN International Conference on Population and Development, Cairo, 1994.
 - "The human rights of women include their right to have control over and decide freely and responsibly on matters related to their sexuality, including sexual and reproductive health, free of coercion, discrimination and violence."
 Paragraph 96, Platform for Action, UN Fourth World Conference on Women, Beijing, 1995.

- All across the globe, in countries where abortion is illegal, women still find ways to end pregnancies they cannot sustain. Denying the right does not

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make the need disappear. Consider Ireland: with that country's stringent laws against abortion and limited access to contraception, thousands of Irish women travel to Britain each year for abortions. And despite the fact that abortion is illegal under most circumstances throughout Latin America, an estimated four million clandestine abortions take place there each year. In some Latin American countries, women have abortions at a rate comparable to or surpassing that of women in the United States.

FURTHER READING

- Rebecca J. Cook, editor. *Human Rights of Women: National and International Perspectives*. Philadelphia: University of Pennsylvania Press, 1994.
- Beverly Wildung Harrison. *Our Right to Choose: Toward a New Ethic of Abortion*. Boston: Beacon Press, 1983.
- International Planned Parenthood Federation. "IPPF Charter on Sexual and Reproductive Rights." London: IPPF, 1996.
- Kristin Luker. *Abortion and the Politics of Motherhood*. Berkeley, CA: University of California Press, 1984.
- Rosalind Pollack Petchesky. *Abortion and Woman's Choice: The State, Sexuality, and Reproductive Freedom*. Boston: Northeastern University Press, 1990.

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RESOURCES ON WOMEN'S PERSPECTIVES

Divider Title: _____



Abortion in Context: United States and Worldwide

Abortion is one of the most divisive and emotional issues facing U.S. policymakers today. This should not be surprising, given that individuals' attitudes about abortion are shaped by their convictions regarding religion, morality, human rights, public health and the status of women in society. Moreover, lawmakers in the United States are not alone in their struggle over abortion policy. Abortion is controversial in many countries, and nations from every region of the globe are wrestling with questions about abortion, unintended pregnancy and the appropriate role of government in these matters.

Many of these policy debates are driven by the motivation to reduce abortion rates, and among some policymakers, the answer is to make abortion difficult to obtain or even illegal. Yet an examination of statistical trends reveals that the legal status of abortion in a country is not strongly correlated with the rate at which it occurs. Indeed, in many countries where the procedure is illegal, women obtain abortions at very high rates. Similarly, in some countries where abortion is legal and very widely accessible, abortion rates are low.

Clearly, factors other than legality are at play here. The primary factor is the rate at which women experience unintended pregnancies. Some women who have an unintended pregnancy will seek an abortion regardless of its legal status—even if they have to jeopardize their lives by undergoing an unsafe, illegal

procedure. Thus, while there may be little relationship between abortion legality and abortion incidence, there is a strong correlation between abortion legality and abortion safety.

In 1999, The Alan Guttmacher Institute issued a major report, *Sharing Responsibility: Women, Society and Abortion Worldwide*, that brings together the latest research findings from approximately 60 nations about abortion law, the incidence of abortion and the conditions under which abortion occurs around the world. By discussing abortion in the context of unplanned pregnancy and placing the U.S. situation in a worldwide context, that report and this companion *Issues in Brief* strive to increase understanding of the role that abortion plays in women's lives. This information can improve policymakers' ability to ensure that women seeking to fulfill their childbearing goals—in the United States and around the world—are able not only to protect their lives and health should they decide to have an abortion, but to avoid unplanned pregnancies in the first place.

Unintended Pregnancies

Of the estimated 210 million pregnancies that occur annually around the world, nearly four in 10 are unplanned. In the most general terms, unplanned pregnancies occur when couples fail to reconcile their desire for sexual intercourse with their intention or reluctance to conceive a child at a particular time. However, rec-

onciling these aspects of their lives requires couples to perform a complex balancing act, which may be influenced by their individual circumstances, features of their relationship and societal norms. And that balancing act becomes increasingly difficult when couples want small families.

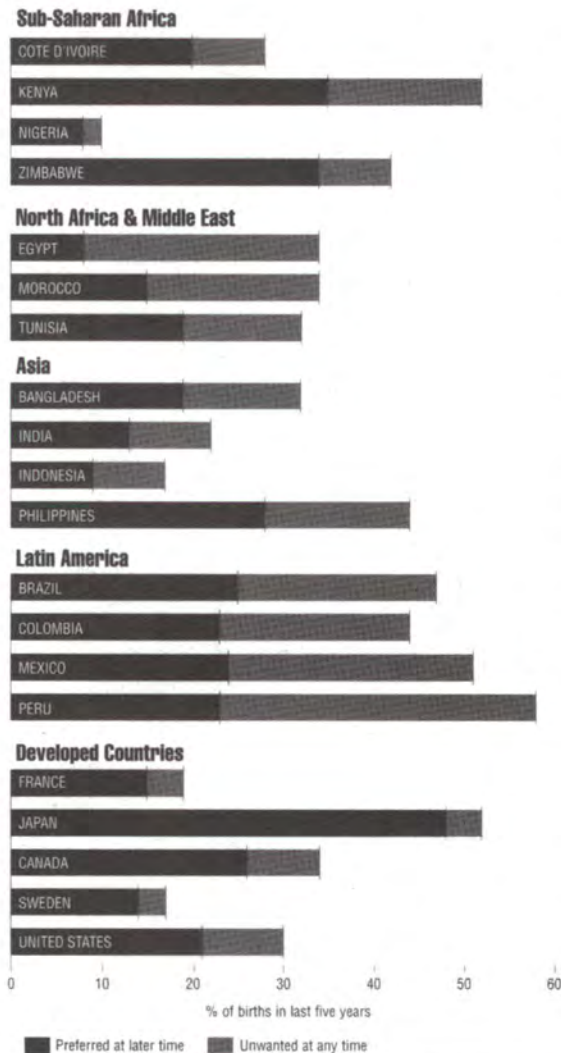
Throughout this century, as modernization, urbanization and women's levels of education and participation in the labor force have grown, small families have increasingly become the norm worldwide. American women typically want two children, as do women in European countries and many parts of Asia. In Latin America, the average preference is between two and three children. Only in Sub-Saharan Africa do women still want relatively large families—five or six children, on average—but even there, desired family size has declined (from seven or eight children) since the 1970s.

Moreover, most couples want to control not only the size of their family, but the timing and spacing of their births as well. Accordingly, the vast majority of married women of childbearing age either have already achieved their desired family size or want to delay their next birth for at least two years. In almost all countries, at least six in 10 women—and in most countries, more than eight in 10—want to stop having children or to postpone their next birth.

Yet in many countries, women still have more children than

chart a
Unplanned Births

Large proportions of women around the world have unplanned births.



Note: In Asian and North African countries, data apply to births among married women only; in other countries, they apply to births among all women. Source: The Alan Guttmacher Institute (AGI), *Sharing Responsibility: Women, Society and Abortion Worldwide*, New York: AGI, 1999, p. 17.

they ideally would like. Large proportions of married women report that in the past five years, they had an unplanned birth—one that occurred either sooner than they had wished (a mistimed birth) or at

a time when they had wanted no more children ever (an unwanted birth). The proportion of women who describe a recent birth as unplanned is striking everywhere, but it is particularly high in Kenya, the

Philippines, Latin American countries and Japan (Chart A).

Contraceptive use is critical to couples' ability to reconcile their sexual lives and their childbearing goals. However, effective contraceptive use presents significant challenges for women and men all over the world. If a couple wants to have between two and four children, they must practice birth control successfully for 16–20 years. Yet women in many developing countries do not have access to the contraceptive supplies or family planning services they need, because contraceptives are too expensive, supplies are erratic, services are difficult or impossible to obtain, or the quality of care is poor.

Whether couples are successful in preventing unplanned pregnancies depends not only on their having reliable access to family planning services but also on how effectively they practice contraception. However, all contraceptive methods have drawbacks. Some have inherently high failure rates, while others are difficult for women (or their partners) to use on a consistent basis.

For example, many women find it difficult to take the pill every day, year after year, or to consistently use intercourse-related methods, such as the condom or diaphragm. Some women fear having an IUD inserted, feel powerless to insist on condom use or cannot tolerate the side effects they experience when using hormonal methods (the pill, injectable or implant). Traditional methods, such as periodic abstinence and withdrawal, are still popular in many countries, but they are

not easy to use and have high failure rates. Contraceptive sterilization, in contrast, is extremely effective, but is permanent and therefore not appropriate for people unsure about future childbearing.

For many couples, effective contraceptive use is complicated by cultural, religious and social factors that affect women's ability to participate fully in reproductive decision-making. Women's educational attainment, participation in the labor force, age at marriage, role within the family and society, and likelihood of being subjected to domestic violence are critical determinants of their ability to control whether and when to have children. In many countries, barriers to women's participation in reproductive decision-making reflect women's second-class position within the family and their neglected status within the larger society.

Abortion Laws and Rates

Each year, more than half of unintended pregnancies worldwide—46 million, or two in 10 total pregnancies—are resolved by induced abortion. Throughout the world, women give similar reasons for deciding to have an abortion: They are too young or too poor to raise a child; they are estranged from or on uneasy terms with their sexual partner; they are unemployed; they do not want a child while in school; or they want or need to work. That women's reasons for choosing abortion are similar around the world highlights the common experiences women face when trying to juggle competing roles and responsibilities while adapting to changing social expectations.

Indeed, women have relied

on abortion to end unwanted pregnancies throughout history and in every region of the world, even though abortion was illegal in almost every country until the second half of this century. By the mid-1980s, most developed countries and several developing countries had lifted these prohibitions, but the legal status of abortion remains highly variable.

Currently, six in 10 women—55% of those in the developing world and 86% in the developed world—live in countries where abortion is permitted on broad grounds (Chart B). In these countries, the law allows abortion when it is necessary to protect a woman's life or her physical or mental health, for socioeconomic reasons or without regard as to reason, at least during the early months of pregnancy. (Even where abortion is broadly permitted, however, the law typically

stipulate conditions, such as gestational limits or consent requirements.) By contrast, 25% of women live in countries, overwhelmingly in the developing world, where abortion is prohibited altogether or allowed only to save a woman's life.

Although women in developing countries are much more likely than women in developed countries to live under restrictive abortion laws, levels of abortion are about the same for both groups (Chart C). In any given year, 34 abortions occur per 1,000 women in the developing world, and 39 are performed per 1,000 women in developed countries. However, abortion rates vary considerably among countries, ranging from fewer than 10 to more than 80 abortions per 1,000 women (Chart D).

Yet, while it may seem paradoxical, a country's abortion rate is not closely correlated

chart c
Regional Abortion Rates

Overall, women in developed and developing countries have strikingly similar abortion rates.



Note: Developed countries are defined as all of Europe, Australia, Canada, Japan, New Zealand and the United States; developing countries are all the rest. Source: The Alan Guttmacher Institute (AGI), *Sharing Responsibility: Women, Society and Abortion Worldwide*, New York: AGI, 1999, p. 27.

with whether abortion is legal there. For example, abortion levels are quite high in Latin American countries, where abortion is highly restricted. (In fact, 20 million of the 46 million abortions performed

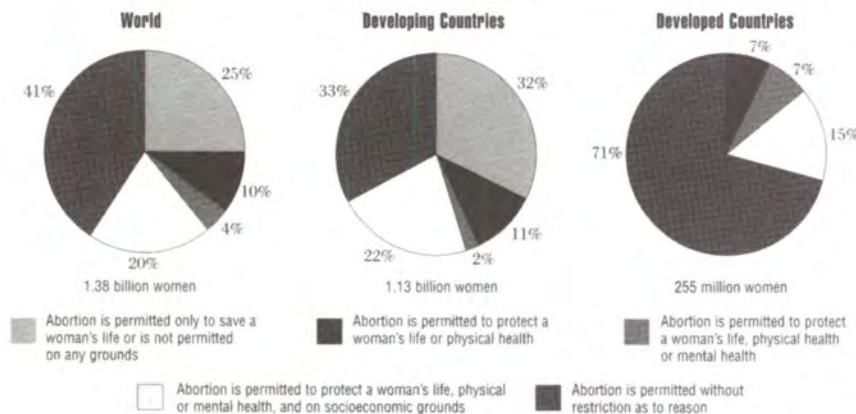
annually worldwide occur in countries with highly restrictive abortion laws.) At the same time, abortion rates are quite low throughout Western Europe, where the procedure is legal and widely available. Also, Eastern and Western Europe have the world's highest and lowest abortion rates, respectively, yet abortion is generally legal throughout the Continent.

If legality is not the determining factor, what drives the rates at which abortions occur in a given country? Clearly, a key factor is the rate at which women experience unintended pregnancies—itsself a function of the interplay between a couple's family-size (and timing) goals and their contraceptive use.

Abortion levels are high in countries where the desire for small families is strong but contraceptive use is low or ineffective. For example, in most of Eastern Europe and the former Soviet republics, where desired family size has been small for many years, modern contraceptive meth-

chart b
Legality of Abortion

Whether women live under liberal abortion laws depends largely on whether they are in the developed or developing world.



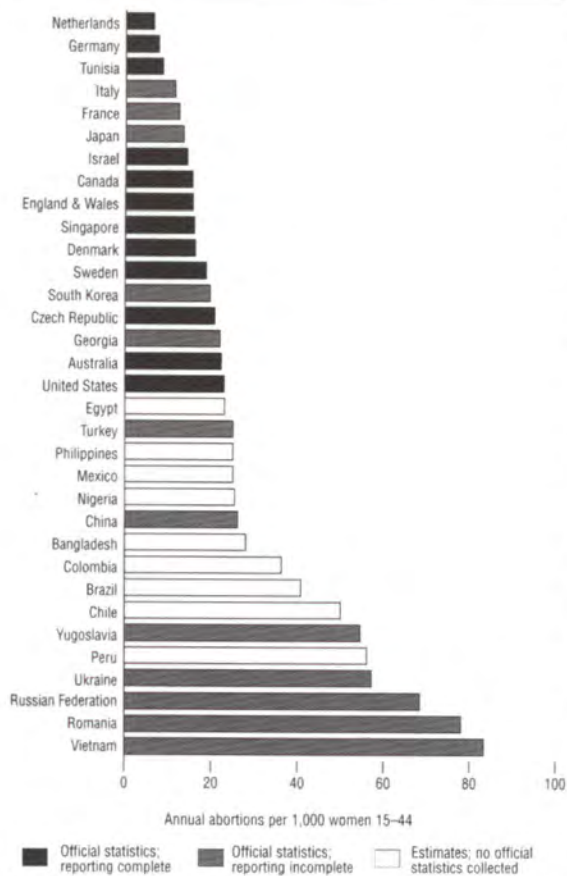
Notes: Developed countries are defined as all of Europe, Australia, Canada, Japan, New Zealand and the United States; developing countries are all the rest. Numbers of women are 1999 projections for those aged 15-44. Source: The Alan Guttmacher Institute (AGI), *Sharing Responsibility: Women, Society and Abortion Worldwide*, New York: AGI, 1999, pp. 21-22.

ods were not generally available until recently. As a result, women relied on abortion—which was legal, safe and easily accessible—to regulate births. However, as contraceptives have become much easier to obtain in recent years, the situation has begun to change rapidly, and abortion rates in some of these countries fell by as much as 50% between 1990 and 1996.

In sharp contrast, even in countries where abortion is legal and widely available, abortion rates are low if couples practice contraception effectively to limit or space births. In the Netherlands, for example, where abortion has been legal and widely accessible for many years, abortion and unintended pregnancy rates are low because of widespread contraceptive use.

chart d
Country Abortion Rates

Abortion rates vary enormously by country.



Source: The Alan Guttmacher Institute (AGI), *Sharing Responsibility: Women, Society and Abortion Worldwide*, New York, AGI, 1999, p. 23.

Legality and Safety

When abortion occurs under legal conditions, it is usually performed early in pregnancy by a skilled practitioner using an accepted medical or surgical method in a hygienic setting; in such circumstances, the risk of complications and maternal morbidity is low. However, when abortion is largely illegal and must be performed clandestinely, it often is unsafe; in such situations, complication rates and maternal morbidity skyrocket.

The death rate associated with abortion is hundreds of times higher in developing regions, where the procedure is often illegal, than in developed countries (Table 1). The rate is highest—almost 700 deaths per 100,000 procedures—in Africa. Since well-off women in cities are frequently able to obtain safe abortions even when it is against the law, the majority of deaths and complications from abortion occur among low-income women and women living in rural areas who undergo unsafe, illicit procedures.

The World Health Organization estimates that of the approximately 600,000 pregnancy-related deaths each year, 78,000 are related to complications resulting from unsafe abortion. In Latin America, as many as 21% of maternal deaths are estimated to be associated with unsafe abortion. Many women experiencing complications from unsafe abortion, particularly those who live in rural areas, do not have access to appropriate medical treatment. Others do not seek treatment because of fear, embarrassment, shame or poverty.

By legalizing abortion, countries can help reduce or eliminate the need for unsafe abortion. This, in turn, will significantly lessen the number of deaths related to abortion, reduce the likelihood of complications and improve women's subsequent health. For example, when Romania legalized abortion in 1990, its abortion-related mortality rate fell to one-third of its peak level—reached only one year before—of 142 deaths for every 100,000 live births.

Legalizing abortion, however, does not by itself guarantee safety. For example, in India, where abortion has been legal on broad grounds for almost 30 years, many women, especially in rural areas, do not even know that abortion is legal. Authorized facilities that provide safe abortions services are inadequate in number, and some women have found their treatment by government health professionals to be degrading. As a result, women frequently go outside the authorized system and obtain extralegal abortions, many of which are unsafe.

By the same token, illegal abortions are not necessarily unsafe. In some Latin American countries, abortion is sufficiently openly available and tolerated, especially in metropolitan areas, to be quite safe—at least for women who can afford to have a skilled provider perform the procedure.

Even in countries where abortion is legal under broad circumstances, the law may impose restrictions that impair a woman's ability to obtain a safe and timely abortion, increasing the chance of adverse health consequences.

table 1
Abortion-Related Deaths

Region	Deaths per 100,000 abortions
Developing ¹	330
Africa	680
South & Southeast Asia	283
Latin America	119
Developed	0.2-1.2

1. Excluding China. Source: The Alan Guttmacher Institute (AGI), *Sharing Responsibility: Women, Society and Abortion Worldwide*, New York: AGI, 1999, p. 35.

For example, the need for permission from a husband or parent, mandatory counseling requirements and waiting periods, or the need to locate or travel to an authorized provider may mean that abortions are performed later in a pregnancy than they otherwise would be.

Women may also delay having an abortion if they live in a country with a restrictive law and need to travel to a country where the procedure is legal. That is part of the reason, for example, why nonresidents who travel to England for an abortion are far more likely than British women to undergo the procedure in the second trimester.

In addition to the procedure's legal status, costs associated with abortion can affect safety and health outcomes for women. In countries where the cost of an abortion is high relative to family income and where the procedure is neither covered under private health insurance systems nor publicly financed, a woman may delay obtaining an abortion until she has raised the funds necessary to pay for the procedure. Alternatively, she may be forced to obtain an illegal—and potentially unsafe—abortion from a provider who charges less than an authorized provider.

The U.S. Picture

As do most women around the world, American women typically want—and have—small families. Most women in the United States, whatever their race and ethnicity, have two children; the exception is that Hispanic women, many of whom are recent immigrants, typically have three.

But while couples in this country ultimately are successful in achieving their desired family size, they experience considerable difficulty in doing so. American women's high rates of unintended pregnancy testify to the problems they face in practicing contraception consistently throughout their reproductive lives. Half of the six million pregnancies that occur in the United States each year are unintended. About half of unintended pregnancies occur among the 10% of women at risk of an unintended pregnancy who do not use birth control (particularly teenagers and older married women) or who use a method only sporadically. The rest occur among women who practice contraception to prevent an unwanted pregnancy.

Given American women's relatively high rates of unplanned pregnancy, it

should not be surprising that their abortion rate—23 per 1,000 women of reproductive age—is undeniably high by the standards of developed nations. (It is, however, considerably lower than rates in developing countries.)

Some abortion opponents allege that the U.S. abortion rate is due to the extreme “permissiveness” of the nation's abortion policy. (As the result of the Supreme Court's 1973 decision in *Roe v. Wade*, the right to choose abortion is constitutionally protected until fetal viability, after which states may prohibit abortion except when it is necessary to save a woman's life or protect her health.) In practice, however, U.S. policy is roughly comparable to that of many Western European countries (which, moreover, pay for the procedure under their national health programs)—and virtually all of these countries have much lower abortion rates. Consistent with the experience of other countries around the world, the key variable that accounts for the high U.S. abortion rate is not a permissive law but a high unintended pregnancy rate.

At the same time, and also consistent with the worldwide picture, abortion is extremely safe in this country—far safer than it was prior to *Roe v. Wade*, when the procedure was illegal in many states. Before *Roe*, women's choices, and experiences, were similar to those of women in developing countries today. Less affluent women who could not afford to travel to states where abortion was legal commonly turned to illegal, clandestine procedures—which often resulted in serious health complications and sometimes death.

Even some better-off women who could afford to travel suffered consequences associated with delaying their abortions. And complications of abortion were a major cause of hospital admission.

But as has been the experience in other countries, legalization has enabled women to obtain earlier, safer abortions. Today, more than half of abortions in this country occur within the first eight weeks of gestation, three-quarters within 12 weeks and almost 99% within 20 weeks. (A full-term pregnancy lasts 38 weeks.) A woman's risk of dying from abortion-related complications in this country (0.4 deaths per 100,000 procedures performed before eight weeks' gestation) is significantly lower than her risk of dying as the result of pregnancy or childbirth (seven deaths per 100,000 live births).

Policy Implications

Ultimately, women the world over seek abortions for the same reason: because they have an unintended pregnancy. How such a pregnancy is resolved has been, and always will be, an individual decision, despite the law. But ensuring that whatever decision a woman makes will not harm her health and providing her the means to reduce the likelihood of experiencing an unplanned pregnancy in the first place are key challenges facing policymakers.

In this regard, understanding that the legal status of abortion correlates much more with its safety than with its incidence is critical. One need only look at the experience in many developing countries—with their high

rates of maternal death and disability related to illegal, unsafe abortions—for a powerful reminder of the social and medical costs routinely borne by women when access to safe abortion is denied.

Moreover, efforts focusing on restricting access to abortion in order to reduce its incidence are misguided; public policy should concentrate on helping women prevent unplanned pregnancies. Therefore, key policy objectives must include improving women's access to comprehensive family planning services and promoting the effective use of contraceptives.

Notably, abortion rates are declining in the United States, and have reached their lowest point in 20 years, largely because rates of unintended pregnancy have declined as the result of improved contraceptive use (particularly among teenagers). Yet many women in this country still lack access to affordable contraceptives. In stark contrast to women in developed countries that have universal health insurance, many American women do not have either public or private insurance coverage for contraceptives and cannot afford the high up-front costs associated with many forms of contraception, including the long-lasting and most effective reversible methods.

Policies seeking to capitalize on recent progress in reducing unintended pregnancy and abortion rates should improve coverage of contraceptive services under private insurance; expand contraceptive access under Medicaid, the health insurance program for the poor; and preserve the viability of

the national family planning clinic system, supported largely by the federal Title X program, which serves as a safety net for uninsured, low-income women and teenagers.

Finally, as a leader in world affairs, this country has an obligation to reduce unintended pregnancy and abortion that reaches beyond its borders. The need for effective contraceptive services is growing in many regions of the world, and women may increasingly turn to abortion—even unsafe abortion—should this need continue to go unmet. Support for U.S. population assistance will help to meet the demand for contraceptives while improving the health of women and children around the globe and reducing the need for abortion.

Unfortunately, contraceptive availability will never make unplanned pregnancies, and the abortions that inevitably follow them, disappear completely. Contraceptives are not perfect, nor are the people who use them. Ultimately, improved access to effective methods of contraception is a necessary part of any serious effort to reduce unintended pregnancy and abortion—at home or abroad.

Sources of Data

Most of the data in this *Issues in Brief* are from The Alan Guttmacher Institute (AGI), *Sharing Responsibility: Women, Society and Abortion Worldwide*, New York: AGI, 1999. Additional sources of information are as follows:

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Henshaw SK, Abortion incidence and services in the United States, 1995–1996, *Family Planning Perspectives*, 1998, 30(6):263–270 & 287.

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Issues in Brief

The Alan Guttmacher Institute
New York and Washington

An Overview of Clandestine Abortion in Latin America

Each year, more than four million women in Latin America undergo an induced abortion. Because most abortions are illegal, these procedures are performed under clandestine and often dangerous conditions. As a result, the region faces a serious public health problem that threatens women's lives, endangers their reproductive health and imposes a severe strain on already overextended health and hospital systems.

The practice of induced abortion in Latin America is shrouded in secrecy, a direct result of the stringent legal limitations on abortion throughout most of the region. Induced abortion is punishable by law in almost every country except Cuba and a few other Caribbean nations. In most of the region, doctors may legally terminate a pregnancy that threatens the life of the woman, that results from rape or incest, or that is characterized by fetal deformity,¹ but these options are rarely used.

Concern over the high level of clandestine abortion in Latin America is not new. Policymakers and health professionals have been aware for the past 20–30 years that unsafe procedures were being performed in most countries of the region, and at a level with serious consequences for women's health and for the cost of national health care services.

Community surveys conducted in Chile in the early 1960s were the first attempt to measure the extent of the problem. These surveys found that

women were likely to have two or three abortions over the course of their childbearing years.² And studies in the 1970s in countries as diverse as Brazil, Colombia, the Dominican Republic, Mexico, Peru and Venezuela indicated that women averaged 0.5–1.5 induced abortions over their reproductive lifetime in these countries, and 2.0 or more induced abortions in Chile and Cuba.³

Although most Latin American health experts were aware of the general scale of clandestine abortion and related problems, until recently they had little reliable information with which to answer many questions. What methods are used to induce abortion? Who are the major practitioners? How many women are hospitalized for the treatment of complications, and what proportion is this of the actual numbers of women experiencing induced abortion? Which women are most likely to have induced abortions, and for what reasons?

This report presents an overview of the practice of induced abortion in Latin America. It draws upon a number of sources: a collaborative study on clandestine abortion in six countries; a large-scale study in urban Colombia; an in-depth study of trends in abortion and contraception in three countries; and a number of smaller studies. Findings from many of these studies were presented at the first regional meeting on induced abortion in Latin America, held in Colombia in 1994.⁴

Current Level of Abortion

Estimated rates of abortion are highest in Peru and Chile (each year, almost one woman in every 20 aged 15–49 has an induced abortion), intermediate in Brazil, Colombia and the Dominican Republic (about one woman in 30), and lowest in Mexico (approximately one in 40). If these rates continue to prevail throughout the 35 years of a woman's reproductive lifetime, the average woman in Mexico is likely to have had at least one abortion by the time she is 50, compared with about 1.6 abortions among women in Chile and about 1.8 among women in Peru.

If the annual number of abortions estimated to occur in these six countries (2.8 million in the early 1990s) is extrapolated to the entire region, then about four million induced abortions are being carried out each year in Latin America (Table 1).

Most Abortion Seekers Are Married and Have Children

Profiles of women obtaining abortions based on national data are useful. Knowledge about the women most likely to terminate an unwanted pregnancy is important because it helps identify subgroups in the population most in need of contraceptive protection. In addition, the information indicates that clandestine abortion is common at many levels of society and that unsafe procedures have consequences for the health of a broad cross-section of women.

table 1
Abortion Incidence

Country/year	Annual no. of abortions	Rate per 1,000 women	Average per woman
Total	2,768,150	33.9	1.2
Brazil, 1991	1,433,350	36.5	1.3
Chile, 1990	159,650	45.4	1.6
Colombia, 1989	288,400	33.7	1.2
Dom. Republic	82,500	43.7	1.5
Mexico, 1990	533,100	23.2	0.8
Peru, 1989	271,150	51.8	1.8
Latin America*	4,000,000	33.9	1.2

*Estimated on the assumption that these six countries account for 70% of the population of Latin America and that all countries in the region have similar hospitalization levels; rounded to the nearest 100,000.

One way to obtain information about women having abortions is to examine data on women hospitalized as a result of complications of clandestine procedures. However, few national systems provide data on the background characteristics of hospitalized women, and hospitalized women are not necessarily representative of all women having induced abortions.

Nonetheless, these and other data show that most Latin American women having induced abortions are in their 20s or older; married and already mothers. In most developed countries, by contrast, women having induced abortions are often very young, the vast majority are single and about half are childless.⁵

In Colombia, for example, national statistics from the 1980s show that about 87% of all hospitalized abortion patients were older than 20.⁶ In a 1992 Colombian survey representative of urban households, 23% of all women between the ages of 15 and 55 reported that they had had an induced abortion at some point in their lives;

the proportion was somewhat higher than this among women who had not completed primary school (29%, see Table 2), among women with some university education (28%) and among those in the labor market (27%).⁷

A 1990 study carried out by the Latin American Federation of Obstetricians and Gynecologists in four countries (Bolivia, Colombia, Peru and Venezuela, see Table 3) found that the vast majority of hospitalized abortion patients (79%) were married women, half (51%) had two or more children, and half had also had seven or more years of schooling. Some 86% were aged 20 or older.⁸

Another 1990 study of Chilean women hospitalized for abortion complications in nine hospitals in Santiago also found that few were young women (only 11% were younger than 20), that the vast majority (78%) were married or in a consensual union, that 76% already had children, and that more than 80% had had seven or more years of schooling.⁹

A 1992-1993 study of abortion patients in two large

maternity hospitals in the poor northeast state of Fortaleza, Brazil, found that 77% were older than 20 and that 68% had had five or more years of schooling. But in this study, 53% of women had never been married or in a stable union, and 9% were separated, divorced or widowed.¹⁰

In the Dominican Republic, in-depth interviews in 1992 with women hospitalized for abortion complications in two large hospitals in Santo Domingo (Table 4) revealed that 84% were in their 20s or older, 88% were in a union, and 73% had had five or more years of schooling.¹¹

Abortion Techniques Used

A 1993 study in Brazil, Colombia, Chile, the Dominican Republic, Mexico and Peru showed that women everywhere are familiar with teas and infusions made from herbs and other vegetable products that are believed to induce abortion (Table 5).¹²

If these products do not have the desired effect (and nobody knows whether they are genuine abortifacients), women are then likely to resort to riskier methods: the insertion of a rubber tube, caustic liquids or other foreign objects into the uterus; or the oral or vaginal application of powerful pharmaceuti-

cal and hormonal products. In Brazil, a pharmaceutical product usually prescribed for the treatment of gastric and duodenal ulcers, misoprostol (Cytotec), is widely used to terminate pregnancy.¹³

In the urban areas of some countries, women with financial resources can attend private clinics that perform safe medical abortions using dilatation and curettage (D&C) or vacuum aspiration techniques. And throughout Latin America, middle- or upper-class women are generally acknowledged to obtain safe medical abortions in doctors' offices.

Three broad types of providers perform clandestine abortion in Latin America: doctors; nurses; and untrained persons, such as traditional practitioners or pregnant women themselves. As might be expected, higher income women and urban women are most likely to go to doctors, low-income urban women might avail themselves of any of the three types of providers, and poor rural women commonly depend on untrained practitioners or use traditional methods that they themselves can use to induce abortion.¹⁴

The procedures on which poor rural women depend often occur under dangerously unsanitary conditions.

table 2
In Colombia

Educational level of urban women	% who had an abortion
All levels	23
Incomplete primary	29
Complete primary	22
Incomplete secondary	21
Complete secondary	18
Incomplete university	28
Complete university	24

Source: See reference 7.

table 3
In Four Countries

Characteristics of abortion patients	Percent distribution
Marital status	
Single	21
Married or in a consensual union	79
No. of children	
0	26
1	23
2-4	40
≥5	11
Years of schooling	
0-4	21
5-6	27
7-9	28
≥10	24

Note: Hospital data from Bolivia, Colombia, Peru and Venezuela.

These women frequently experience complications as serious as hemorrhage and infection that require hospital treatment.

Researchers estimate that in the six countries in question, more than half a million women are hospitalized each year to obtain treatment for abortion complications. If this number is extrapolated to all of Latin America (assuming similar conditions in other countries and given that the six study countries account for 70% of the total population of Latin America), almost 800,000 women each year are likely to obtain hospital treatment for the complications of induced abortion (Table 6). These data highlight the need to improve the treatment of abortion complications and to reduce the unhealthy consequences.

Complication Rate Declines

Obviously, the safer the abortion procedures used in any setting, the fewer the women

who will require hospitalization. However, the numbers hospitalized also depend on the availability of hospital services. Women living in rural areas are probably less likely than those living in urban areas to have access to hospital treatment, even though they are precisely the women most likely to be exposed to unsafe techniques, untrained practitioners and unhygienic settings.

Most health professionals believe that the risks of complications from induced abortion are lower in Latin America today than they were in the past. Reasons for the reduced risk are that more women have access to safe medical procedures, more women are aware of the need to seek medical treatment quickly when a complication arises and more practitioners—even those without medical training—routinely prescribe antibiotics for their patients.

The number of hospitalized women with a severe infec-

tion is believed to have declined dramatically as a result of these trends. On the other hand, the growing use of hormonal methods and of techniques like misoprostol, which induce heavy bleeding, has probably increased the numbers of women seeking treatment for hemorrhage.

Community surveys carried out in Chile in the 1960s, when the conditions for pregnancy termination were much less safe than they are now, found that one in three women undergoing induced abortion were hospitalized. Today, researchers and health professionals estimate that one in five abortion patients require hospitalization for the treatment of complications.¹⁵

What Leads Women To Seek an Abortion?

Most studies of women hospitalized for abortion-related complications conclude that the major reasons women choose not to give birth are that they are unable for economic, personal or family reasons to have or support the child. Many women are not married or are in unsta-

ble relationships. If they are single or very young, they are likely to decide that they cannot take care of a child alone and without financial support.

But the majority of the patients appear to be married women who already have all the children they feel able to care for. The difficult social and economic conditions facing many millions of families in Latin America's poor rural areas and vast city slums spur the desire of couples to have fewer children. So do increases in women's level of education and women's increased participation in the labor market.

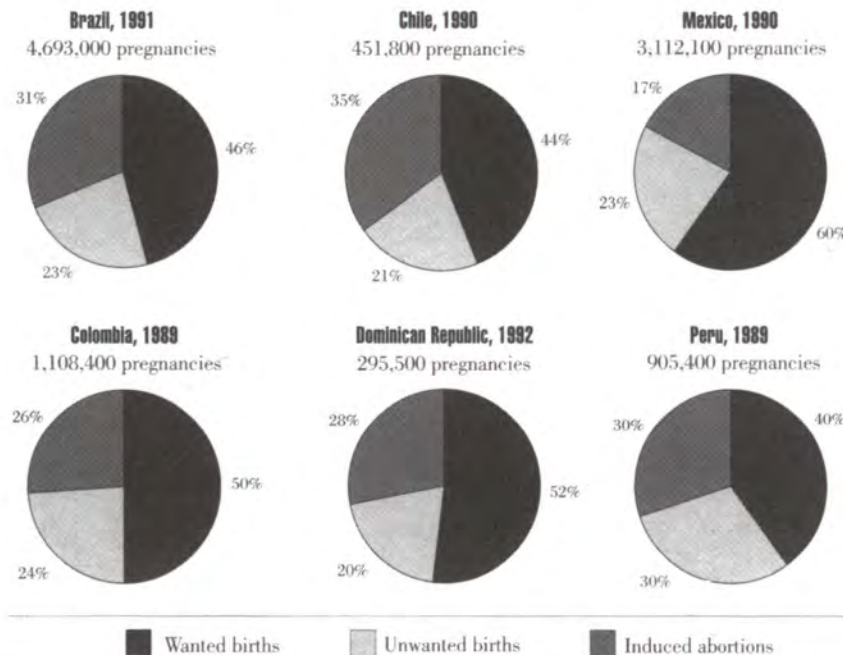
Yet, despite the desire for smaller families and for better timing of births, women are not always able to attain control over their childbearing. Surveys of women in Latin America find substantial proportions who do not want to become pregnant but are not using a contraceptive method or are relying on traditional methods, such as periodic abstinence or withdrawal, which have high failure rates. These women, often charac-

table 4
In Santo Domingo

Characteristics of abortion patients	Percent distribution
Age	
<20	16
20-24	33
25-29	25
30-34	15
≥35	11
Marital Status	
Not in a union	12
In visiting union	9
In consensual union	66
Married	13

Source: See reference 11.

figure 1
Outcome of Pregnancies



terized as having an "unmet need" for contraception, represent anywhere from 17% of women aged 15-44 in Colombia to 43% in Bolivia.¹⁶

In addition, some women are having unplanned pregnancies because of ignorance about when they are most likely to conceive,¹⁷ and because even women who use effective contraceptive methods may do so irregularly or incorrectly.¹⁸

Surveys in 10 countries in Latin America show that as a result of all these factors, 24-65% of women who had had a child in the previous five years said they had not wanted their most recent birth at the time it occurred or that they had not wanted another child ever.¹⁹

Combining estimates of the

number of induced abortions with survey information from six countries on the proportion of births that are unplanned indicates that 60% of pregnancies in Mexico end as wanted births—the highest proportion in any of the countries—and 17% end as induced abortions. In contrast, approximately 30% of all pregnancies in the other five countries end in induced abortions (Figure 1).

These levels of abortion are not unique to Latin America: In the United States, for example, almost 30% of all pregnancies are resolved by abortions, and in China and Japan, the proportions are 30% and 25%, respectively.²⁰ Most developing regions of the world have lower levels, however.

Women Use Both Abortion And Contraceptive Methods

Although very little information exists on historical trends in abortion in Latin America, the level of abortion was probably quite low prior to the 1960s, when there was little attempt to control family size and the average woman had six or more children. It is only in the context of rapidly changing socioeconomic conditions and a rise in families' motivation to achieve a better standard of living that women increasingly have turned to both abortion and contraception to help them achieve a small family.

In the late 1960s and in the 1970s, researchers theorized that if the practice of abortion is widespread before the use of contraceptive methods

becomes extensive, then the incidence of abortion will remain high as the motivation to limit family size intensifies, even while contraceptive practice rises.²¹ According to this theory, recourse to abortion will not decrease until enough years have passed for the widespread, habitual and effective use of contraceptives to become well established at all levels of society.

Research now exists that compares national and regional levels of abortion and of contraceptive use in Brazil, Colombia and Mexico at three points in time: the late 1970s, the mid-1980s and the early 1990s.²² The comparison shows that as levels of contraceptive use increased in the late 1970s, abortion had reached a moderate level (20-30 abortions per 1,000 women per year) in all three countries. Abortion peaked in Colombia and Mexico in the mid-1980s, and there were indications of a slight drop in some urban areas by the early 1990s.

During the same period, abortion levels in Brazil were still rising.

The more organized national family planning programs in Colombia and Mexico may have begun to create a permanent "culture of contraception." In Brazil, on the other hand, actual and desired family size are both small, but no national family planning program exists, many rural women lack access to high-quality contraceptive services and many women who obtain methods from commercial sources use them incorrectly or only sporadically. Reductions in levels of abortion are likely to be slower in coming to Brazil than to the other two countries.

table 5
Abortion Methods

Voluntary trauma

Falls, punches, excessive physical activity, etc.

Natural products taken orally or vaginally

Seaweed, vegetables, seeds

Teas and infusions prepared from herbs and vegetables

Manufactured products taken orally or vaginally

Beer, wine, vinegar

Soapy substances

Caustic substances, including bleach, dye, potassium salts

Physical objects inserted in uterus

Catheter (rubber tubing) alone

Catheter used to flush toxic fluids

Sharp objects such as wire, knitting needles and sticks

Pharmaceutical products administered orally or vaginally

Misoprostol, prostaglandins, estrogen, laxatives, quinine, oxytocins, etc.

Medical techniques

Dilatation and curettage

Vacuum aspiration

Source: 1992 AGI Survey of Opinions on Abortion Practice in Brazil, Colombia, Chile, Dominican Republic, Mexico and Peru (see reference 12).

Abortion Will Not Disappear

Induced abortion remains a widespread practice in Latin America, primarily because women's use of contraceptives and their ability to use methods consistently and correctly have not kept pace with the growing intensity of the desire for smaller families, a desire probably fueled by rising aspirations and, often, unstable family situations.

While the true level of abortion is unknown, it is evident that at least 800,000 of the estimated four million women who have induced abortions each year require hospitalization for the treatment of abortion complications. Although abortion rates are lower in some countries than in others, the practice of abortion is not disappearing and levels may still be going up in some countries.

Despite this pessimistic scenario, abortion is probably a safer procedure for women now than it was in the past. Because of the wider use of medical techniques and the more common use of antibiotics, fewer women in the region are likely to die from abortion complications or to suffer grave health consequences, although both outcomes are still far too frequent.

Improved contraceptive services and improved contraceptive use can go a long way toward reducing levels of unplanned pregnancy in Latin America. There is evidence, for example, that abortion rates may be leveling off or declining in parts of Colombia and Mexico, two countries in which contraceptive use is widespread. Nevertheless, studies indicate that even where family planning services are available and accessible, many

women have difficulty using methods consistently and effectively, and contraceptive discontinuation and failure rates can be high.

Moreover, many circumstances conspire to make effective contraceptive decision-making and practice difficult, especially for women lacking social and family support. In this rapidly developing region of the world, the roles and responsibilities of women continue to change; life in large cities and declining agricultural areas is often precarious and economic stability elusive; migration is seen as a necessity for survival and family dissolution is commonplace.

Many of these conditions and constraints on women can be improved only by fundamental social and economic change. However, policymakers and program managers could usefully focus on services that might have a more immediate impact on women's ability to plan their families better and to have fewer unplanned pregnancies and abortions. Improvements in the availability, delivery and quality of contraceptive services and the establishment of postabortion contra-

ceptive counseling services in large public hospitals are direct steps that could be taken immediately.

Over the longer term, governments should consider reviewing laws that contain punitive measures against women who have undergone illegal abortions and improving services for the management of complications arising from abortion. Both these initiatives were among recommendations approved at the International Conference on Population and Development in Cairo in 1994 and the Fourth World Conference on Women in Beijing in 1995 and agreed to by almost all nations of the world.

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3. Ibid.; and T. Frejka, "The Role of Induced Abortion in Contemporary Fertility Regulation," in *Proceedings of the Conference of the International Union for the*

table 6
Unsafe Abortions

Country/year	Number of hospitalizations
Total	555,630
Brazil, 1991	288,670
Colombia, 1989	57,680
Chile, 1990	31,930
Dom. Republic, 1992	16,500
Mexico, 1990	106,620
Peru, 1989	54,230
Latin America*	800,000

*Estimated on the assumption that these six countries account for 70% of the population of Latin America and that all countries in the region have similar hospitalization levels; rounded to the nearest 100,000.

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Clandestine Abortion in Latin America

The Alan Guttmacher Institute

Abortion: A Reader's Guide

CONSCIENCE
AUTUMN 1996

BY LISA M. HISEL

The subject of abortion is everywhere these days: on the air, in the pulpit, in legislatures, in discussions between friends and the not-so-friendly, and on the lips of political candidates. This phenomenon is really nothing new. For more than twenty-five years, theologians and doctors, feminists and demographers, scholars and activists, and those who are a little bit of each have been debating the moral, spiritual, and social dimensions of abortion. In the process they have written a library of books that have shaped, or at least reflect, the development of our thinking about abortion. These books are often difficult to find in bookstores and libraries; some are out of print. Worse, most potential readers do not even know these titles exist. In support of the well-worn adage that knowledge is power, in this case the power to think with nuance and clarity about a wrenchingly complex topic, this article traces the discussion of abortion in ten of the best books on the subject written over the past twenty-five years. The selection of titles is weighted toward prochoice thought, but not exclusively.

BEFORE ROE V. WADE

Catholic theologian and philosopher Daniel Callahan published *Abortion: Law, Choice and Morality* in 1970, three years before *Roe v. Wade*, the decision in which the Supreme Court legalized abortion throughout the United States. Callahan discussed abortion in its moral, medical, social, and legal dimensions. By 1970, New York and California had

already legalized abortion. Callahan wrote that a good law on abortion

should seek to accomplish a variety of ends. It should seek to give women optimal freedom. It should seek to express the serious concern of society about abortion. It should seek to express society's respect for the unborn life. It should try to provide maximum freedom for everyone concerned with abortion decisions: the women who must make the decisions, the doctors who must perform the abortions, and the society which has a stake in the number, kind, and quality of legal abortions (p. 489).

For Callahan, abortion "is not the destruction of a human person—for at no stage of its development does the conceptus fulfill the definition of a person, which implies a developed capacity for reasoning, willing, desiring, and relating to others—but it is the destruction of an important and valuable form of human life" (pp. 497-498). Analyzing in depth the official position of the Catholic church on abortion, Callahan commended its emphasis on protecting human life but found that the church fails to acknowledge that conflicting values may be at stake.

In the process of gathering and analyzing the facts for this thorough, searching book, Callahan's own views on abortion evolved:

Originally I had intended to write a book defending, with some modifications, the traditional western prohibition against abortion. As time went on, however, as I became more immersed in the problem, reading more and talking with many people,

my opinion began changing. There were, I had to admit to myself, some reasonable arguments in favor of abortion under many circumstances; reading “the other side” brought me to see that not all virtue and moral insight was on the side of abortion opponents (pp. 17-18).

Also in 1970, John T. Noonan, Jr., then professor of law and chairman of religious studies at the University of California at Berkeley and, over the years, a prominent and respected opponent of *Roe v. Wade*, edited *The Morality of Abortion: Legal and Historical Perspectives*. While Callahan’s examination of law and morality led him to a more liberal view, many of the writers in Noonan’s book defended a conservative approach to legal and moral questions on abortion. The volume compiled essays by Paul Ramsey, James Gustafson, Bernard Häring, George Huntston Williams, John M. Finnis, David W. Louisville, and Noonan himself. In explaining the link he saw between law and morality, Noonan wrote:

What is a constitutionally permissible balance of interests, what is a fundamental fairness, who are the persons who cannot arbitrarily be denied life, liberty, or property—these questions cannot be decided without moral judgments. Rightly, the American instinct has yoked the constitutional to the moral. With abortion as the issue, the moral and the constitutional are tightly tied together, for the moral decision determining who is human is decisive for constitutional adjudication (p. x).

In a classic essay entitled “An Almost Absolute Value in History,” Noonan expressed his opinion of abortion in no uncertain terms:

For Christians the commandment to love had received a special imprint in that the exemplar proposed of love was the love of the Lord for his disciples. In the light given by this example, self-sacrifice carried to the point of death seemed in the extreme situations not without meaning. In the less extreme cases, preference for one’s own interests to the life of another seemed to express cruelty or selfishness irreconcilable with the demands of love (p. 59).

For Catholics, one of the most interesting essays in the book might be the one by Catholic theologian Bernard Häring, who supported the Catholic church’s basic proscription of abortion but argued for a “refine-

ment” of that doctrine. Häring called for accepting birth regulation “in the spirit of generous responsible parenthood.” He continued, “The Church’s condemnation of abortion is only fully credible if at the same time all possible effort is made to eliminate the chief causes of abortion” (p. 135). As for legislating against abortion, he argued, “It cannot be the task of a pluralistic state to protect the religious teaching of a church where this does not coincide with the common good of the respective society” (p. 144).

THE ORIGINS OF A NATIONAL POLICY

Five years after the watershed of *Roe*, historian James C. Mohr reviewed the social and cultural history of abortion in America. In *Abortion in America: The Origins and Evolution of National Policy*, Mohr pointed out that abortion was not criminalized in the United States until late in the nineteenth century, and then it was the medical profession, not religious groups, that led the fight to outlaw abortion. Mohr wrote:

In 1800 no jurisdiction in the United States had enacted any statutes whatsoever on the subject of abortion; most forms of abortion were not illegal and those American women who wished to practice abortion did so. Yet by 1900 virtually every jurisdiction in the United States had laws upon its books that proscribed the practice sharply and declared most abortions criminal offenses (p. vii).

Until the early 1800s, common law recognized the fetus only after “quickening”—when the woman could feel the fetus moving, usually in the fourth or fifth month of pregnancy. Abortion was “neither morally nor legally wrong in the eyes of the vast majority of Americans, provided it was accomplished before quickening” (p. 16). During the early nineteenth century, Mohr argued, most women had abortions to hide that they had engaged in “illicit sex”; later, by 1840, women began using abortion to limit family size, because while contraception was often used, it was as often not reliable. It was at this time that medical societies, like the American Medical Association, began an active campaign to criminalize abortion, for reasons of their own:

America’s regular physicians appear to have persisted in their crusade against abortion for a number of complex reasons that may be divided

for convenience into two broad categories: professional reasons and personal reasons. The first professional motive underlying the regulars' antiabortion campaign had been evident in the United States thirty years before: . . . by raising the abortion question and highlighting the abuses and dangers associated with it, regular physicians could encourage the state to deploy its sanctions against their competitors (p.160).

Mohr continued:

A second professional reason for sustaining the antiabortion campaign stemmed, somewhat paradoxically, from the persistent failure of America's regular physicians, even those directly allied with the AMA, to enforce their own code of ethics during the nineteenth century. . . . Since any healer who wanted to practice medicine could do so, the punishment of expulsion from a formally organized medical society was no particular threat. . . . An antiabortion law would lend public sanction to the professionals' efforts at disciplining their own organizations (p. 161).

THE RIGHT-TO-LIFE MOVEMENT

By 1981, the right-to-life movement had become prominent enough to draw scholarly attention its way. Andrew Merton, professor of English at the University of New Hampshire, examined the movement in *Enemies of Choice: The Right-to-Life Movement and Its Threat to Abortion*. He traced the growth since 1960 of organized, vocal antiabortion forces whose stated goal is the adoption of a Human Life Amendment to the Constitution to outlaw all abortions. The proposed amendment is still an aim of some groups today and a plank in the Republican platform.

Like most writers on abortion, Merton noted that the Catholic church has been in the forefront of the antiabortion movement. In November 1973, in response to *Roe v. Wade*, the National Conference of Catholic Bishops issued a resolution that called on all Catholics to work actively toward a constitutional amendment banning all abortions. Merton noted that the resolution occasioned a shift in the bishops' role in US life. "This is the first time bishops officially called for *political* action," he wrote (p. 96, emphasis in the original).

At the same time, Merton questioned the stated motivation of the right-to-life movement, citing a 1978 poll conducted by the Catholic progressive Quixote Center. The study documented the fear prevalent within the antiabortion movement of "unrestrained" sexuality, which the movement saw as necessarily increasing the demand for abortions. The report on the poll concluded that the findings "call into serious question the claim of the antiabortion movement to the title 'prolife.' They indicate that the movement derives its most fundamental motivations less from a reverence for human life than from a concern for sexuality" (p. 190).

THE FEMINIST DISCUSSION

In 1983, Beverly Wildung Harrison, Protestant theologian and ethicist, published the first groundbreaking feminist moral analysis of abortion in *Our Right to Choose: Toward a New Ethic of Abortion*. She argued that, to establish a truly free society, women must be able to choose whether or not to bear children. "The 'choice' which receives moral defense in these pages," she wrote, "is women's right to choose the *conditions for procreative choice*, not merely the narrower option of elective abortion" (p. ix, emphasis in the original).

As for why the abortion debate seems to be with us always, Harrison wrote:

We are only at the beginning of the public, political dispute over procreative choice in human history. If we do not obliterate ourselves with other life-destructive technologies in the meanwhile, the abortion debate probably will continue in one form or another for decades, perhaps for generations. This is because all intricate social systems that characterize human life—our institutions, mores, and customs and all the varied religious sacralizations of these systems through all recorded history—have been shaped inherently to *control women's procreative power*. This control will not be relinquished without a struggle (p. 3, emphasis in original).

Harrison stressed that we do not live in a society that really cares very much for women or the children they may bear. "Nor does this society confer much worth upon men who are not among the powerful. I insist that some of the roots of these moral ills, including our own alienation from and lack of

respect for each other, lie in our deep-seated negative attitudes toward women. . . . Anyone who believes that flatly outlawing safe, legal abortion will correct this monstrous moral state of affairs is deeply deluded" (p. 31).

On the heels of Harrison's feminist ethical work came another groundbreaking feminist analysis, this one more empirical and exclusively sociopolitical. In 1984 Kristin Luker, professor of law and society at the University of California at Berkeley, published *Abortion and the Politics of Motherhood*, for which she interviewed anti-abortion and abortion-rights activists in California, where abortion was legal before Roe. From her interviews, Luker concluded that where women and men place themselves in the abortion debate has everything to do with their attitudes toward sexuality, children, family life, and the role of the individual.

As one prolife activist told Luker:

There has been a very strong attitude that the child represents an obstacle to achievement. Not just that the child is something desirable that you add further down the line . . . but that the child is an obstacle to a lifestyle that will include the yacht and weekend skiing. . . . A great many couples are opting not to have any children at all because of the portrayal of the child as an obstacle, especially to a woman's career and a two-salary family (p. 168).

A prochoice activist said:

I would say that the tip of the iceberg is purposeful parenthood. I think life is too cheap, I think we're too easy-going. We assume that everybody will be a mother. . . . Hell, it's a privilege, it's not special enough. The contraceptive age affords us the opportunity to make motherhood really special. I think we have a moral obligation. . . (p. 181).

Luker highlighted the power of words in abortion politics. "In political movements, language becomes politicized: a choice of words is a choice of sides," she wrote. "In referring to the form of life that exists between conception and birth, to use either the word *fetus* or the word *baby* is to make a political judgment; in pursuit of neutrality, I will use the term *embryo*, even though it is technically inaccurate" (p. 2, emphasis in original).

Luker concluded the book with words that now have proven especially prescient—in the days of RU486, surrogacy, the storage of pre-embryos, and other developments that are in the news:

It is . . . probably safe to predict that technological forces, which have historically triggered new debates about abortion, will continue to confront us with new social, political, and ethical dilemmas. We must soon consider the implications of a new technology in abortions so that they can be accomplished at home, the ability to transplant one woman's fertilized egg to another woman's womb, and even artificial uteruses that can support an embryo outside the woman's body from the earliest days of pregnancy. These developments are all closer to reality than to science fiction (p. 244).

Where Harrison made her greatest contribution in the moral-ethical arena, and Luker in analyzing movements for and against abortion rights, a third feminist to break new ground concentrated on government policies in relation to women's status. "I have always thought abortion acquires political volatility in periods when the social position of women generally is under siege," wrote Rosalind Pollack Petchesky in the introduction to the 1990 edition of the book she first published in 1984, *Abortion and Woman's Choice: The State, Sexuality, and Reproductive Freedom*. She wrote, "I strive to provide a holistic understanding of abortion from a feminist perspective, including the history of its practice and state policies to contain it; the social, economic, and cultural conditions under which women utilize it; and the legal, moral and political battles that surround it" (p. ix). Among the notable changes in the abortion debate between 1984 and 1990, Petchesky showed, was the emergence of the image of the fetus as the primary focus of antiabortion forces:

Fetal images now permeate the American cultural landscape and saturate abortion discourse as never before. The actual fetus pales next to the symbolic one, which in current US reproductive politics has come to represent a whole series of losses—from sexual innocence to "good" mothers to American imperial might. As this symbolic fetus becomes a more familiar public presence—in civil courts (as tort claimant), in hospitals (as patient), and in the media (as video star)—its "autonomy" from the pregnant woman and her

displacement from the center of the abortion story become cultural "facts" that feminists must counter. (pp. xii-xiii).

Petchesky continued:

Unlike poor women and children, the fetus requires little or no social care and few if any services, and it doesn't have to go to school, get a job, or find shelter. . . . Thus, fetal advocacy becomes a badge of identity signifying not only "moral," "Christian" values and defense of the (traditional, patriarchal) family, but also financial restraint and its corollary, tough mindedness against the poor (p. xiii).

In her conclusion, Petchesky stressed that women's individual control over reproduction is central to the abortion debate and that women must work collectively instead of individually to truly gain this control. "For it is women collectively whose competence to make moral judgments is maligned and whose sexual and maternal practices are circumscribed by and through the state," she wrote. "Women collectively, through an organized feminist movement, have to meet this challenge" (p. 383).

THE AMERICAN CATHOLIC DEBATE

What still surprises the uninitiated are the vigor and breadth of the discourse over abortion *within* Catholic intellectual communities in the United States. In 1988 Thomas A. Shannon and Patricia Beattie Jung edited *Abortion and Catholicism: The American Debate*, a collection of essays capturing these moral, ecclesial, pastoral, political, and feminist debates.

In the introduction, Shannon and Jung wrote:

The debate about abortion crosses religious, moral, political, ideological, and regional lines. No individual group or organization in the country is immune from at least some aspects of the debate. The Catholic church is no exception. Catholics are among those who procure abortions and who support its availability for others. . . . Many practicing Catholics do not adhere to all of the church's moral teachings because in good conscience they do not agree with them. There is within the Catholic church a genuine debate

about abortion and we have collected in this volume essays representative of that debate (pp. 10-21).

The diverse voices heard in this volume belong to ethicist Lisa Sowle Cahill, psychologist Sidney Callahan, Governor Mario Cuomo, Cardinals John O'Connor and Joseph Bernardin, and theologians Christine Gudorf, Charles Curran, and Rosemary Radford Ruether, as well as the editors, whose concluding observation remains urgent today: "We are convinced that only open, honest, and respectful dialogue will bring the Catholic community to some resolution of this problem. . . . We hope that the discussion can be carried forward in a manner that is respectful of the consciences and persons of all its participants" (p. 6).

THE SEARCH FOR MIDDLE GROUND

The concern expressed by Shannon and Jung has grown more widespread during the 1990s, which have seen the rise of attempts to make peace by discovering common ground between prolife and pro-choice partisans and by establishing a middle position. In this vein was the 1992 volume, *Life Itself: Abortion in the American Mind*, by essayist Roger Rosenblatt. The book came at an especially divisive moment: an election year, in the wake of the 1989 ruling in *Webster v. Reproductive Health Systems*, which fueled political activity by allowing states to restrict access to abortion in various ways, and during the Supreme Court's weighing of *Planned Parenthood of Southeastern Pennsylvania v. Casey*, when many thought the court might overturn *Roe*. For all the volatility of the abortion debate, Rosenblatt wrote, "most people do not speak of abortion at all. . . . We will march in demonstrations, shout and carry placards, vote in a national election where abortion is an issue, but we will not talk about it" (p. 5).

In order to have this necessary conversation about abortion itself, Rosenblatt set forth the following conditions:

We must be willing to acknowledge and live with an imponderable, agonizing, and fundamentally ambivalent element in our national life, and we have not yet been able to do so. . . . To create a society in which abortion is permitted and its gravity appreciated is to create but another of the many useful frictions of a democratic society.

Such a society does not devalue life by allowing abortion; it takes life with the utmost seriousness and is, by the depths of its conflicts and by the richness of its difficulties, a reflection of life itself (p. 47).

In terms of truly launching such a public discourse, the book has not succeeded so far; however, in terms of articulating a wish increasingly common among activists, Rosenblatt made a good beginning.

Another attempt, not to prove one side or the other right, but to resolve the conflict, was Ronald Dworkin's 1993 book, *Life's Dominion: An Argument about Abortion, Euthanasia, and Individual Freedom*. Dworkin, a legal scholar, argued that the abortion debate should not center on whether the fetus is a person. Rather, he wrote, "Almost everyone shares, explicitly or intuitively, the idea that human life has an objective, intrinsic value that is quite independent of its personal value for anyone, and disagreement about the right interpretation of that shared idea is the actual nerve of the great debate about abortion" (p. 67).

In his conclusion Dworkin argued:

Because we cherish dignity, we insist on freedom, and we place the right of conscience at its center, so that a government that denies that right is totalitarian no matter how free it leaves us in choices that matter less. . . . Whatever view we take about abortion and euthanasia, we want the right to decide for ourselves, and we should therefore be ready to insist that any honorable constitution, any genuine constitution of principle, will guarantee that right for everyone (p. 239).

At the same time, Dworkin said:

It matters as much that we live up to our freedom as that we have it. Freedom of conscience presupposes a personal responsibility of reflection, and it loses much of its meaning when that responsibility is ignored. A good life need not be an especially reflective one; most of the best lives are just lived rather than studied. But there are moments that cry out for our self-assertion, when a passive bowing to fate or a mechanical decision out of deference or convenience is treachery, because it forfeits dignity for ease (pp. 239-240).

TOMORROW'S BOOKS

As these ten books demonstrate, the moral, intellectual, and spiritual debate about abortion is itself a work in progress. Each year new books on abortion leave the presses for readers who are willing to challenge their thinking on this deeply complex issue. This article discusses only ten of the hundreds of books already written on abortion. At the same time, because this subject commands the attentions of some of the finest minds, the review here also suggests that many substantial books are yet to come.

You Are Not Alone

CATHOLICS FOR A FREE CHOICE

It is often difficult for Catholics to talk about abortion.

You may feel that no one else shares or understands your experience, or that your religion condemns you. On these pages we answer some common questions Catholics have about abortion and provide two liturgies to assist in the abortion decision. We want you to know you are not alone.

how do catholics feel about abortion?

Polls show that Catholics the world over support the right to legal abortion and believe it can be a moral option.

- Seventy-nine percent of US Catholics believe that Catholics can make up their own minds on moral issues such as abortion and birth control (USA: *National Catholic Reporter*/Gallup Poll, 1999).
- A full 69% of Catholics believe a woman who has had an abortion for reasons other than to save her life can still be a good Catholic (USA: ABC/*Washington Post* poll, 1995).
- In Great Britain, 50% of Catholics say abortion should be legally available for all who want it. In Scotland, 68% of Catholics say women should have the right to choose abortion (Great Britain: MORI survey, 1997).

do catholic women have abortions?

Good women, including Catholics, have decided both

for and against having an abortion. In fact, recent studies show that Catholic women have abortions at a rate comparable to women in the general population (USA: The Alan Guttmacher Institute, 1996).

as a catholic, i'd like to know the church's teaching on abortion

The institutional church teaches that abortion is morally wrong in all circumstances. This is not, as most Catholics think, based on the belief that the fetus is a person. The church has no firm doctrine on when the fetus becomes a person. Thus, this teaching has never been proclaimed as infallible by the pope.

The church is also more than the pope and bishops. It includes all the people of God. Clergy, theologians and laity work together to develop church teachings. Many theologians and lay people today believe that abortion can sometimes be a moral decision and that conscience is the final arbiter of any abortion decision.

will i be excommunicated if i have an abortion?

The official Canon Law of the church at the present time states that anyone who commits the sin of abortion automatically excommunicates herself from the church. To commit the sin of abortion, you have to think that an abortion in your case, with all the circumstances of your life and your pregnancy, is a sin against God. You then have to decide that you are going to do it anyway, thus going against your conscience.

The Catholic church officially teaches that the conscience of an individual is supreme. If you carefully

examine your conscience and then decide that an abortion is the most moral act you can do at this time, you are not committing a sin. Therefore, you are not excommunicated. Nor need you tell it in confession since, in your case, abortion is not a sin.

If you do feel you committed a sin by having an abortion, you can seek reconciliation with the church by speaking to a priest in the sacrament of Reconciliation (confession).

After all is said and done, how do I go about making up my own mind?

Decisions involving procreative choice are serious ones. When faced with the question of whether or not to have an abortion, accept that it is your decision, not someone else's. Consider your personal and moral commitments in life. Know there is no one acceptable morally justifiable way of living your life. Know what you are deciding. Inform yourself about the medical aspects of both abortion and childbearing—the actual medical procedures and their risks. Understand your own feelings, religious beliefs and values as they relate to the fetus, and weigh those against your circumstances and those of your pregnancy. Look at all the alternatives open to you. No alternative will be all good or all bad. Try to consider them all so that later you do not regret your failure to have a complete understanding. Conversations with trusted friends or unbiased counselors are good for anyone who faces a major choice. If possible, talk with women who have had an abortion. Clinics where abortions are performed can usually refer you to clergy or counselors who will raise the questions you should be asking. If you feel you are being pressured in any way, look elsewhere for help. Good counselors try to help, not coerce you.

Throughout your decision process, know that good women have decided for and against abortion. However your struggle with your decision turns out, no choice will leave you without some qualms and some uncertainty. That is the human condition. Come to the decision you can live with, and then be as strong as you can be, knowing that you have done your best.

Liturgies for responsible reproduction

We sometimes forget the spiritual dimension of all-important decisions and events in our lives. Women need spiritual support and affirmation as they make

difficult choices about reproduction. The following liturgies celebrate women's spirituality by affirming the integrity and holiness of their decisions. They can be used alone or shared with a partner, friends or family. Women may need encouragement to consider celebrating such a liturgy because traditional churches and society do not provide them.

Liturgy for seeking wisdom

Background: This liturgy will help a woman decide to bring her pregnancy to term or to have an abortion.

Centering: Play soothing instrumental music quietly in the background.

Candle Lighting: Light candle, absorb its power, pray.

Prayer: Gracious and loving Holy Wisdom, fill _____ (name of woman) with wisdom that she may see clearly the choice that she needs to make. Bless her and comfort her with your Spirit.

Visualization: Guide the woman through this visualization.

See yourself walking on a path through the woods. You are walking into the future. At the end of this path see yourself in ten years if you decide to bring this pregnancy to term. (Pause for three minutes and listen to yourself.)

Now begin again. (Pause fifteen seconds.) See another path through the woods. Walk along this path. At the end of this path see yourself in ten years if you do not bring this pregnancy to term. (Pause for three minutes and experience what this is like.)

After you have visualized these two pathways, find a cozy room with a comfortable chair. Sit in this chair and think about what you have seen. (Pause for as long as you like.)

Reflection: Sit and watch the candle burn, write down your thoughts in a journal and/or share your insights.

Closing: Wisdom comes when we reflect on our life and make choices based on honesty and truth. Wisdom lives within us. Listen to her. Trust her. Talk to her whenever you need to. She is your friend.

Song: "I found god in myself" from Colored Girls
CATHOLICS FOR A FREE CHOICE

i found god in myself, i found god in myself
and I loved her fiercely, i loved her fiercely,
i found god in myself.

Blow out the candle when you are finished. Invite the woman to do something comforting, for example, drink a cup of tea or take a warm shower.

Liturgy of Affirmation for making a difficult decision

background: This liturgy affirms that a woman has made a good and holy decision. It provides strength and healing after making a difficult decision. It brings closure to an often intense and emotional process. It is intended to be celebrated with friends.

gathering: The celebrant invites friends, and if appropriate the partner, to gather in a circle. She welcomes them and introduces the liturgy.

song: A favorite, comforting song, one that the woman likes.

prayer: Blessed are you, Holy One, for your presence with _____ (name of woman).

Praised be you, Mother and Father God, that you have given your people the power of choice. We are saddened that the life circumstances of _____ (woman's name or, if appropriate, woman's name and her partner's name) are such that she has had to choose to terminate her pregnancy. Such a choice is never simple. It is filled with pain and hurt, with anger and questions, but also with integrity and strength. We rejoice in her attention to choice.

Our beloved sister has made a very hard choice. We affirm her and support her in her decision. We promise to stand with her in her ongoing life

Blessed are you, Holy One, for your presence with her.

reading: Choose a poem, reading, or scripture verse that captures the message of the liturgy.

sharing: The celebrant invites the woman (and her partner) to speak about her (their) decision to have an abortion. If there is a symbolic gesture that expresses her (their) feelings such as sprinkling flower petals, or sharing dried flowers invite her (them) to incorporate.

Blessing of _____ (name of woman):

_____ (name of woman), we love you very deeply. As a sign of our affirmation of you and of your choice, we give you this bowl and this oil. Oil soothes the bones that are weary from making a difficult decision. Oil strengthens and heals. Oil... (add sentences that reflect what the woman spoke in her story.)

We bless you with this oil. (Each person takes oil from the bowl and anoints the woman's hands, face, feet, neck, shoulders and/or head. Each closes the blessing by embracing her.)

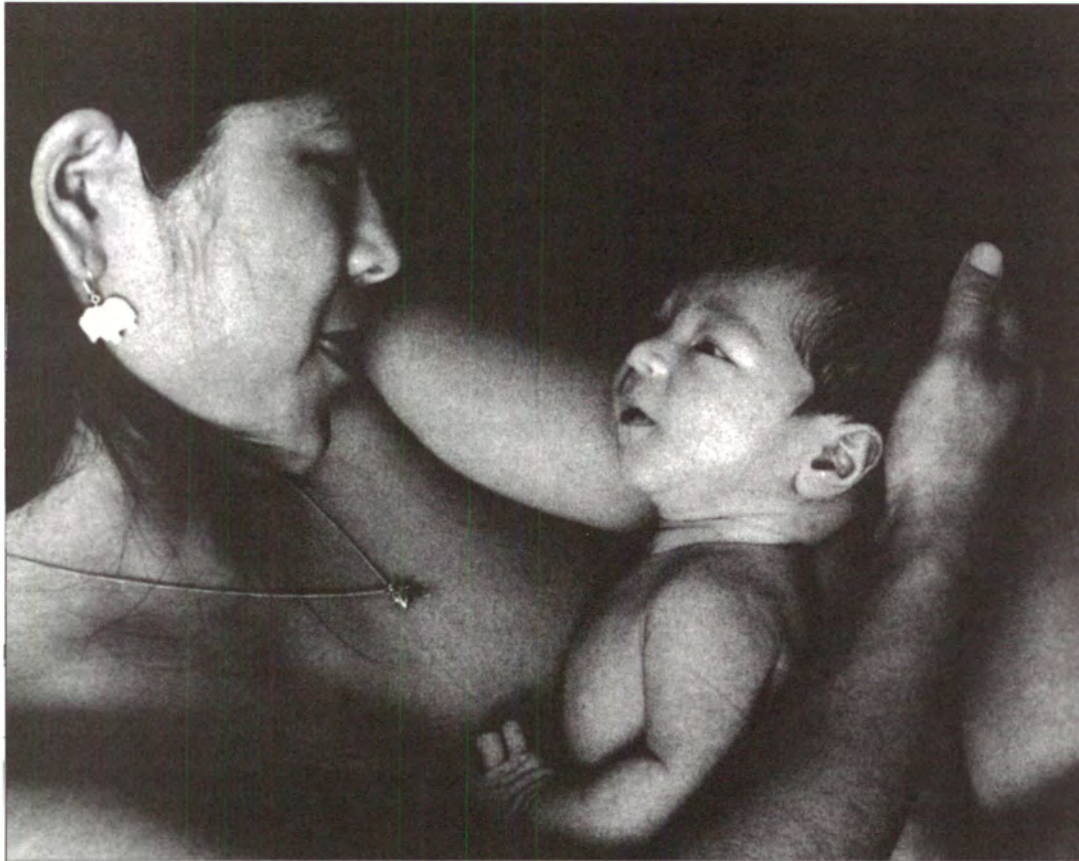
_____ (name of woman), the bowl is a tangible symbol of this day. When times are difficult—and such days come to each of us—look at this bowl and remember our love for you.

closing song: A blessing song like the following closes the liturgy. "Blessing Song" from the album *Circling Free* © 1983 by Marsie Silvestro

Bless you my sister, bless you on your way
You have roads to roam before you're home
And winds to speak your name.
So go gently my sister let courage be your song
You have words to say in your own way and stars to
light your night.
And if ever you grow weary and your heart song has
no refrain
Just remember we'll be waiting to raise you up again.
And we'll bless you our sister, bless you in our way
And we'll welcome home all the life you've known
and softly speak your name.
And we'll welcome home all the self you own and
softly speak your name
Bless you my sister, bless you on your way.

Liturgies by Diann Neu, feminist liberation liturgies and co-director of WATER, the Women's Alliance for Theology, Ethics and Ritual in Silver Spring, MD

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**THE HUMAN
RIGHT TO
FAMILY PLANNING
AND SEXUAL AND
REPRODUCTIVE
HEALTH**



**International
Planned
Parenthood
Federation**

THE HUMAN RIGHT TO FAMILY PLANNING AND SEXUAL AND REPRODUCTIVE HEALTH

Foreword

Since 1968, when family planning was first enshrined as a human right at the Teheran human rights conference, the value of family planning and of individuals and couples being able to make their own childbearing decisions has been widely accepted. Today, over half of all couples are planning when to have children by using contraception and family size has dropped in most areas of the world. The health of women and children has improved and the rate of global population increase is slowing down. Most governments around the world are now persuaded that family planning is a right of all concerned individuals.

The changes in the attitude towards family planning were reflected at two recent international conferences: at the 1994 International Conference on Population and Development in Cairo, and again in 1995 in Beijing at the Fourth World Conference on Women. The focus in the documents emerging from these conferences clearly stressed the expansion from the right to family planning towards establishing the right to better sexual and reproductive health.

The latter focus reflects the position of the International Planned Parenthood Federation (IPPF). IPPF's *Vision 2000* Strategic Plan, approved in 1992 by all IPPF's member family planning associations, states clearly the Federation's determination to promote the right to sexual and reproductive health. This determination was



reinforced in 1995 when IPPF drew up a Sexual and Reproductive Rights Charter, setting out the fundamental principles underlying IPPF's work and intended also to be useful to other partners in this field.

This leaflet charts the evolution of rights in this area. It quotes international endorsements of the right to family planning and reproductive and sexual health information and services over the last 25 years.

Despite the progress, many millions of people are still not able to exercise their right to family planning. I believe that as long as there are women anywhere in the world who lack the freedom to make reproductive choices and who continue to suffer and die because of unwanted pregnancies, we have a vital task to do. The human rights to family planning and to sexual and reproductive health and well-being, must be realized. I hope this leaflet will prove useful to all those working in the development field to promote such rights.



Ingar Brueggemann
Secretary General
International Planned Parenthood Federation



NOTABLE DATES

*in the development of rights to family
planning and sexual and reproductive health*

60s
60s

1968

**UN International
Conference on
Human Rights
(Teheran)**

The Teheran Declaration stated that parents had the basic human right to decide freely and responsibly on the number and spacing of their children and a right to adequate education and information.

70s
70s

1974

**World Population
Conference
(Bucharest)**

This conference gave the right to family planning to couples and individuals, rather than parents, and stated the right to the means – as well as to information and education – to decide the number and spacing of children.

1978

**International
Conference on
Primary Health Care
(USSR)**

The Alma Ata Declaration established family planning as part of maternal and child health care.

70s
70s

1979

**UN Convention on
the Elimination of All
Forms of
Discrimination
Against Women**

The convention emphasized equality between men and women in their right and ability to control reproduction. It required member states to eliminate discrimination against women in the exercise of their right to health care, including family planning, and in all matters relating to marriage and family relations.

1984

**UN International
Conference on
Population
(Mexico City)**

Recommendations from the Mexico population conference stated that it was a matter of urgency for governments to make universally available information, education and the means to assist couples and individuals to achieve their desired number of children. Family planning should include all medically approved methods and particular attention should be given to those hard to reach. For the first time, governments were asked to meet the needs of adolescents for adequate family life and sex education and to make available appropriate services.

80s
80s

1985

**Forward-Looking
Strategies for the
Advancement of
Women
(Nairobi)**

Adolescent girls were identified as a significant group at risk of unwanted pregnancy and in special need of government attention.

90s 90s

1993

**UN World Conference
on Human Rights**
(Vienna)

The Vienna Declaration for the first time specified that the human rights of women and of the girl child were an inalienable, integral and indivisible part of universal human rights. The declaration reaffirmed a woman's right to accessible and adequate health care and the widest range of family planning services. Also for the first time, violence against women was recognized as a human rights abuse.

1994

**International Conference
on Population and
Development (ICPD)**
(Cairo)

The ICPD Programme of Action established the right of couples and individuals to attain the highest standard of reproductive health, which was defined as including sexual health and family planning. The conference reiterated the right to make decisions concerning reproduction free of discrimination, coercion and violence, as expressed in human rights documents, and stated that the promotion of the responsible exercise of these rights for all people should be the fundamental basis for government and community-supported policies and programmes



in the area of reproductive health. The conference made it a goal to achieve universal access to a full range of safe and reliable family planning methods, and to related reproductive health services, by 2015. Programmes for adolescents should include education and counselling on gender relations and equality, responsible family planning practice, reproductive health and sexually transmitted diseases and HIV/AIDS prevention. Governments were urged to deal with unsafe abortion as a major public health concern.

90s 90s 90s 90s

1995

**Fourth World Conference on
Women (Beijing)**

The Platform for Action urged governments to ensure the full implementation of the human rights of women and of the girl child. The right of all women to control all aspects of their health, in particular their fertility, was said to be basic to their empowerment. The document stated that reproductive health and family planning programmes should include education and awareness raising about reproductive rights as human rights.



The conference recognized a distinction between women's rights in relation to their sexuality and those related to reproduction. Female genital mutilation was classified as violence against women and therefore a violation of their human rights. Governments were urged to review laws containing punitive measures against women who had undergone illegal abortion.

THE RIGHT TO FAMILY PLANNING

Human rights

"Parents have a basic human right to determine freely and responsibly the number and spacing of their children."

Proclamation, adopted unanimously at the UN International Conference on Human Rights, Teheran, 1968 (Article 16)

"All couples and individuals have the basic right to decide freely and responsibly the number and spacing of their children and to have information and means to do so; the responsibility of couples and individuals in the exercise of this right takes into account the needs of their living and future children, and their responsibilities towards the community."

World Population Plan of Action, agreed by a consensus of 136 governments at the UN World Population Conference in Bucharest, 1974 (paragraph 14(f)).

"... the World Conference reaffirms, on the basis of equality between women and men, a woman's right to accessible and adequate health care and the widest range of family planning services, as well as equal access to education at all levels."

Vienna Declaration and Programme of Action, adopted by the World Conference on Human Rights, 1993 (Part II, paragraph 41).

Human rights conferences

The right to family planning received its first official, universal endorsement from 157 governments at the United Nations International Conference on Human Rights in 1968. Previously, in 1966, a resolution of the United Nations (UN) General Assembly had stated that "the size of the family should be the free choice of each individual", and it was a natural progression when the 1968 conference, convened to reaffirm and update the 1948 Universal Declaration of Human Rights, reached agreement on the issue. It stated the right of parents to decide freely and responsibly on the number and spacing of their children and the right to adequate education and information.

Since then, the right has been repeatedly restated in international documents, and has been extended from the right to information and education to the right to the means to plan families, and from the right of parents to the right of couples and individuals, including the young. At the most recent World Conference on Human Rights, held in Vienna in 1993, the declaration reaffirmed, on the basis of equality between women and men, a woman's right to accessible and adequate health care and the widest range of family planning services. This was the first conference at which women's rights were distinguished separately from human rights, and the final

declaration made the full and equal participation of women in political, civil, economic, social and cultural life and the eradication of all forms of discrimination on grounds of sex priorities for the international community. It called for an end to all forms of violence against women, including sexual slavery and forced pregnancy.

Other international documents

In 1978, the momentous Alma Ata Declaration on Primary Health Care identified family planning as an essential component of health care.

The United Nations Convention on the Elimination of All Forms of Discrimination Against Women, adopted by the UN General Assembly in 1979, requires member states to eliminate discrimination against women in the exercise of their right to health care, including family planning. To date 140 countries have ratified the Convention, and therefore have an obligation to offer all their citizens family planning information and services. The Convention states that governments have this obligation regardless of their population policies. For many countries, however, even when the appropriate legislation is enacted, lack of government commitment or lack of resources means that the right is not translated into reality.

The Forward-Looking Strategies for the Advancement of Women, adopted in Nairobi

"The Fourth World Conference on Women reaffirms that reproductive rights rest on the recognition of the basic right of all couples and individuals to decide freely and responsibly the number, spacing and timing of their children and to have the information and means to do so, and the right to attain the highest standard of sexual and reproductive health. It also includes their right to make decisions concerning reproduction free of discrimination, coercion and violence, as expressed in human rights documents."

Platform for Action, Fourth World Conference on Women, Beijing 1995 (paragraph 223).

Health

"Primary health includes at least: education concerning prevailing health problems and the methods of preventing and controlling them; promotion of food supply and proper nutrition, an adequate supply of safe water, and basic sanitation; maternal and child health care, including family planning; immunization against the major infectious diseases; prevention and control of locally endemic diseases; appropriate treatment of common diseases and injuries; and provision of essential drugs."

Declaration of Alma Ata, International Conference on Primary Health Care, USSR 1978 (paragraph VII(3)).

"Everyone has the right to the enjoyment of the highest attainable standard of physical and mental health. States should take all appropriate measures to ensure, on a basis of equality of men and women, universal access to health care services, including those related to reproductive health care, which includes family planning and sexual health. Reproductive health care programmes should provide the widest range of services without any form of coercion. All couples and individuals have the basic right to decide freely and responsibly the number and spacing of their children and to have the information, education and means to do so."

Programme of Action, International Conference on Population and Development, Cairo 1994 (Principle 8).

"All Governments and relevant intergovernmental and non-governmental organizations are urged to strengthen their commitment to women's health, to deal with the health impact of unsafe abortion as a major public health concern and to reduce the recourse to abortion through expanded and improved family-planning services."

Programme of Action, International Conference on Population and Development, Cairo 1994 (paragraph 8.25).

"The explicit recognition and reaffirmation of the right of all women to control all aspects of their health, in particular their own fertility, is basic to their empowerment."

Beijing Declaration, Fourth World Conference on Women, Beijing 1995 (paragraph 17).

in 1985, further specified that "all medically approved and appropriate methods" should be made available, as well as education in responsible parenthood.

More recent international declarations, including the 1984 International Conference on Population held in Mexico City, have stressed the urgency of government responses to the needs of their citizens, particularly "those segments of the population which are most vulnerable and difficult to reach".

The latest world population conference, the International Conference on Population and Development held in Cairo in 1994, specified a time, 2015, by which governments should provide universal access to a full range of family planning services. The number of governments providing such services has gradually increased. Nevertheless, in many countries the private sector is still required to be the torchbearer for family planning, to fill gaps in provision and to demonstrate to governments the ways in which services can be provided in order to enable people to exercise their right to plan their families.

National constitutions

The human right to family planning has increasingly found expression in national constitutions, even in francophone Africa where old colonial French laws are still in place, and in Latin America. The right is fundamental to the establishment of equal

rights for men and women since it underscores the right of women to control and manage their own fertility and thus enables them to enjoy other human rights, for example the right to good health.

A GRADUAL PROGRESSION OF RIGHTS

The right given to adolescents

The right to family planning is now well established. While it was given to "parents" in the original 1968 conference, it was extended to "all couples and individuals" in the 1974 World Population Plan of Action (at Bucharest) and in the recommendations from the 1984 UN International Conference on Population (Mexico City). This 1984 conference had an additional clause recommending that "suitable family planning information and services should be made available to adolescents within the changing socio-cultural framework of each country".

The 1985 Forward-Looking Strategies for the Advancement of Women identified adolescent girls as a significant group at risk of unwanted pregnancy and therefore in special need of government attention.

Despite these enjoiners, most governments have been slow to provide sex education for young people. The 1994 International Conference on Population and Development (Cairo) called on governments to protect and

Young people

"Governments, in collaboration with non-governmental organizations, are urged to meet the special needs of adolescents and to establish appropriate programmes to respond to those needs. Such programmes should include support mechanisms for the education and counselling of adolescents in the areas of gender relations and equality, violence against adolescents, responsible sexual behaviour, responsible family planning practice, family life, reproductive health, sexually transmitted diseases, HIV infection and AIDS prevention."

Programme of Action, International Conference on Population and Development, Cairo 1994 (paragraph 7.47).

"Ensure the full enjoyment by women and the girl child of all human rights and fundamental freedoms, and take effective action against violation of these rights and freedoms."

Beijing Declaration, Fourth World Conference on Women, Beijing 1995 (paragraph 23).

Women's status

"Governments must take all appropriate measures to eliminate discrimination against women, in order to ensure, on the basis of equality of men and women, the same rights to decide freely and responsibly on the number and spacing of their children and to have access to the information, education and means to exercise these rights."

The UN Convention on the Elimination of All Forms of Discrimination Against Women, 1979, ratified by 140 States (Article 16).

"Advancing gender equality and equity and the empowerment of women, and the elimination of all kinds of violence against women, and ensuring women's ability to control their own fertility, are cornerstones of population and development-related programmes. The human rights of women and the girl child are an inalienable, integral and indivisible part of universal human rights. The full and equal participation of women in civil, cultural, economic, political and social life, at the national, regional and international levels, and the eradication of all forms of discrimination on grounds of sex, are priority objectives of the international community."

Programme of Action, International Conference on Population and Development, Cairo 1994 (Principle 4).

promote the rights of adolescents to reproductive health education, information and care, and greatly reduce the number of adolescent pregnancies. Governments should ensure that adolescents have access to appropriate services and the information they need, including on sexually transmitted diseases and sexual abuse. It stated that services must safeguard the rights of adolescents to privacy, confidentiality, respect and informed consent, respecting cultural values and religious beliefs.

Extending the right to include sexual and reproductive health

The 1994 Cairo population conference was the first to move the emphasis away from demographic targets towards people-centred recommendations. Its final document repeated the right of couples and individuals to decide freely and responsibly the number, spacing and timing of their children and to have the information and means to do so, and added their right to attain the highest standard of sexual and reproductive health as well. The promotion of the responsible exercise of these rights for all people should be the fundamental basis for government and community-supported policies and programmes in the area of reproductive health, including family planning.

The conference also specified the right to make decisions concerning reproduction free of discrimination, coercion and violence, as

expressed in human rights documents. In the exercise of this right, couples and individuals should take into account the needs of their living and future children and their responsibilities towards the community.

The Platform for Action from the 1995 Fourth World Conference on Women stated that lack of family planning and other health-related services had put women at risk of maternal mortality, malnutrition, anaemia and too early and too frequent pregnancies. It called for reproductive health and family planning programmes, including education and raising awareness about reproductive rights as human rights. It urged governments to ensure the full implementation of the human rights of women and of the girl child as an inalienable, integral and indivisible part of all human rights and fundamental freedoms.

Freedom of choice

Freedom of choice is the overriding value which has been established in international documents. Nations with many different traditions, cultures and religious beliefs have accepted family planning as a basic human right, although the Vatican, which has a vote in the United Nations, has consistently rejected the more liberal language used. In 1994, the Holy See expressed a general reservation on the reproductive rights and reproductive health chapter in the Programme of Action of the International Conference on

"The human rights of women include their right to have control over and decide freely and responsibly on matters related to their sexuality, including sexual and reproductive health, free of coercion, discrimination and violence. Equal relationships between women and men in matters of sexual relations and reproduction, including full respect for the integrity of the person, require mutual respect, consent and shared responsibility for sexual behaviour and its consequences."

Platform for Action, Fourth World Conference on Women, Beijing 1995 (paragraph 96).

Access to services

"Governments should, as a matter of urgency, make universally available information, education and the means to assist couples and individuals to achieve their desired number of children. Family planning information, education and means should include all medically approved and appropriate methods of family planning, to ensure a voluntary and free choice in accordance with changing individual and cultural values. Particular attention should be given to those segments of the population which are most vulnerable and difficult to reach."

Recommendations from the UN International Conference on Population, Mexico City 1984 (Recommendation 25).

"All countries should take steps to meet the family planning needs of their populations as soon as possible and should, in all cases by the year 2015, seek to provide universal access to a full range of safe and reliable family planning methods and to related reproductive health services which are not against the law. The aim should be to assist couples and individuals to achieve their reproductive goals and give them the full opportunity to exercise the right to have children by choice."

Programme of Action, International Conference on Population and Development, Cairo 1994 (paragraph 7.16).

"Ensure equal access to and equal treatment of women and men in education and health care and enhance women's sexual and reproductive health as well as education."

Beijing Declaration, Fourth World Conference on Women, Beijing 1995 (paragraph 30).

IPPF will ...

"Advance the basic human right of all women, men and youth to make free and informed choices regarding their own sexual and reproductive health, and advocate for the means to exercise this right."

IPPF Vision 2000 – Strategic Plan, approved 1992 (Goal 1).

Population and Development. According to this document, reproductive health objectives are to ensure that comprehensive and factual information and a full range of reproductive health care services, including family planning, are accessible, affordable, acceptable and convenient to all users. They should enable and support responsible voluntary decisions about childbearing and methods of family planning of choice, as well as other methods of choice for the regulation of fertility which are not against the law.

IPPF AND HUMAN RIGHTS

The human right to family planning was the fundamental principle on which IPPF's constitution was based in 1953. The Federation has recently reaffirmed, in its mission statement, that it will work to promote and defend this right, and the right to the highest possible level of sexual and reproductive health, for all people, including the young. In 1995, the Federation agreed a **Sexual and Reproductive Rights Charter**, which sets out the fundamental principles which guide the Federation's work in sexual and reproductive health. The twelve rights represent what the Federation considers to be the basic human rights of persons within the sphere of the exercise of their sexual and reproductive lives. Each right is supported by clauses from international human rights instruments.

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The International Planned Parenthood Federation (IPPF) is the world's leading voluntary family health care organization, working on a global scale to promote and provide sexual and reproductive health and family planning services, and to develop public support for sustainable population, environment and development policies.

The Federation was founded in 1952 by eight national family planning associations, and today has member associations in over 150 countries and works in many others. IPPF and its members are committed to promoting the right of women and men to decide freely and voluntarily, without coercion or discrimination, the number and spacing of their children and the right to the highest possible level of sexual and reproductive health.

For more information about the Federation or more copies of this leaflet, please contact the Public Affairs Department at the address below.

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and spacing of their children, and the
right to the highest possible level of
sexual and reproductive health."

IPPF *Vision 2000* – Strategic Plan,
approved 1992 (Mission Statement).



**International Planned
Parenthood Federation**

International Planned Parenthood Federation (IPPF) Charter on Sexual & Reproductive Rights

SEPTEMBER 1996

The highlight of the IPPF 1995 Members' Assembly in Manila was the adoption of an **IPPF Charter on Sexual & Reproductive Rights**, which lays down the fundamental principles that will guide the work of the Federation in the decade ahead.

The Charter is intended to promote and protect sexual and reproductive rights and freedoms in all political, economic and cultural systems.

THE 12 RIGHTS IN THE CHARTER ARE:

1. **The Right to Life**, which means among other things that no woman's life should be put at risk or endangered by pregnancy by reason of pregnancy;
2. **The Right to Liberty and Security of the Person** which recognizes that all persons must be free to enjoy and control their sexual and reproductive life and that no person should be subject to forced pregnancy, sterilization or abortion;
3. **The Right to Equality, and to be Free from all Forms of Discrimination** including in one's sexual and reproductive lives;
4. **The Right to Privacy** meaning that all sexual and reproductive health care services should be confidential, and all women have the right too autonomous reproductive choices;
5. **The Right to Freedom of Thought** which includes freedom from the restrictive interpretation of religious texts, beliefs, philosophies and customs as tools to curtail freedom of thought on sexual and reproductive health care and other issues;
6. **The Right to Information and Education**, as it relates to sexual and reproductive health and to ensure the health and well-being of persons and families;
7. **The Right to Choose Whether or Not to Marry and to Found and Plan a Family**;
8. **The Right to Decide Whether or When to Have Children**;
9. **The Right to Health Care and Health Protection** which includes the rights of health care clients to: information, access, choice, safety, privacy, confidentiality, dignity, comfort, continuity, and opinion;
10. **The Right to the Benefits of Scientific Progress** which includes the recognition that all clients of sexual and reproductive health services have the right of access to new reproductive technologies which are safe and acceptable;
11. **The Right to Freedom of Assembly and Political Participation** meaning among other things, that all persons have the right to seek to influence governments to place a priority on sexual and reproductive health and rights;

12. The Right to be Free from Torture and Ill-treatment, including the rights of children to be protected from sexual exploitation and abuse, and the right of all people to protection from rape, sexual assault, sexual abuse and sexual harassment.

The full charter is available at:
<http://www.ippf.org/charter/index.htm>

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Women, Sexuality, Ecology, and the Church

CONSCIENCE
SPRING/SUMMER 1993

BY ROSEMARY RADFORD RUETHER

Rosemary Radford Ruether, the Georgia Harkness professor of applied theology at Garrett-Evangelical Theological Seminary, is editorial advisor to *Conscience* and a past board member of CFFC. Her latest book is **Gaia and God: An Ecofeminist Theology of Earth Healing**. This article (abridged here) first was a speech given at Seattle University and ran in the July/August 1990 *Conscience*.

The Catholic church has a serious problem with women and with sexuality. Denigration of sexuality and of women is deeply embedded in Christian, especially Catholic, spirituality and practice, and it has affected profoundly not simply the church as a religious organization, but also the cultures the church has shaped.

I believe that the inability to see through to a reasonable ethical position on the legality of abortion (and its limits) in both Catholic teaching and American society has more to do with this tradition of hostility to women and women's moral agency in matters of sexuality and reproduction than with "life" and the valuing or nonvaluing of fetal life. At the root of the issue is the devaluing of women's lives, women's persons.

WOMEN AS SINNERS

Already in the New Testament the struggle over the status of women is evident. The Pauline text of Galatians 3:28 that appears to dissolve patriarchal

hierarchy and give equal value to women and men "in Christ" is countered by the deuterio-Pauline text of I Timothy 2:11-15:

Let a woman learn silence with all submissiveness. I permit no woman to teach or to have authority over men; she is to keep silent. For Adam was formed first, then Eve; and Adam was not deceived but the woman was deceived and became a transgressor. Yet women will be saved by bearing children . . .

Here, woman's subordinate status in creation and her primacy in sin are proclaimed; and they have been used as a way of rejecting the possibility of leadership for women in the church. Women are denied the attributes of speech, of self-articulation, of autonomous personhood.

Instead, women are defined as subordinate in the very nature of things, yet prone to insubordination. From this, sin came into the world. Woman's subordination and silencing reflects both women's created and her sinful nature. Childbearing becomes her way of atoning for this sin. The very concept of sin is thus defined in a victim-blaming way toward women.

Patriarchal domination over women's person, rather than being recognized as a sin against women, is proclaimed as God's will and as woman's deserved punishment for the sin of attempted self-determination. This victim-blaming definition of women is continued and developed by church teaching down to the present day. St. Augustine denied that woman possesses the image of God in herself. For Augustine, woman exists in relation to the image of God only under the male as her head; in herself she images the body. The male, however, is fully the image of God whether or not he stands in relation to the

woman. This is another way of saying that men are autonomous human persons, while women lack such personhood.¹

Thomas Aquinas added a biological argument to this view of woman as lacking full personhood by adopting the (false) biology of Aristotle, in which women are defined as defective because of the process of gestation by which the female is produced. Lacking the fullness of humanity—mentally, morally, or physically—women are said to be incapable of exercising leadership in either the church or society.

Aquinas deduced from this that it was ontologically necessary for Christ to have been incarnated in a male because only the male possesses the fullness of human personhood. It follows then that only a male can represent Christ in the priesthood.² This argument that only men can be priests because only males “image Christ” continues to be echoed in Catholic teachings today.

SEXUALITY TABOOS UPHELD

One finds a parallel negativity toward sexuality and reproduction in Christian thought connected with the negation of women.

In Levitical law woman was defined as ritually impure and excluded from any contact with men or the sacred places during menstruation and after childbirth. She was doubly impure if she bore a female child. These views were reaffirmed in Medieval Christianity, which excluded women from the church’s sanctuary.

The ceremony of the churching of women reflected the Levitical ceremony of purification after childbirth. Medieval Catholicism decreed that faithful couples should abstain from sexuality on Sunday, during Lent, and on other special days and taught that deformed children were the result of sexual relations on forbidden days.

Augustine taught that all sexual relations were degrading to the spiritual self, but that this was forgiven or allowed if the couple despised sexual pleasure and only engaged in sex for procreation. A secondary purpose of sexual relations was the relief of (male) concupiscence, that is, prevention of men from straying to other sexual partners outside of marriage. But any attempt to inhibit the procreative purpose of the sexual act made sex, even in mar-

riage, gravely sinful and equivalent to fornication, a teaching that still informs the Catholic rejection of contraception.

In the 1960s these anticontraceptive teachings began to be questioned by Catholic moralists. By this time the rhythm method had been allowed for Catholics, but many couples found this method both ineffective and trying on their sexual lives. It meant that most of the allowed period for sexual intercourse fell during the woman’s menstrual period. Both this and the method’s ineffectiveness surrounded marital sexuality with tense anxiety.³

By the mid-sixties the dissent from these teachings had grown so insistent that Pope Paul VI, during the second Vatican Council, convened a commission on birth control that brought together not only canonists and theologians, but physicians, sociologists, and married couples.

The commission met between 1964 and 1967. The testimony of married couples about the rhythm method and its conflict with their understanding of married love impressed many of the priest-theologians deeply. (Unfortunately commission member Carol Wojtyla, later Pope John Paul II, never attended the commission’s meetings.)

The final report of the commission accepted any medically recommended method of contraception as legitimate within committed marriage. However, several dissenting members of the commission wrote their own minority report, objecting to this conclusion. Contrary to a widespread misunderstanding, this was never an official report, since the commission chose to issue only the one majority report.⁴

Pope Paul VI, however, influenced by the dissenting members’ arguments that the church could not change its historic position on contraception, chose to reject the (majority) report of the commission and to reiterate the traditional arguments against contraception in the 1968 encyclical *Humanae Vitae*.

There was widespread dissent from this teaching by moral theologians, priests, and laity. Some episcopal conferences tried to modify the statement by suggesting that Catholics could follow their “conscience” on this matter, while other bishops disciplined dissenting priests and theologians. The efforts during the 1980s to remove theologian Charles Curran from his teaching position in ethics at Catholic University

stems from this period. The consequence is that Catholicism continues to teach a view of sexual ethics that has openly lost its credibility and is disregarded by most Catholics.

This heritage of negative teaching toward both sexuality and the status of women plagues the efforts of the American Catholic bishops to formulate a pastoral letter on women. The bishops have realized that there is growing alienation among Catholic women because of their treatment by the church. But the bishops are hampered by their inability to challenge the teachings either against contraception and abortion or against women's ordination. The bishops refused even to support the Equal Rights Amendment, since it was seen as opening the way to challenging these teachings.

The inadequacies of the first draft of the US bishops' pastoral on women are worsened in the new draft, issued in April 1990. The language of partnership between men and women apparent in the first draft has been removed. Although the term "equality" is used, its meaning is tipped toward an anthropology of complementarity of different male and female "natures" favored by Pope John Paul II. The influence of the papal document "On the Nature and Vocation of Women" is evident throughout the new draft. In particular, arguments against contraception now appear and the arguments against the ordination of women are greatly extended. The argument that women not be ordained because they cannot "image Christ" makes an absurdity of the bishops' statement in favor of the equality of women in the image of God.

Despite efforts to support various lay ministries for women in the church, the message that continues to come across in the pastoral is that woman's primary vocation is motherhood, a calling unmatched by any parallel vocation of men to fatherhood; that careers for women are allowable for economic necessity but not as vocation; and that, finally, women are excluded from sacramental ministry by their very nature as women.

All of this makes very hollow the brave statement in the pastoral that "sexism is sin." Several Catholic women's groups, including women's religious orders, have called on the bishops to recognize their inability to write an adequate pastoral on women in the inappropriateness of a pastoral that appears to make women, rather than sexism, the problem.*

THE CAMPAIGN AGAINST DISSENT

In the 1970s and '80s the furor over contraception appeared to disappear from Catholic public conversation, replaced the issue of abortion.

Many Catholics assume that the church has always taught that human life begins at conception. This is not the case. The prevalent view until the late nineteenth century was that human life or "ensoulment" took place sometime between the sixth and the twelfth weeks.

This was based on what was known of embryology, which showed that the embryo only gradually developed human form. Following the Aristotelian view that the soul is the form of the body, the human soul could only be present when the body of the embryo had achieved a certain stage of development.

Recent studies have shown that the brain and lung development of the fetus achieve the stage of development that allows viability outside the womb at the end of the sixth month. Even with modern technology, this threshold cannot be pushed back before the twenty-third or twenty-fourth week.⁵

I believe that one should regard the fetus before viability as a potential human but not as having the same status as a person. This does not mean it is valueless or "a mere piece of tissue," as prochoice extremists have put it. But its value cannot be placed on the same level as the viable and birthed baby.

Gestation is by its nature a developmental process. One cannot deal with process by absolutist thinking. Gestation is the gradual development of the organic systems that can support human processes of breathing, feeling, and thinking. The soul or self is the interiority of this organic system, and it is Platonic to regard the soul or self as fully present before the organic system to support it exists or is sufficiently developed.

Unfortunately, contemporary Catholicism has forbidden such discussion by claiming that the view of the soul as fully present even in the fertilized ovum, prior to any organic development, is the only legitimate one. Any removal of the fertilized ovum from the process of gestation, even at the earliest stages, is said to be murder. Dissent or public discussion of this teaching has been rigidly repressed. In

the new code of canon law, assistance in abortion is made one of the sins for which there is automatic excommunication.

It is not too much to say that submission to this teaching against abortion has become a kind of litmus test for legitimacy as a member of the Catholic church. Charles Curran was finally removed from his teaching position at Catholic University on this as well as the contraception issue, in spite of the fact that his teachings on these subjects were moderate and highly qualified, based on strict attention to Catholic ethical tradition. And the signers of the *New York Times* ad of October 7, 1984, which simply called for recognition that there was more than one legitimate standpoint among Catholics on this issue, were subject to continual persecution.

The most disturbing aspect of this campaign against dissent and open discussion among Catholics is its use as political censorship. Some Catholic bishops have been using the abortion issue to tell Catholic politicians what they can say and Catholic voters whom they can vote for.

Catholic politicians such as Geraldine Ferraro and Governor Mario Cuomo have not actually supported abortion themselves but have merely argued against the criminalization of abortion on the grounds that, in a pluralistic society, one cannot impose the teachings of one religious group on the whole society. This position also has been declared illegitimate by the bishops.

Since politicians with such a position also tend to be Democrats with progressive views on other subjects, this campaign against abortion constitutes an effort to bias the Catholic vote to conservative and Republican candidates, who are also likely to vote for high military spending and against social welfare. Governor Cuomo has been forbidden by various bishops from even speaking in churches in some dioceses and told that he is likely to go to hell.

ABORTION IN CONTEXT

Although it might appear that the abortion issue is very different from issues of contraception and the status of women as persons, I would suggest that there is substantial continuity between them. There are a few exceptions, but most of the groups opposing legal abortion for any reason are also against the

Equal Rights Amendment, believe that women's primary vocation is motherhood, and are fearful of family planning and sexual education.

The so-called "consistent life ethic" proposed by bishops such as Cardinal Joseph Bernardin did not find favor with the vast majority of the antiabortion movement, who supported high military spending and capital punishment and opposed gun control and welfare spending. Their proclaimed concern for life shows little carry-over to life after birth. These political affinities indicate that the motivation of the antiabortion movement is primarily about patriarchal control over women and youth and not about concern for life in the broader sense.

A small segment of Catholic and Evangelical antiwar activists have tried to promulgate an alternative by linking antiabortion efforts with the struggle against war, poverty, and injustice. To be against killing, they argue, one must be against killing at all stages of life, including fetal life. They would argue that people on the left, who oppose war and support a more just distribution of global wealth, are inconsistent when they accept a prochoice position on abortion.

Although this appeal for a consistent life ethic sounds unassailable, I would argue that it is based on simplistic reasoning. At the very least it demands of those who hold it that they be consistent pacifists. The American Catholic bishops are not pacifists.

It is very instructive to compare the rigidity of the American Catholic bishops' teachings on abortion with the great flexibility of those same bishops' teachings on nuclear war. In the case of a pregnant woman faced with desperate health or economic conflicts, no exceptions can be made. But nuclear arms build-up, which could end not only a few lives but perhaps all life on earth, not only for one generation but for all future generations, is treated with many qualifications. Nuclear deterrence is accepted as a principle, despite its dangers of unleashing an accidental nuclear exchange and its draining of the global economy. The bishops seem to take for granted the right of men in power to make life and death decisions for vast masses of people.

One of the difficulties with sorting out the underlying issues in the abortion debate lies, I believe, in the misleading opposition of the terms "prolife" and "prochoice." Most of the antiabortion camp has little

concern for life after birth. But the term "choice" is also misleading, as it suggests that abortion is a kind of morally neutral choice.

This rhetoric conceals the fact that no woman elects to have an abortion as her first choice. The decisions to have or not have an abortion are forced on women because they have lost their real freedom of choice, the choice to have a child when they can really raise it properly. If one is serious about reducing the number of abortions, the primary and only effective way to do this is by ameliorating the circumstances that put women in this situation of involuntary and unbearable pregnancy.

What are those circumstances? They are, first of all, ineffective birth control. This includes methods that are ineffective as well as inadequate sexual education to teach women and men how to use methods of birth control. It includes moral pressures against the use of birth control at all, as exemplified by Catholic anti-contraceptive teaching.

It includes the larger cultural context in which men regard the sexual conquest of women as a way of asserting their masculine prowess and in which women feel the need to acquiesce to such sexual demands, even when unprepared against possible pregnancy, because they don't feel empowered to cross the male will.

It also includes the likelihood of female poverty for single woman with sole responsibility for children. Most women don't feel they can bear a child if there is no one else to help take responsibility for supporting her and her child.

Any society seriously interested in reducing the recourse to abortion will undertake a broad-based campaign to reduce all these circumstances prompting women to seek abortions. This means funding research for more effective birth control and also funding comprehensive sexual education designed to teach people how to use birth control. It means combating the kind of macho culture that makes male conquest of women and female acquiescence to such conquest the essence of masculinity and femininity. And it means addressing the poor economic prospects of women, which assures that most women alone with dependent children will be in poverty.

Global studies have shown that legal restrictions have little effect on the actual number of abortions. For

example, Ireland has stringent laws against abortion and limits access to contraception. Yet thousands of Irish women travel to Britain each year for abortions.

What does reduce the demand for abortion is the widespread use of contraception, together with strong child support policies. The effect of these policies is reflected in the continuous decline in abortions in Scandinavian countries since the 1970s, when restrictions on abortion were lifted.⁶

By contrast, the United States has the highest abortion rate in the industrialized Western world. Most of the antiabortion leaders are also against sexual education and contraception. The so-called prolife movement has held rallies to prevent school health clinics from providing contraceptive counseling even in public high schools, a strategy endorsed by the Catholic bishops. Such policies perpetuate the circumstances that produce unchosen pregnancies and abortion as well as neglected children of teenaged mothers.

In practice the actual policy goal of the antiabortion movement has nothing to do with curtailing the need for abortions. If it wins the day, what it will accomplish is the criminalization of abortion. The anti-abortion movement gives people the impression that if abortion were illegal, it would disappear magically, and this would "save lives." But there is no such connection between criminalization and "saving lives." The only result of criminalizing abortions is criminalized abortions. Abortion would continue, as it always has, but illegally and unsafely, killing adult women as well as fetuses.

Those who promote the conditions making it likely that women will be involuntarily pregnant, and those who reject sexual education, contraception, and female moral agency in personal and sexual relations, oppose abortion in theory but promote abortion in practice.

It is not too much to say that the Roman Catholic church, by promoting female subordination and dependency and opposing contraception, is one of the major factors in the high abortion rate globally, especially in Africa and Latin America (as well as other areas where institutional Catholicism is highly influential).

Abortion is neither an unambiguous good or evil, nor morally neutral. It is always a tragic decision

between two unchosen and undesirable options. Anyone who is serious about reducing abortions will start by asking about the conditions that promote this bad situation. This must begin by making abortion legal and safe. But we should not end with this. We must move on to promote research on safe and effective contraception, comprehensive instruction on the use of such contraception, adequate child support for women who want to bear a child but cannot support themselves and their children, and finally, a culture that affirms the woman as moral agent in the decisions that affect her life. Any church and society refusing to support these policies is, in effect, promoting abortion.

It is for this reason that Catholic women typically have more abortions than Protestant women in the United States; Catholic countries, including countries where abortion is illegal, have a high level of abortions. This was recognized more than ten years ago by many Italians. Italy had a stringent antiabortion law, inherited from the Fascist period, which made abortion illegal for both woman and doctor. At that time Italy also had the highest abortion rate in Europe, as well as a high rate of maternal deaths due to abortion, especially among poor women who could not afford expensive Swiss clinics.

In 1978 a new law was put in place in Italy allowing abortion on the woman's decision through the first three months. This law provided counseling to instruct women in the use of contraception and also offered economic aid if a woman wanted the child but felt she could not afford it. Italian proponents of this law defined themselves as seeking to reduce the need for abortions by ameliorating the circumstances of forced and unbearable pregnancy and enhancing women's ability to make reproductive decisions.

In 1981 the present pope mounted a campaign to repeal this law. He was defeated by Italian voters two to one. Unlike many Americans, Italians had not forgotten that criminalization of abortion has nothing to do with reducing abortion or promoting "life."⁷

ECOLOGICAL CONNECTIONS

There is an assumption in the antiabortion movement that simply by promoting more and more birth, one promotes "life." But life is not promoted simply by an infinite number of isolated acts of giving birth. The authentic affirmation of life must be situated in

social and ecological systems that promote the flourishing of life in community. Life is not promoted if there is no ability to sustain and nurture that life through a lifetime of adequate physical and social resources.

Such resources need not only to exist but to be organized in such a way as to be made available to families. In today's world the ecological and social fit between children being born and the network to sustain their lives is wildly out of connection. A minority of the world's population monopolizes the majority of the world's resources, while the majority lives in misery or starves outright.

A third of the world's population goes to bed hungry, and ten million infants die every year before their first birthday mainly because of malnourishment and lack of sanitation and potable water. The military systems of the world exist primarily to keep this unjust monopoly of the world's resources in its present state.

We are finite and interdependent beings. To accept our finitude and interdependence is to realize that the affirmation of the value of human life must be both qualitative and quantitative. One does not affirm life by demanding the infinite expansion of numbers of people who are then to be condemned to a short and miserable existence. Those who refuse to see the connection between quantitative limits and qualitative affirmation of life are as myopically antilife as those who want to nuke the world in order to save it for democracy.

WOMEN'S MORAL AGENCY

Family planning, whether opposed or promoted by men in power, has typically either rejected or ignored women as the primary agents in reproduction. Women have been treated, both by those who reject birth control and by those who seek to promote it, as reproductive vessels to be defined and controlled by male decision makers.

Only recently have some women doctors involved in issues of world population come to recognize that the single most important factor in population control lies neither in law nor in technology, but in the affirmation of the woman herself as the birth giver and hence the primary moral agent in decisions about reproduction.

If we are really to enhance human life on all levels, we need to understand the real warp and woof of the seamless garment that interconnects all aspects of the creating and sustaining of human life in local and global community. To deny women reproductive self-determination in the name of "life" is to fail to see the system of violence that connects violation of women as human persons with the violence that denies most humans the adequate food, clean air and water, housing, and land to sustain life, finally threatening all life on earth with nuclear annihilation.

To be integrally "prolife" is to seek to change this system of violence in all of its dimensions. The place to start is with those social patterns that violate the humanity of the primary bearers and nurturers of life, namely, women. However much women need the advice and support of family, friends, doctors, lawyers, and priests, it is they who must be recognized as the primary agents in decisions of pregnancy and birth.

* **editor's note:** In November 1992, the pastoral died when its final version failed to win the two-thirds majority necessary for adoption by the National Conference of Catholic Bishops.

NOTES

- 1 Augustine, *De Trinitate* 7.7.10.
- 2 Aristotle, *Genesis of Animals* 729b, 737-738; Thomas Aquinas, *Summa Theologica* pt. 1, q. 92, art. 1.
- 3 There were several books that came out in the United States at the time of the First Vatican Council testifying to the untenability of the Catholic anticontraceptive teaching from the perspective of Catholic married couples. See, for example, *What Modern Catholics Think About Birth Control*, edited by William Birmingham, New York: New American Library, 1964; *The Generation of the Third Eye*, edited by Daniel Callahan, New York: Sheed and Ward, 1965; and *Contraception and Holiness*, introduction by Archbishop Thomas D. Roberts, New York: Herder and Herder, 1964.
- 4 See the book on the papal commission by Robert Blair Kaiser, *The Politics of Sex and Religion*, Kansas City, MO: Leaven Press, 1985.
- 5 See *Fetal Extrauterine Survivability*, Report of the Committee on Fetal Extrauterine Survivability to the New York State Task Force on Life and the Law. The New York State Task Force on Life and Law, January 1988.
- 6 Stanley K. Henshaw, "Induced Abortion: A Worldwide Perspective," *Family Planning Perspectives*, Vol. 18, No. 6, Nov. /Dec. 1986, pp. 250-54.
- 7 See Rosemary R. Ruether, "Italy's Third Way on Abortion," *Christianity and Crisis*, May 11, 1981.

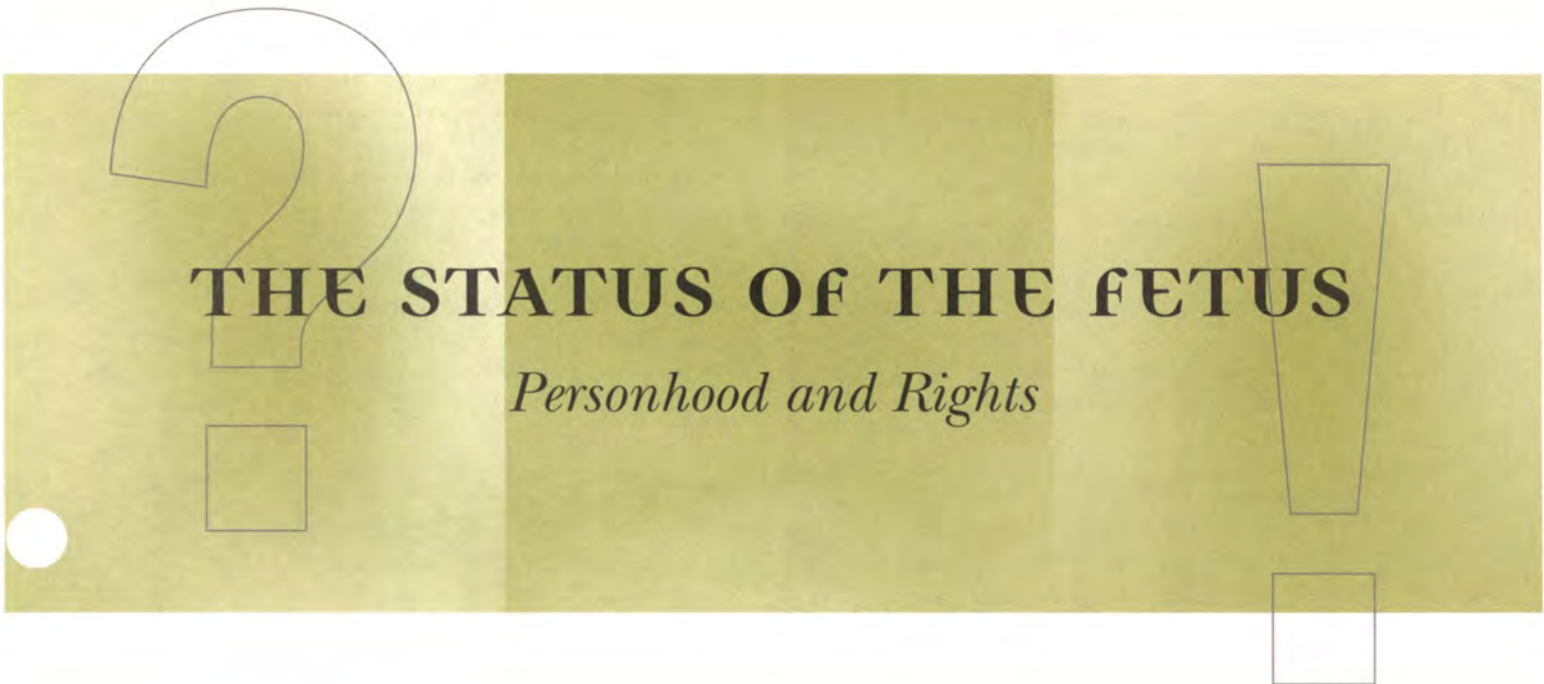
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THE STATUS OF THE FETUS

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THE STATUS OF THE FETUS

Personhood and Rights

One of the interesting things about the abortion debate is that those who are against abortion concentrate almost totally on the fetus. No matter how they frame the questions, the only value at stake for them is the value they place on fetal life. They talk about violence against the fetus,

those who are against abortion concentrate almost totally on the fetus.

often calling abortion murder. They often use photos of an aborted fetus to reinforce this point. Coming to terms with this argument has been the most difficult challenge to those in favor of legal abortion. Some have avoided it altogether, responding to any and all questions about the fetus by turning attention to the woman. Others have offered theological, philosophical, and scientific information about the fetus in an effort to respond to people's concerns.

Both approaches can be effective. Which one you choose depends on you, on the amount of time you have, and on the audience. For brief interviews, it is generally impossible to deal adequately with complex discussions of fetal life: weighing values, ending a potential life that may represent love for our partner and hope in the future. In these cases it is usually

best to turn attention to the points you want to make about women, their rights and health. In a speech, public forum, or in written material, the opportunity to give a rich and nuanced answer exists, and it should be pursued.

On the subject of the fetus, you need to be especially comfortable in your knowledge and beliefs. It is in talking about the fetus when you are most likely to be called a "baby killer" or accused of being callous toward fetal life or babies. Probably far more important that anything you actually say on this topic will be the way in which you handle it. Getting upset, being defensive, or losing your cool will be taken as an inability to respond.

PERSONHOOD

Assertion: The fetus is a person from the moment of conception. I care about the mother too, but you can't ignore—or kill—the little person inside her.

response:

- I respect your belief, but in fact, most of the world's scientific, medical, legal, and religious communities do not share that view. Even the Vatican says that science and medicine cannot tell when the fetus becomes a person and that theologians differ on when a fetus gains a soul, which for some religions

marks passage into personhood. Different religions and different societies put forth different ideas. There is no definitive statement on which everyone agrees.

- Society will not likely settle this question in our lifetimes, and we are certainly not going to settle it tonight. Good people will disagree. The question is what kind of laws should we have when there exists respectable diversity of both scientific and religious views on the status of the fetus? I think it

is unjust and unworkable for the law to forbid something which respectable opinion supports.

- While we really have no consensus in society on when the fetus becomes a person, we do agree that the pregnant woman is a person. She is the one who must decide what she believes to be the value of the fetus, when it becomes a person, and under what circumstances it would be morally justifiable for her to have an abortion. She has to weigh all the information available and make her own decision.

FACTS: PERSONHOOD

- Dozens of distinguished scientists, including 11 Nobel laureates, have argued before the US Supreme Court that science does not tell us when a human person's life begins. "The only 'consensus' that may be said to exist among scientists on the question of when a human life begins is that science alone cannot answer that question," they wrote. "Science cannot define the essential attributes of human life any more than science can define such concepts as love, faith or trust."
- The scientists quoted the 1981 congressional testimony of Dr. Leon Rosenberg, then chairman of the Yale University Medical School Human Genetics Department: "I maintain that concepts such as humanness are beyond the purview of science because no idea about them can be tested experimentally."

Amici Curiae Brief of 167 Distinguished Scientists and Physicians, including 11 Nobel laureates, in Support of Appellees, *Webster v. Reproductive Health Services*, in the US Supreme Court (case no. 88-605).

- Views on abortion and the status of the fetus vary widely within and among religions. For example, an expert on religious views cites
 - "enormous differences of opinion" among Baptists;
 - a 1988 resolution supporting the legality of abortion in the House of Deputies of the Episcopal Church;
 - a 1968 declaration by the Church of God (Jerusalem Acres) that abortion is not murder;
 - a 1988 statement by the Evangelical Lutheran Church of America recognizing that members hold various opinions and declaring that a fetus does not have an absolute right to birth, nor a woman to abortion;
 - official support among Methodist denominations for legal abortion;

- the position of the Presbyterian Church (USA) that abortion should be legal and that fetal life is inviolable only after viability;
- Judaism's Talmudic law that, while abortion is serious, the fetus is "part of its mother," not a person entitled to birth;
- the fact that opinions vary among Buddhists and that Buddhist clergy have created a rite to acknowledge abortion; and
- that Islam permits abortion during the first 40 days because the fetus at this stage is "in the form of a seed."

Paul D. Simmons, "Religious Approaches to Abortion," in J. Douglas Butler & David F. Walbert, eds., *Abortion, Medicine, and the Law*, 4th ed. (New York: Facts On File, 1992), pp. 712-28.

- Even within Roman Catholic teaching, the Vatican has not reached a conclusion about when a fetus becomes a person, and theologians take varied positions:
 - "This declaration expressly leaves aside the question of the moment when the spiritual soul is infused. There is not a unanimous tradition on this point and authors are as yet in disagreement."

Sacred Congregation for the Doctrine of the Faith (Vatican), *Declaration on Procured Abortion*, 1974, footnote #19.
 - "Only about 45% of eggs that are fertilized actually come to term. The other 55% miscarry for a variety of reasons.... Such vast embryonic loss intuitively argues against the creation of a principle of immaterial individuality at conception."

Thomas A. Shannon and Allan B. Wolter, O.F.M., "Reflections on the Moral Status of the Pre-Embryo," *Theological Studies*, 51:4 (1990), p. 619.

- No matter what value you place on fetal life, you cannot ignore the consequences of illegal abortion on the quality of a woman's life. When women are deprived of information and the ability to decide to have or not have a legal, safe abortion, they suffer, men suffer, and children suffer—everybody suffers when abortion is illegal.

The question of late-term abortion is likely to come up in the United States and in the United Kingdom, and perhaps in other places where the abortion law is relatively liberal. The response to questions and assertions about abortion late in pregnancy will differ dramatically depending on whether abortion is legal in your country (and if legal, permitted in the second or third trimester) or whether you are working for modest liberalization of a restrictive law. If you are advocating a proposed law that would allow early abortions but not those late in pregnancy, you can simply describe the proposed law and note that questions about later abortions are not relevant in your case. The responses that follow apply to contexts in which late-term abortion is legal or might become legal.

Question: If you believe the fetus develops value during the pregnancy, how can you sanction late-term abortions?

Response:

- This is an important question. But the fact is that we are seeking a law that will make abortion legal in the first trimester. I would like to concentrate on that reality.
- Most people who raise this question are opposed to all abortions, not just those late in a pregnancy. For them, there is no distinction between a six-week fetus and a twenty-four-week fetus. There is little I can say that would satisfy them. But for most people, the moral questions related to abortion shift as pregnancy continues. This seems reasonable to me and in almost all countries, late abortions are more strictly regulated, if they are available at all.
- Most of us believe that as a pregnancy progresses, one needs more serious reasons to morally justify an abortion. The question is can and should the law reflect that sensibility? Can it be nuanced enough to allow for exceptions as well as to respect

FACTS: WHEN ABORTIONS TAKE PLACE

- In the United States, 91% of abortions are performed in the first trimester of pregnancy. About 100, or 0.01% of all abortions, take place after 24 weeks.

"Abortion in the United States," Facts in Brief
(New York: Alan Guttmacher Institute, 1991).

the minority among us who do not see distinctions in fetal value over time or who see many reasons that justify abortion late in pregnancy? I find it hard to construct a law that would work justly and effectively and not end up being arbitrary. Thus, I think we are best served by laws that leave these complex decisions to women and their families.

- The best way to prevent abortion late in pregnancy is not to make it illegal, but to have the best and most humane laws related to early abortion, to ensure good education about the importance of early diagnosis of pregnancy, and to see to it that abortions are widely available in our society. In the United States, as legal abortion has become more accepted and education about abortion has increased, the number of late abortions has decreased. The Alan Guttmacher Institute tells us that in the United States in 1970, when abortion was legal in few states and usually under narrow circumstances, 20 percent of abortions were performed within the first eight weeks. By 1985, 12 years after abortion became legal nationwide, that proportion had risen to 52 percent. Only 4 percent of all abortions took place at or beyond sixteen weeks of pregnancy in 1985, down from 9 percent in 1973.

RIGHTS

Question: You have fought for women's rights and against discrimination and violence against women. Why don't you want to grant the same rights to the fetus?

Response:

- Your question assumes that a fetus is a person. We do not know that. We do know that a woman is a living, vital human being.

- The movement to grant women civil, political, and human rights equal to those of men is a struggle for recognition that men and women are inherently equal because they are persons. Rights are granted to persons. Scientific, legal, and philosophical evidence and history indicate that fetuses are not persons. Law in the United States has consistently denied fetuses *in utero* the rights of persons.
- It is appropriate to consider whether the fetus is a person and, if so, to grant it rights. The fact is, a fetus is not a person by most criteria—whether legal, scientific, or religious. Even Catholicism does not claim to know when a fetus becomes a person.

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It would be discriminatory to grant to the fetus, which is not a person, rights that would limit the rights of women, who are persons.

- Women and fetuses are not comparable beings. While all life, including fetal life, has value, it is only persons, including women, who have rights.

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To grant an absolute right to life to fetuses at all stages of development, from a single cell to viability, is to denigrate women's lives, health, and capacities.

- Reverence for life should be expressed through social and economic support for children and families. We revere life and attend to women's rights when we use resources to assist women in making good decisions and preventing pregnancy.

Assertion: Abortion does unspeakable horrors to little babies in their mothers' wombs. Look at this picture of a fetus that has been torn limb from limb before it was killed.

FACTS: RIGHTS AND THE FETUS

- "In areas other than criminal abortion the law [in the United States] has been reluctant to endorse any theory that life, as we recognize it, begins before live birth or to accord legal rights to the unborn except in narrowly defined situations and except when the rights are contingent upon live birth.... In a recent development, generally opposed by the commentators, some States permit the parents of a stillborn child to maintain an action for wrongful death because of prenatal injuries. Such an action, however, would appear to be one to vindicate the parents' interest and is thus consistent with the view that the fetus, at most, represents only the potentiality of life. Similarly, unborn children have been recognized as acquiring rights or interests by way of inheritance or other devolution of property, and have been represented by guardians *ad litem*. Perfection of the interests involved, again, has generally been contingent upon live birth. In short, the unborn have never been recognized in the law as persons in the whole sense."

United States Supreme Court, *Roe v. Wade*, Jan. 22, 1973 (410 U.S. 113), section IX.

- A study of public policies in six industrialized nations found that their abortion laws "appear to have been motivated primarily by the public's concern for the health and welfare of pregnant women. Except for the case of Germany, the preservation of the fetus turns out to have been a strong but clearly secondary motivation ... [one that only] takes on critical importance in the second trimester of pregnancy."

Donald P. Kommers, "Abortion in Six Countries: A Comparative Legal Analysis," in J. Douglas Butler & David F. Walbert, eds., *Abortion, Medicine, and the Law*, 4th ed. (New York: Facts On File, 1992), pp. 303-31.

response:

- I know that those pictures are [or that description is] disturbing. They disturb me as well, even though I know they are a distortion of what happens in almost all abortions. I could show equally disturbing pictures of real violence to real people—women who have died of illegal and unsafe abor-

FACTS: ABORTION AND THE TAKING OF LIFE—IN LAW

- In Anglo-American law, abortion has, on occasion but not uniformly, been treated as a crime but has never been called murder, nor has the punishment for abortion been as severe as that for murder.

Cyril C. Means, Jr., "The Law of New York Concerning Abortion and the Status of the Foetus, 1664-1968: A Case of Cessation of Constitutionality," *New York Law Forum*, Fall 1968.

- Historically, early abortion has been distinguished from murder even in Catholic canons. Before 1869, most Catholic theologians taught that the fetus did not become a human being with a soul until at least 40 days after conception. Abortion before that time generally was not thought to involve the taking of human life. This distinction was observed in the first systematic church legal codes (and some medieval church laws had punished abortion more lightly than theft). A number of Catholic canons have punished early abortion in the same way as contraception—severely, but not as literal murder.

For more information see Daniel Callahan, *Abortion: Law, Choice and Morality* (New York: Macmillan Publishing Co., 1970), pp. 410-16; Jane Hurst, *The History of Abortion in the Catholic Church: The Untold Story* (Washington, DC: Catholics for a Free Choice, 1989).

tions, children who have been left without a mother because of abortion. But this really does not help us. Pictures of the horror of war don't lead us to ban all war, although they remind us that war need to be entered into under rare circumstances of profound injustice.

- Yes, abortion ends a fetal life. And it is a sad event. That is one of the reasons we are committed to working to prevent the need for abortion. At the same time, we need to think about what the absence of safe and legal abortion means in women's lives. Women experience horrific circumstances when forced to continue a pregnancy they cannot sustain and cannot bear.
- Showing this kind of picture is a common strategy of those who oppose legal abortion. It is a clever appeal to the powerlessness felt by many people in

our society. Some people relate to the fetus as a symbol of human vulnerabilities in a world where most of us have little control over significant portions of our lives. People who identify with the fetus in this way strongly resent women who are exercising control over their fertility.

ASSERTION: You would not kill a baby after it is born. What's the difference between the fetus one day before birth and one day after birth? Murder is murder.

response:

- Allow me to bring that question into the real world. Abortion does not occur the day before a woman would give birth. Even if the life of the woman or the fetus was suddenly or unexpectedly threatened, that late in pregnancy it would be possible to induce delivery.
- No one knows when a fetus becomes a human being. The fetus develops as the pregnancy develops—there is a big difference between that one cell on day one and a fetus at twenty-two weeks. That's why we encourage women to make their decision as early as possible. A late decision about abortion can be more complicated and difficult. But it is always the individual woman who needs to decide, on the basis of what she knows and believes.
- When people call abortion murder, it often says more about how they feel than about what abortion is. In order to call abortion murder, you would have to believe that prenatal life in the early stages of pregnancy is a human person and that there

when people call abortion murder, it often says more about how they feel than about what abortion is.

were no reasons that justified the taking of that life. If you do not believe the fetus has developed into a human person, then abortion is not murder.

QUESTION: Why don't you encourage women to carry their pregnancies to term and then put their babies up for adoption? It seems a more fair solution.

Response:

- We don't encourage or promote any one alternative over another in a pregnancy. We don't encourage abortion; we don't encourage adoption. We think women should be given accurate and detailed information about the likely risks and benefits of all options and be helped to apply that information to their specific situations and values.
- Relinquishing a child for adoption can be a wonderful and generous act, and women should and do explore it. But we need to be careful not to

Relinquishing a child is a gift, not an obligation

make it the option and condemn women who don't accept this option. Relinquishing a child is a gift, not an obligation.

Assertion: No woman needs to have an abortion. There are countless couples who can't have children and who are waiting anxiously to adopt a baby.

Response:

- A woman is no more obligated to give birth and give her baby to a childless couple than she is to get pregnant in order to give her child to another family. To compel a woman to do that against her wishes would be to abrogate the human right to bodily autonomy.
- The tragic fact is that adoption alone is not enough. We have seen the orphanages in Romania, where abortion was strictly forbidden, overflowing with neglected children. And, as wrong as it is, we know that non-white babies and sick babies are hard to place.

Question: What about the wonderful people alive today who would not exist if their mothers had sought abortions? I could never imagine one of my children not existing.

Response:

- The child whom you see as precious and irreplaceable is that way because you have made it so. He or she is that way because of what has happened since birth, not before—and very likely because the parents who raised that child freely chose to have it.
- We each become a person through a process—a process that includes having parents, teachers, schools, friends, lovers who all contribute to the person we are today.
- If someone doesn't want a child or is not equipped to care for a child, then there is no guarantee that the child will turn out quite so well. I say, give the person the information they need to make the decision fully, freely, and firmly so that they can then care for the child, if they so choose.

FURTHER READING

Clifford Grobstein. *Science and the Unborn: Choosing Human Futures*. New York: Basic Books, 1988.

"Defining Personhood: A Dialogue," with Mary Catherine Bateson, Lisa Sowle Cahill, Sidney Callahan, Gloria Feldt, Clifford Grobstein, Frances Kissling, Andrew Puzder, and Nancy Felipe Russo. *Conscience*, Spring 1992.

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Defining Personhood: A Dialogue

CONSCIENCE
SPRING 1992

In this excerpt from *Conscience*, "Defining Personhood: A Dialogue," embryologist Clifford Grobstein discusses fetal development in the context of deciding when a fetus becomes a human being. (The dialogue in its entirety is listed in this section's "Further Reading," and is available upon request from CFFC.)

clifford grobstein: Abortion terminates an otherwise existent human life. That is, however initiated, the process results in the death of an entity which otherwise would remain alive if undisturbed.

Other cases in which this is true include murder, capital punishment, shooting a war-time enemy, amputation of a limb, removal of a tumor, and discarding of human cells cultured in a laboratory. In each case, existent human life is terminated by deliberate decision and action. . . .

Given such a list, we may properly ask which items our society should prohibit, which condone, and by what criteria and mechanisms decision should be reached. . . . In reaching such judgments we rely on distinctions among alternative definitions of the phrase "existent human life"—in the process recognizing difference between the existence of life in a whole human entity and life in organs and cells as component-entities.

But what is a "whole human entity?" This is an important question in the abortion controversy. When in the course of development does a "whole human entity" come to be, and by what criteria do we recognize it? This is a question on which embryology can be helpful, though not decisive.

As an embryologist, I suggest that the following developmental facts are relevant and important to have in mind:

- Adult human beings are whole multicellular entities of high complexity.
- They return to a single-celled state to produce a new generation—egg, sperm, and the product of their union (a zygote) are single-celled.
- Initially, egg and sperm are both products and parts of an earlier parental generation; the zygote is a cell with potential to become a "whole human entity" in the usual sense.
- The process of realizing the potential (becoming) is complex and incompletely understood but involves major transformations of the zygote, including becoming multicellular.
- A major determinant of these transformations is hereditary information—the genome jointly contributed by the parental generation through the egg and sperm.
- A second major determinant consists of extensive interactions among millions of cells which are produced by repeated divisions of the zygote and its daughter-cells. The derived cells both replicate and express the joint hereditary genome they contain.
- A third major determinant is the environment within which these events occur—initially the uterus, then the tightly controlled and supportive parental environment, and finally the broader cultural environment of the family and wider social groups.

From a policy perspective, a central question is thereby raised: when, in this complex series of events and transformations, does a "whole human entity" in the

ethical, political, and legal sense come into existence? ... [S]peaking scientifically, the characteristics of a "whole human entity," in the full sense of a member of society, arise not in one single event but in a sequence of steps. The first step, already referred to, is the establishment of a new unique genome in the zygote. The genome can be likened to the blueprint for a house. From it, one can tell how large a family might be accommodated, but obviously no one can yet live in the prescribed house. Drafting a blueprint is an important step in building a house, but the blueprint is clearly not an "existent house" into which one can move.

Continuing the analogy, a second step in achieving a house is excavation and laying of foundations in accord with the blueprint. At this point, the general physical configuration of the house-to-be is laid out in real earth. The comparable step in human development is called axiation. It is the formation of a main head-to-tail body axis in the multicellular aggregate which has resulted from repeated divisions of the zygote. The process occurs during the second week after fertilization [the fourth week from the onset of the last menstrual period, the baseline often used to date pregnancies], marking the beginning of a *single* individual, where [earlier in the process] several might be formed (i.e., in twinning). [Axiation is] closely associated in time [with the implantation of] the developing embryo in the wall of the maternal uterus.

A third major step in creating a house is erection of partitions to separate internal spaces and to direct the flow of traffic. A comparable process occurs in human development with the appearance of the heart, blood vessels, and primitive blood. Other organs of prospective function are meanwhile being blocked out: the brain, spinal cord, nerves, major muscles, sense organs, etc. These processes lead by six to eight weeks to primitive function in the form of behavior, i.e., the first movements of the forming new individual take place.

Beyond this point the developing entity is referred to as a fetus, characterized by established major organs with limited function. The fetus as a whole is characterized by growth in mass and continuing maturation. By about twenty-four weeks, the maturation has progressed sufficiently to allow a prematurely delivered fetus to survive in an intensive care nursery—a stage

referred to as [being] characterized by external viability. It is still later before there is persuasive evidence of sufficient brain maturation to support possible self-awareness, volition, and primitive social interaction.

A multiplicity of questions is raised by this abbreviated description of [a] complex developmental course. But an overarching one is when in the sequence of multifold changes a new human individual—a "person" in the moral, cultural, philosophical, and common meanings—should be recognized. This is not a question to be answered in scientific terms alone, but it is to be hoped and even to be expected that the answer will be consonant with established scientific knowledge.

For example, there is a significant body of opinion which would recognize a person from the "moment of conception," taken generally to be equivalent to fertilization. But fertilization is not a matter of a moment but of many hours of complex change leading to function[ing] of a new joint genome; [it is] probably not completed before at least one division of the zygote.

The pre-embryo then formed is importantly different from either an ovum or a zygote, and this change is central to appropriate definition of its human status. But there are still other critically important characteristics of a person which are yet to come—especially, for example, those dependent upon a brain, which has not even begun to form. To define a term so profoundly significant as "human person" without the most careful consideration of all relevant scientific information is to trivialize not only the phenomenon, but also the relevant knowledge so painstakingly acquired during this scientifically highly productive century.

The fact is that the changes undergone between the zygote and a human newborn are roughly equivalent to those undergone by one vanguard of life in perhaps the last billion years of earthly evolution. It is enough of a near-miracle to recapitulate them in the developmental course of ten lunar months without attempting to further condense them into perhaps thirty to forty hours.

AN INTERVIEW WITH CLIFFORD GROBSTEIN

Embryologist Clifford Grobstein, professor emeritus at the University of California-San Diego, describes himself as “a biomedical scientist who strayed from the laboratory into academic administration and then public policy subjects.” Grobstein wrote *Science and the Unborn*, published in 1988, and a soon-to-be-released book on life in the universe, *The Cosmic Cradle*.

“I personally regard myself as both prolife and prochoice,” Grobstein says, “and I see little hope for success of any public policy that does not take both into account.”

conscience: How does individuality, which is achieved in stages from genetic uniqueness to social individuality, relate to personhood?

grobstein: That isn’t a question one can answer solely in terms of fact; it raises questions of values. My attempt has been to be as clear as possible about what’s going on [developmentally] without taking a [public] position. I’m not trying to sell my view. I’m trying to give people the information they need to make their own decisions.

For example, fertilization—which is not an event, but a process that occurs over thirty-six to forty-eight hours—is an important change to be taken into account. Some people would attach absolute value to that stage; others, almost none.

To some degree, this kind of discussion occurs about each developmental stage. So I give an idea of the other major stages, for example, implantation [in the uterine wall], which is simultaneous with the beginning of the axis [of the body]. Somewhat later you have the beginning of the appearance of major organs, and that leads to the particularly important point when maturation of organs is sufficiently advanced that one begins to get movement.

Yet, although movement does represent a certain critical level of neuromotor development, it doesn’t represent the embryo becoming aware of itself—what we call sentience. One of the things we [embryologists] have been working on is defining volition, [which develops at] thirty weeks and later.

conscience: What’s your view on when personhood occurs?

grobstein: That [may vary] depending on what the problem is that is being addressed. You can’t pin point one moment of personhood.

The term person is global [i.e. holistic], but as we learn more, we will be splitting it up by getting more precise about specific parts and times of the process. [Precision] can fragment what a person is in your definition of it. It would [better] to say the total phenomenon of personhood occurs over this stage—beginning at this stage and proceeding to that stage.

conscience: Do you still have hope that scientific information will lead to accommodation in the abortion debate?

grobstein: I think so, sooner or later—I guess later rather than sooner. People are increasingly interested in thinking in these terms. I think the more widely recognized it is that this process [of drawing on science] is necessary, the greater the consensus that can be achieved.

What If “I” Had Been Aborted?

CONSCIENCE
SPRING 1992

BY BEVERLY WILDUNG HARRISON

I have been asked whether I would have wanted abortion to be legal at the time I was born and whether I have ever really contemplated how it would have been if my mother had chosen abortion instead of bearing me. The truth is that each of us, as self-reflective persons, can ask this question and, in the process, presumably get in touch with the inexorable value of the life we have lived. But such reflection is the fruit not of our existence as biological members of our species but of our lives as socially related beings who have been nurtured and valued and, for that reason, have come to value ourselves and to rejoice in our birth. The question, when it has been pressed on me, has always caused me to smile; for I almost was a medically dictated abortion, and have lived much of my life with that knowledge. But I also know, as anyone who comprehends the development of self-awareness will understand, that if I had been aborted, there would have been no “I” to experience it.

Furthermore, the “I” who was born into the world exists, in large part, out of the freely given, active caring of a woman who was willing both to take a genuine risk in bearing me and my siblings and to struggle to provide for us after the premature death of my father. My mother’s love and courage, like all women’s, were no mere biologically induced responses but the expressions of her moral commitment to us. In the absence of such tenderness and care, born not of instinct but of moral freedom, it would have been better for me, or for anyone else, not to have been born.

—Beverly Wildung Harrison

From *Our Right to Choose*, by Beverly Wildung Harrison.

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The Church, Science, and the Embryo

CONSCIENCE
SPRING 1992

BY frances kissling

AWAITING A "VITAL INTERCHANGE"

An often overlooked but important aspect of the papacy of John Paul II has been his effort to create a "vital interchange" between science and theology. Reports of Vatican sponsored conferences on the environment, medicine, technology, and science are replete with references to the dynamic and positive influence each can and should have on the other.

A notable example of this effort has been the Pope's frequent references to and rehabilitation of Galileo Galilei. In a 1979 speech to the Pontifical Academy of Sciences, he deplored "certain attitudes which have existed among Christians themselves insufficiently attentive to the legitimate autonomy of science. Sources of tensions and conflicts, they have led many minds to conclude that faith and science are mutually opposed." In 1988, the Pope expanded on this theme in a letter to Father George Coyne, director of the Vatican Observatory. While noting the need to preserve the autonomy and distinctiveness of science and religion, the Pope encouraged understanding between the two realms. He said that "some theologians, at least, should be sufficiently well versed in the sciences to make authentic and creative use of the resources that the best-established theories may offer them."

There is no area of scientific, philosophical, or theological inquiry that would benefit more from such a "vital interchange" than the biological data still emerging about the human embryo and the relation-

ship of that information to theological debate about the moral status or value of the human embryo, particularly the very early embryo.

This inquiry is important not only for theological studies but also for the helpful, if not necessarily determinant, information it can offer ordinary Catholic women who face decisions about early abortion. Remember, more than half of all surgical abortions in the United States are performed in the first eight weeks of pregnancy, and with the advent of antiprogestins such as RU 486, that percentage is likely to increase here as well as in other countries. This information and its analysis are equally important to the moral decision making of couples contemplating the many forms of assisted reproduction that are now available, from artificial insemination with the husband's sperm through embryo freezing and transfer. Most of these technologies and all direct abortions are currently forbidden by the church.

Within the theological world, a significant number of respected Catholic scholars have raised questions about the moral status of the early embryo. All these theologians declare their acceptance of the official magisterial position that "from the moment of conception, the life of every human being is to be respected in an absolute way." Still, they ask when "one might reasonably believe such absolute value could be present in a developing organism" and suggest that "a rational analysis of available scientific data might lead to some broad consensus among concerned citizens that the term 'human life' is not necessarily a univocal conception" (Shannon and Wolter, 1990:603).

According to Carol Tauer, theologians raising these questions generally have examined three types of material: the intellectual history of church teaching about prenatal life, a tradition more varied than the casual claims of clerics would lead us to believe; the implications of philosophical theories of human nature, especially those that are traditional and consistent with doctrinal positions (such as Thomistic anthropology); and contemporary biological facts, some of which raise problems for the church's current position (Tauer 1984).

Early exploration of these issues in the 1970s and even 1960s was conducted in a scholarly manner and treated in a relatively open and respectful way by the magisterium. For the most part, the inquiry was undertaken in response to new technologies in the treatment of infertility, rather than in relation to abortion.

Among the notable pioneers was Karl Rahner, who suggested that the development of the cerebral cortex should have some bearing on personhood, or hominization. Father Charles Curran, who lost his post as a tenured professor of theology at the Catholic University of America in 1990 because of his views on issues of personal morality, stated without sanction in 1973 his "opinion . . . that human life is not present until individuality is established Irreversible and differentiated individual life is not present from the time of fecundation" (Curran 1973: 180). Curran concluded that "truly individual human life is not present until two to three weeks after conception" (Curran 1982 [1979]: 125–26). Father Richard McCormick distinguished between "nascent human life" and "individual human life."

In the 1980s, when the Vatican came to insist on orthodoxy in theological inquiry into reproduction, contraception, and abortion, many theologians simply stopped writing about these questions.

Two events renewed scholarly interest in and publication on this topic. In 1987, the Vatican issued its Instruction on Respect for Human Life in its Origin and on the Dignity of Procreation; it definitively forbade the use of almost all methods of assisted reproduction by Catholics.

Theological inquiry also was enhanced by new analyses of scientific information, presented in two books. *Science and the Unborn*, by the distinguished biologist Clifford Grobstein, mapped the stages of human development in an effort to illuminate the question, when does an individual being, a person, emerge in this complex process?

When Did I Begin? by Father Norman Ford, a leading Catholic moral philosopher, examined modern embryology through the lens of Catholic philosophy and theology and reinforced the insights of the theologians mentioned above. Ford concluded that "an individual . . . entity with a rational nature" (the traditional definition of personhood in Catholic moral theology) does not exist prior to the establishment of the primitive streak, which makes the head-to-tail axis of the body, and the initial formation of the neural tube in the third week of development (Ford 1988:184).

Others in science and theology have suggested alternate "moments" that might mark the emergence of an individual: at six or eight weeks, when simple, three-neuron circuits are in place and the first responses to stimuli have been recorded; or when a relatively integrated nervous system is formed, no earlier than twenty weeks after fertilization.

Shannon recently noted the significance for moral theology of this latter phase: "One can speak of a rational nature in a philosophically significant sense only when the biological structures necessary to perform rational actions are present," as opposed to those that enable merely reflex responses (Shannon and Wolter, 1990:620).

More conservative but inquiring along the same lines, McCormick also argued recently, from current scientific knowledge, that personhood is not an immediate result of fertilization. Moral status and personhood, he contended, are "related to the attainment of developmental individuality," two weeks into the developmental process (McCormick 1991:2–3).

While these facts and arguments have for the time being fallen on deaf ears at the Vatican, they provide a theological basis for members of the laity and cler-

gy to dissent legitimately from church strictures related to early life. They afford sympathetic priests the pastoral latitude needed in the confessional and in private consultation with Catholic women considering reproductive options.

They further help to inform the opinion of public officials who are Catholic, freeing them to exercise prudent judgment in public policy. Together, science and theology justify Catholic policy makers in supporting, through law, access to both abortion and assisted reproduction.

Most promising, the "vital interchange" that these theologians have begun to weave between religion and the science of embryology is just what Pope John Paul II has rightly invited, if not, anticipated. Such work will be important in honest ecclesial consideration at a more favorable time in the life of the church.

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Brief of 167 Distinguished Scientists and Physicians

IN THE SUPREME COURT OF THE UNITED STATES OCTOBER TERM, 1988

No. 88-605

William L. WEBSTER, et al.,
Appellants,
V.

REPRODUCTIVE HEALTH SERVICES, et al.,
Appellees.

On Appeal from the United States Court of Appeals
for the Eighth Circuit

AMICI CURIAE BRIEF OF
167 DISTINGUISHED SCIENTISTS AND PHYSI-
CIANS,
INCLUDING 11 NOBEL LAUREATES,
IN SUPPORT OF APPELLEES

ARGUMENT

1. THERE IS NO SCIENTIFIC CONSENSUS ON WHEN A HUMAN LIFE BEGINS

Appellants and several *amici* aligned with them argue that the controversy over abortion and *Roe v. Wade*, 410 U.S. 113 (1973), may be resolved by what they contend is scientific "truth." Appellants, for example, contend that, as surely as "[t]he Earth still moves around the sun," it is an undisputed "biological fact" that a human life begins at conception.¹ Certain *amici* likewise argue that *Roe v. Wade* is contrary to an alleged "scientific truth" or "fact" that life begins at conception.² Others cite alleged technological advances as the justification for reconsidering and overruling *Roe v. Wade*.³

Amici submit that such arguments are an attempt to distort the teachings of science to fit preconceived conclusions based upon values that science alone does not and cannot dictate. The question of when a human life begins cannot be answered with reference to a scientific law or principle, such as the empirically-testable propositions with which we predict planetary movement. Individual scientists will have individual answers to that question, based upon their individual values and beliefs. These answers do not represent any "scientific" truth, because they are based upon values and beliefs, not upon science alone.

The only "consensus" that may be said to exist among scientists on the question of when a human life begins is that science alone cannot answer that question. This is demonstrated by the response of the scientific community when in 1981 a Senate subcommittee held hearings on a bill to declare "that present day scientific evidence indicates a significant likelihood that actual human life exists from conception." See *The Human Life Bill: Hearings Before the Subcommittee on Separation of Powers of the Senate Committee on the Judiciary*, 97th Cong., 1st Sess. (1981) [hereinafter *Hearings*]. As distinguished scientists testified, science alone does not provide the answer to this question.

For example, Dr. Leon Rosenberg, then Chairman of the Department of Human Genetics, Yale University Medical School, and a signatory of this brief, testified:

When does this potential for human life become actual? As a scientist, I must answer I do not know. Moreover, I have not been able to find a

single piece of scientific evidence which helps me with that question.

Not surprisingly, a great deal has been spoken and written on the subject. Some people argue, as you have heard, that life begins at conception . . .

I have no quarrel with anyone's ideas on this matter so long as it is clearly understood that they are personal beliefs based on personal judgments and not scientific truths.

Id. at 50.

Dr. Rosenberg then explained the reason science alone cannot answer the question—the inability to test the hypothesis by the scientific method:

The scientific method depends on two essential things—a thesis or idea and a means of testing that idea. Scientists have been able to determine, for instance, that the Earth is round or that genes are composed of DNA because, and only because, experiments could be performed to test these ideas. Without experiments there is no science, no way to prove or disprove any idea. I maintain that concepts such as humanness are beyond the purview of science because no idea about them can be tested experimentally.

Id.

The National Academy of Sciences was equally emphatic:

It is the view of the National Academy of Sciences that the statement in [Senate Bill S. 158] cannot stand up to the scrutiny of science. This section reads, "The Congress finds that present day scientific evidence indicates a significant likelihood that actual human life exists from conception." This statement purports to derive its conclusions from science, but it deals with a question to which science can provide no answer. The proposal in S158 that the term "person" shall include "all human life" has no basis within our scientific understanding. Defining the time at which the developing embryo becomes a person must remain a matter of moral or religious value.

Id. at 74. *See also id.* at 1035-36 (statement of Joseph Boyle, M.D., chairman of the board of trustees of the American Medical Association) (there is no scientific consensus that a human life begins at conception; that question goes "far beyond the realm of medical science and into social, religious, philosophical, ethical, and moral concerns").

As shown in the next section of this brief, science can indeed provide valuable information and can answer concrete questions regarding prenatal development by identifying, for example, the stages of fetal brain development. But the question of when a human life truly begins calls for a conclusion as to which characteristics define the essence of human life. While science can tell us when certain biological attributes can be detected, science cannot tell us which biological attributes establish the existence of a human being.

Many other physicians and scientists made these observations at the 1981 hearings. *See, e.g., id.* at 68 (statement of Robert H. Ebert, M.D., President of Milbank Memorial Fund, Caroline Shields Walker Professor of Medicine Emeritus, Harvard University) (whether a human life begins at conception is not a medical or scientific question, but a philosophical and religious question that "can be debated endlessly and has to do with how one defines a person and 'self'"); *id.* at 69-70 (statement of Sherman M. Mellinkoff, M.D., Dean of the UCLA School of Medicine) (same); *id.* at 71 (statement of Arno G. Motulsky, M.D., Professor of Medicine and Genetics, University of Washington) (same); *id.* at 113-14 (statement of Dr. Jessica G. Davis, Director, Child Development Center, Chief, Division of Genetics, North Shore University Hospital) (same). The subcommittee also received hundreds of letters from scientists and physicians across the country echoing Dr. Rosenberg's views. *See e.g., Hearings app.* at 414, 669, 716, 718.⁴

Science cannot define the essential attributes of human life any more than science can define such concepts as love, faith or trust. Hearings at 50. This Court was indisputably correct when it observed in *Roe v. Wade*, 410 U.S. at 159, that the question of when a human life begins cannot simply be referred to an expert discipline for resolution.

Science can, however, offer to this controversy concrete information concerning the physiology of prenatal development—particularly, scientific observations about viability and brain development. As shown below, these observations support the chronology of fetal development recognized in *Roe v. Wade*.

1. Brief for Appellants at 26.
2. See, e.g., Brief Amicus Curiae of Hon. Christopher H. Smith, Hon. Alan B. Mollohan, Hon. John C. Danforth, and Other United States Senators and Members of Congress at 21; Brief Amici Curiae of Doctors for Life, Missouri Doctors for Life, Missouri Citizens for Life, Missouri Nurses for Life, and Lawyers for Life, Inc. at 21-23, Amicus Alabama Lawyers for Unborn Children, Inc. at 13-17; Brief for Amicus Curiae, The New England Christian Action Council, Inc. at 7.
3. See, e.g., Brief for the United States as Amicus Curiae at 19; Brief of the Knights of Columbus as Amicus Curiae at 6.
4. The fact that the subcommittee itself could not reach agreement on the question further highlights the inability to find the answer in scientific truth. The Human Life Bill-S. 158: Report by the Subcommittee on Separation of Powers, Senate Committee on the Judiciary, 97th Cong., 1st Sess. 39, 41 (1981) (minority view of Senator Baucus) ("If the hearings on S. 158 held by the Separation of Powers Subcommittee were conclusive on any point it is that in 1981 there remains no consensus among scientists, philosophers and theologians on the question of when life begins."). Indeed, the current Commissioner of the Food and Drug Administration, Frank E. Young, M.D., stated in 1981 that "science and medicine cannot unequivocally establish the time in the continuum of development where human life begins"; the decision is "in part moral, ethical, philosophical and religious." Hearings app. at 781.

RELIGIOUS AMERICANS SPEAK OUT

Most religious Americans are pro-choice

For years, religious political extremists have claimed religion opposes abortion. They've said it so often that many people assume it to be true. In fact, this assertion is false. Most religious Americans support a woman's right to choose. They trust women and their families to decide whether and when to have children. They recognize that in a pluralistic society such as ours, the decision regarding abortion must remain with the individual, to be made on the basis of conscience and personal religious principles. They do not want government to impose laws about childbearing based on any one belief about when life begins.

Protestants have longstanding pro-choice positions

Most Protestant denominations in the United States have longstanding pro-choice positions. The United Church of Christ has maintained a consistently strong pro-choice stance since 1970. In 1994, the General Convention of the Episcopal Church adopted a resolution expressing "unequivocal opposition to any [legislation] that abridges the right of a woman to reach an informed decision about the termination of pregnancy or that would limit the access of a woman to safe means of acting on her decision." In 1992, the General Assembly of the Presbyterian Church (USA) reaffirmed support for a woman's right to choose; in 1993, the General Assembly voted to affirm the Freedom of Access to Clinics Act (FACE). At the 1992 General Conference of The United Methodist Church, the principles of *Roe v. Wade* were reaffirmed by an 84 percent majority vote.

Unitarians support abortion rights

The Unitarian Universalist Association affirmed a woman's right to choose in 1963 and has consistently reaffirmed this right at all General Assemblies since then. In 1993, Unitarian Universalists overwhelmingly adopted a resolution urging members to support federal legislation that would guarantee the basic right to abortion, provide federal funds for abortion to low-income women and military personnel, and protect doctors and clinics providing abortion services from acts of violence and harassment.

Jewish tradition upholds choice

Jewish tradition has long affirmed and protected the life, well-being, and health of pregnant women and has upheld the basic right to abortion. The United Synagogue of Conservative Judaism, representing Conservative congregations, in 1993 reaffirmed its resolution opposing any legislative attempts to weaken *Roe v. Wade* through constitutional amendments. Recent resolutions of the Union of American Hebrew Congregations, representing Reform congregations, uphold an "unwavering commitment to the protection and preservation of the reproductive rights of women" and urge constituents to work toward securing or retaining these rights.

Most Roman Catholics are pro-choice

On family planning and abortion, the attitudes and behavior of Roman Catholic laity often clash with Roman Catholic Church teaching. In the U.S.,

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59 percent of all Catholic women of childbearing age practice contraception—a rate statistically equivalent to that of the general population (60 percent). Further, 82 percent of Catholics think abortion should be legal, at least in some circumstances; specifically, 39 percent say a woman should be able to get an abortion if she decides she wants one, no matter what the reason (1995 Time/CNN nationwide poll, cited by Catholics for a Free Choice). Catholic women have abortions at the same rate as women in the population as a whole.

Clergy believe in women's right to choose

Clergy had an important role in abolishing anti-abortion laws that hurt women. Today, many religious leaders believe abortion must remain a private, moral decision and trust women and their families to make their own decisions in the light of their faith traditions and moral values. A 1998 national survey of Protestant and Jewish clergy showed widespread support for reproductive choice, including abortion. Ninety-two percent of respondents said that every woman should be able to decide when to have children according to her own conscience and religious beliefs. Eighty percent supported a woman's right to a safe and legal abortion.

A personal, moral, medical decision

Those who seek to impose their religious views on others threaten not just women's reproductive freedom but the religious freedom that is America's founding value. Most religious Americans believe that the decision to have or not have an abortion should be a personal, moral, and medical decision, not a political one. Most religious Americans are prayerfully, faithfully pro-choice.

Sources: *We Affirm*, published by Religious Coalition for Reproductive Choice; clergy survey conducted by Religious Coalition for Reproductive Choice; Catholics for a Free Choice

The Religious Coalition for Reproductive Choice, founded in 1973, is the national organization of pro-choice people of faith. The Religious Coalition—comprising Protestant, Jewish, and other denominations and faith groups, the Clergy for Choice Network, and state affiliates throughout the country—works to ensure reproductive choice through the moral power of religious communities. All programs seek to give clear voice to the reproductive health issues of people of color, those living in poverty, and other underserved populations.

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An Open Letter from a Catholic Birth Mother

CONSCIENCE
AUTUMN 1996

BY MARY JEAN WOLCH

Some time ago, Mary Jean Wolch wrote a letter to her friends, including a prolife priest, reflecting on her experiences as a birth mother—someone who has given up her child for adoption. The priest's reply—welcoming her openness and reflecting his prolife beliefs—prompted her to write back and explain her feelings in greater depth. Here, Wolch makes her second letter public.

Dear Father,

Thank you for your reply to my letter. I must admit to some trepidation in sending it to you; we have known each other eight years, but I had never before shared with you that I am a birth mother.

More than a decade after the birth of my child, the pain of this experience erupted as the central event of the past year. I realized it was time to share with you those who knew, and those who did not, what it has been like to live with the loss of a child through adoption, and how this event has profoundly impacted my life. That is why I wrote a letter this year describing this journey and sent it to the people in my life. It was not the typical letter one finds tucked among the Christmas cards.

I had not shared this experience with you before because I know you are strongly "prolife." Prolife people are the hardest ones to talk to about the birth mother's experience. Their perception of the experience is so disparate from its reality that discussion is difficult if not impossible. That is why I am writing today, to answer your questions and respond to your comments.

You asked if I had considered an abortion and who or what got me to change my mind. I was a single, 23-year-old college student and an active Catholic. I attended Mass, participated in campus ministry social justice actions, helped plan liturgies and retreats, and participated in Scripture study groups. I wanted with all my heart to be a "good" Catholic. I was taught to believe life began at conception. I was adamant that adoption was a better alternative than abortion. I believed this because the church said so, and the church had all truth, told all truth, and was all truth.

Then the "good Catholic girl" was pregnant. Suddenly a whole new awareness opened up for me as I realized what this experience meant for a woman going through it. Now I was experiencing what I had not heard discussed from the pulpit. It was a time of tremendous fear and despair. I prayed desperately, "God, get me through this." Having a baby is a very big deal. Prolife people who use the word "convenience" to describe a decision made about whether or not to have a baby are discounting a major life event. I had to take stock of my life. I had to weigh the limitations against the hopes and the dreams. I had to look at my finances, my marital state, the impact on employment and educational pursuits, the effect on my health, my emotional readiness for parenting, the support or lack of it from my family, and the social ostracism from my community. I had to make a decision based on these conditions and my future options as I rightly or wrongly perceived them at that moment.

This assessment is the reason women lose their children through adoption. The prolife voices hail this decision as courageous, unselfish, and loving. The same assessment is then condemned as “excuses” for women who choose abortion. The forced nature of the decision in both situations—in all its fear, despair, and powerlessness—is rarely acknowledged.

I chose against abortion because I believed it would be hypocritical to have an abortion after my adamant stand against that option for other women. I have always believed that Christ hates hypocrisy far more than sin. I might have given someone else permission to change her mind, but I could not give myself the same. As immature a love as it was, I loved this child's father. And I bonded early on with my child. I knew I could not be kicked out of school for being pregnant. I struggled to do “the right thing,” as I had always heard it: have the baby and give it up for adoption. Thus I chose to go through the pregnancy.

In the course of this pregnancy, I moved from a strongly antiabortion position to the realization I could never tell another woman what her choice should be. The change in my belief was not a simple move from one position to another. It was the painful expansion of my horizons as I moved through this experience. My context was changing. I remember thinking over and over, “So this is what it's like to go through this.” I was living on campus in the dorm, and as my “condition” became obvious, other women came to me and we talked. The women told me of abortions they had had, one of them had starved and exercised herself into a miscarriage. None of these women had ever told anyone before. I had chosen a course different from theirs, yet we understood each other. We understood what goes into making this decision. This understanding allowed us to be supportive of each other.

My daughter's birth was the most powerful and joyous event of my life. Within me a war now raged around the adoption decision. I stalled on signing my relinquishment papers and made visits to the Catholic “foundling” home to hold her and feed her. In the end, the struggle to keep my daughter was defeated by my tremendous feeling of shame and powerlessness, by my frozen belief that it was not all right to come home with a baby to my parents' house, and by my religious programming, which said, adoption is the “right thing to do.”

It could be argued that this view of adoption—as the only choice for a woman shamed by pregnancy outside of marriage—is not the teaching of the church. Still, it was the perception I had formed from reading Catholic publications and writings and sitting in Sunday Mass year after year listening to sermons. In discussing theology with those who have had the opportunity for in-depth study, I have learned that the common understanding of the church's position on adoption is actually tangential to the essence of church teachings on family life and abortion. While the church teaches that unborn life is of the utmost importance, people in the pews often hear an added message that upholds the “traditional” two-parent family as morally superior and attaches shame to single motherhood as well as abortion. It is the responsibility of those in positions of teaching and preaching to address this issue.

Giving up your child for adoption satisfies the church's injunction against abortion, answers the prayer of the adoptive couple, and we hope, provides for the child. In the push to do what is “best” for the child, agencies and persons working with birth mothers I ever address the sexuality and self-esteem issues that got most of these women into this situation in the first place. These groups, despite their intent, are primarily advocates for adoptive parents and babies. The assistance they offer birth mothers is hinted to gestational support. Birth mothers leave this experience and these “resources” more damaged than when they arrived—more shame-filled, more devastated, and more needy. They have incurred a life-long and terrible wound to the psyche, the loss of their child. It is a loss most cannot even speak about. It is at this point that adoption resources, adoptive parents, and the community abandon the birth mother. When one lives in a state of pain, isolation, and abandonment, it is not especially unusual to wind up pregnant again. This was my experience.

Six months after I had lost my baby forever, I was pregnant again. My life after losing my daughter was an emotional and spiritual devastation no one prepared me for. I had heard about the emotional and spiritual trauma of abortion for years. Not once in all that time had anyone, including those who “counseled” me, said this happened to birth mothers as well. Somehow, the decision to choose life was supposed to eliminate this consequence. Facing this decision again, I still believed there was no support for my child and me together. Just six months into

the devastating aftermath of adoption, I knew I could never choose adoption again. I chose to have an abortion at eight weeks.

It was to be one of the most profound spiritual experiences of my life. Three days before my appointment, I found myself pacing around my apartment in anguish. I sat down and began to pray. I asked God to sit before me to my left, and the spirit of this child to sit to the right. Before these two, I poured out my pain and my grief. I acknowledged my mistake in having had sex with someone who did not care about me nor I about him. I told them about my daughter and the terrible pain of losing her. I told the child spirit I could not go through this right now, and I told her my sorrow about it. I promised when I got out of nursing school to take responsibility for a child who was already here. I accepted the responsibility for the abortion decision. I asked both of them for forgiveness. And a miraculous thing occurred: I knew in that moment I was forgiven. The angel of death from the days of Moses passed over my house and did not strike me down. I experienced the unconditional love and mercy of my Creator in a way I never had before. The peace of that experience carried me through my appointment and ever since. It is a peace I have never known with the adoption experience.

The abortion forced me finally to get honest about my behavior. I had to accept that I was not a celibate person and that "pretend" celibacy is not a contraceptive. I had serious problems to work on in order to understand why I was in relationships with men who would not or could not love me. I had to understand the terrible needs and emptiness inside that drove me to use sex in ways that were harmful to myself and others. I had to give up the image of myself as a "good Catholic." I had to learn to accept myself as I was.

After these experiences, I quit going to Mass on Human Life Sundays. It was hard for me to understand the prayers and the grief of the church for the aborted unborn when there was nothing for the fetus who miscarried at two, three or four months, and sometimes later. No funeral, no death certificate, no mention in the bulletin. If a woman miscarries in the early stages of pregnancy and doesn't have a profound loss experience, no one finds this particularly aberrant. Who recognizes the loss of the woman grieving an early, spontaneous abortion? As a birth

mother, I know how it feels to sit in the pew and have the loss of a child completely ignored. The church grieves the aborted unborn and abandons the silently weeping women in its midst. Innocence is held in greater esteem than life. The experiences of miscarriage, abortion and adoption are ignored. And the decisions and feelings of women are condemned.

When prolife people say to birth mothers, "Be glad you didn't have an abortion, because that's really hell," most never speak from actual experience. Pain is pain. I'm not "glad" I had an abortion; yet for me the pain of an abortion did not touch the pain of adoption. This will not be every woman's truth. However, the women I know who have had devastating loss experiences around abortion are few compared with the birth mothers. The vast majority of women who have chosen abortion speak of it as a sad and difficult part of their history. They have not experienced the trauma I struggle with around my adoption. Both adoption and abortion are forced choices. Both are unnatural separations of a mother and a child. Both are experiences of a loss. Adoption, however, is never finished.

You spoke of your work with Project Rachel and asked if I had heard of it. I have. I wonder why they minister only to women who have traumatic loss experiences around abortion. The group I am part of—Catholic birth mothers—has been completely ignored. Is the ministry truly for healing, or is healing secondary to the political and social agenda of the church? I believe the church creates part of the trauma around abortion for Catholic women by making the experience such a capital crime it cannot even be spoken about—unless one has had a conversion to the prolife point of view.

I attend a birth parent support group, one of a handful in existence. At any given meeting, 50 to 75 percent of the women and men present are Catholics and former Catholics. Some are new birth parents; some have been living with this loss for 30 years or longer. Where is the church for us? The message I would give you is this: there are many devastating loss experiences around childbearing; abortion is only one. Adoption, stillbirth, miscarriage, infertility are others. Project Rachel needs to expand its focus to have any credibility with the larger group of women. If the church is to be there for all of us, the leadership and the community will have to recognize our issues and become sensitized to our experiences and our pain. There must be more listening, more com-

passion, and less condemnation. I have pondered these things in my heart, and I now find myself outside the Catholic circle of "perfect truth." My seamless garment is torn. I fail the prolife litmus test of a "true " and "good" Catholic. I feel as though I have lost my tribe, and my tribe has lost me. Healing for me has come only when I have owned my truth and not denied it. Why have this healing and the truth of my experience separated me from my church?

You and I are on opposite sides of the abortion issue because of our different life paths and experiences. Yet I attempt this dialogue because I feel it is important to do so. I believe God trusts women to make good decisions about their lives and, even when we do not, still loves us unconditionally. This is the truth we need the church's help to find. Women in crisis and pain will come to you, in your role as priest. You must affirm God's unconditional love for them no matter what decision they make. As a priest who advocates adoption, you must recognize the need for long-term grief counseling of birth parents, for support groups, for changes in adoption practices. You can acknowledge birth parents from the pulpit on Mother's Day and Father's Day. You can acknowledge our loss and our existence to the community. You can strive to make your community a place of compassion for all the women in the pews, as well as a place of welcome for mothers and children who are together.

At the 1982 Jesuit Volunteer Corps orientation in San Antonio, I cut an article out of the paper. A 17-year-old woman named Cathy Petri was banned from speaking at the commencement ceremony at Incarnate Word High School, though she was valedictorian with a 4.0 grade point average. The reason? She had a 16-month-old daughter and was unmarried. Cathy Petri chose life and was made an outcast. She does not stand alone. She joined a group far larger than she could ever imagine—the women who have faced the choice of adoption, abortion, or single parenthood. The church has failed to address the needs of these people. We are banned even from speaking, and thus we are made outcasts of our community.

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VALUES AND CULTURE

Divider Title: _____



VALUES AND CULTURE

Those who are opposed to abortion often fear that legal abortion will negatively change (or has changed) community values or cultural norms that they consider very important. These are usually socially conservative perspectives or values—preservation of male dominance in the family, society, and in relationships with women; or rejection of individualism and Western ideology. Some also have qualms about population control, or a sense that life will be cheapened, that is, that the sick, the elderly, and others who are marginalized will be dismissed or not valued by society.

The counter to these views can be found in the range of commitments undertaken by those who are in favor of legal abortion: the commitment to the right of women and men to *have* children, as well as not to have them; to the eradication of poverty; to self-determination in family planning—in short, a broad social justice agenda. We embrace this agenda and must talk about it.

INDIVIDUAL VERSUS COMMUNITY

Assertion: Abortion affects more than the woman. It affects the whole community. The community should be involved in the decision.

response:

- The fact is that few societies take responsibility for raising children; it is a responsibility that is left to women. In this context, because women bear the consequences, they must be the principal decision makers.
- In fact, women tend to make decisions with their community, family, and others in mind. I would even say that women often do not take their own needs seriously enough.
- Let's face it—the “community” tends to be established, white, well-off men—the traditional power structure. It often excludes those who know the most about childbearing and raising children.

POPULATION CONTROL

In recent history, government (public) intervention has been thought to be necessary to influence or control individual (private) action in the interest of the common good. Population policies have been driven by the desire to bring birth rates down, or in other cases, such as Romania, to increase them. They often persuade, and sometimes coerce, individuals to increase or limit the size of their families to meet numeric goals set by the government. This premise has rightly come under fire and needs to be challenged at every opportunity.

Assertion: Abortion is an instrument of population control. You people want abortion to be available so that you can keep poor people and minorities from having children.

Response:

- We are against population control and we oppose all coercion in reproductive matters. We are for choices, freedom, and autonomy in these decisions.

**we are against
population control and
we oppose all coercion
in reproductive matters.**

- By proponents of population control, do you mean those—such as the right-to-lifers and the Vatican—who are willing to force women to have children by denying family planning choices and legal abortion? Do you mean governments that compel sterilization, contraception, or abortion? We are against all of these.
- Whatever the government wants, the fact is that women want and need family planning and abortion for their own dignity and well-being. We work for what women want.

Assertion: China forces women to have abortions. You like abortion so much, you must be in favor of that.

Response:

- Coercive measures for or against reproduction are never justifiable. There is a fundamental human right to make individual decisions about fertility.

**there is a fundamental
human right to make
individual decisions
about fertility.**

- China has used coercive measures and those must continue to be challenged. China, like any other country, can encourage its people to voluntarily

limit childbearing, but no government policy should ever involve coercion or forcing women to have abortions.

In a public forum, presentations often are followed by a question-and-answer period. Sometimes someone who supports legal abortion and so is seen to be your ally presents an argument in favor of coercive population policies. It is important to respectfully distance both yourself and the movement for legal abortion from policies that do not respect the individual.

Assertion by your “ally”: The government needs to take measures to protect the whole community from the disaster that will befall us if we don’t stop overpopulating and despoiling the environment.

Response:

- Reproductive rights are fundamental, and I look with suspicion whenever the state wants to restrict a fundamental right. In the case of China, it is not clear that slower population growth could not be achieved in voluntary ways. Whenever there is a perceived need to infringe upon men’s and women’s decisions on when and whether to have children, there must be a strict application of ethical criteria beforehand. These criteria include the existence of impending, unavoidable disaster; the absence of voluntary means of mitigating that disaster; and clear evidence that all other methods have been tried and have failed.

CULTURAL IMPERIALISM

Assertion: We don’t need legal abortion in our country. Abortion is a radical feminist export from the United States and we don’t want it here.

Response:

- The fact is that women all over the world have been having abortions from time immemorial. They are having abortions today in places where it is legal and in places where it is illegal. We are dealing with the needs of women in our country without any reference to the West.
- It has been my experience that women from all countries have a mind and will of their own. They don’t need the West to teach them what they need.

- I'd like to turn the tables here and ask about the Vatican's exportations: what about its attempts to see that public policies conform to church teachings that forbid contraception and abortion?

CHEAPENING OF LIFE, SOCIAL DECLINE

Assertion: Abortion is the first step down the road to a culture where life is not respected, where people who are sick, elderly, handicapped, or in some other way "not perfect" will be seen as dispensable.

Response:

- There is no evidence that this is true. In fact, there is evidence to the contrary. In Japan, for example, abortion is routine, yet we all would say Japan is a moral society that takes care of its elderly. In Scandinavia, abortion is legal and paid for as part of the health care system. Yet they continue to have a full social service system, including maternity and paternity leave. There is no decline in values or in caring for each other.

Assertion: Abortion is another way—along with violence, promiscuity, and crime—in which our culture is rotting.

Response:

- It is absurd to blame abortion as a cause of social decline. The core of society's difficulties is much more likely to be found in racism and poverty, to start with.

It is absurd to blame abortion as a cause of social decline.

- Abortion is not the cause of social disintegration, although I agree it may be a result of social failures. The problems you talk about exist and are growing in countries where abortion is legal and in countries where it is illegal. Abortion is illegal in Brazil and Colombia, two countries where children live on the streets and are murdered by right-wing extremists. It is also illegal in Iraq, Afghanistan, Somalia, and Haiti—countries where the social fabric is anything but strong.

Assertion: You believe that abortion will solve problems of poverty.

Response:

- Abortion does not create a more economically just society. Abortion does not put food on the tables of the poor. On the other hand, it does not cause hunger or economic injustice, either. We have to work to solve these social problems on their own terms.
- We don't argue that the reason abortion should be legal is to solve the social and economic problems of a country. We say abortion should be legal because individual women, based on their circumstances, need to and should be able to decide when it is best for them to bring children into the world. That's why. It has nothing to do with broad resolution of social problems.

FETAL ABNORMALITIES

Assertion: You want abortion to be legal so that no children are born who have disabilities, even the most minor ones, like a cleft palate.

Response:

- It is important for us not to make judgments about or for one another. For some couples, raising a child or even more than one child with disabilities is not only possible but the source of joy and exhilaration. For another couple, it might not be feasible or reasonable. We all have to make these decisions for ourselves, using our deepest knowledge and wisdom and being honest about our own capabilities, strengths, and weaknesses.
- I have to say that deciding on abortion in the case of something like a cleft palate is hard for me to justify morally. I also doubt very seriously that it is a frequent reason for abortion.
- We support individual choice. In some cases, people choose to continue pregnancies despite a diagnosis of a profound disability in the fetus. They deserve as much support as society and the state can give them. Parents have the right to decide the level of disability that is acceptable to them. We would fight any attempt to mandate abortion in the case of disability.

MEN'S ROLE AND RESPONSIBILITY

Assertion: The man has just as much to say as the woman about whether a pregnancy should continue. There should be a law that requires his permission before a woman can get an abortion.

Response:

- Why is it that you suggest that women need to respect men's "rights" in regard to abortion and you don't suggest that a man should respect a woman's rights and wishes when she is, after all, the one who is pregnant?
- In a marriage or relationship where a couple is working together in all aspects of their relationship and where the man is caring and responsible, a woman will want to work with her partner to make this decision together.
- If there is a conflict between the man and women, the last word should belong to the woman. The man needs to respect the woman's decision even if it is not the one he would make. The woman is the one who bears the risks and responsibility of pregnancy and giving birth to a child, and in most cases she will do most of the child rearing.
- Should the man be entitled to require the woman to have an abortion even if she does not want one? Or require a woman to bear a child and give it up to him?
- If the woman is married to the man or is in a stable, permanent relationship with him, then she has a serious obligation to listen to and consider his views. She would owe him a full explanation of the reasons for her decision about having or not having an abortion. That decision, however, is ultimately hers to make.
- In the case of an unplanned pregnancy in a marriage, the man may want to have a baby while the woman may not. If he has proven himself a good father and partner in parenting, providing child care as well as financial support, the woman has a serious obligation to be sensitive to his wishes. He also has an obligation to consider the woman's desire not to have a child and not request that she put his desires above her own. Good, unbiased counseling can help.

FACTS: MEN'S RESPONSIBILITY

- Single-parent households have grown more common; their proportion doubled in some countries between the early 1970s and the mid-1980s. Of households with dependent children in the mid-1980s, those with only one parent—in the "vast majority" of cases the mother—accounted for:
 - 24% in the United States;
 - 20% in the Soviet Union;
 - 11% in Germany;
 - 4% in Japan.
- Female-headed households—many of which have children—are on the rise in less developed countries, too. In the mid-1980s, for example:
 - in Asia, they made up 14% of Indonesian and 21% of Thai households;
 - in the Americas, they made up 13% of Mexican and 20% of Peruvian households, and 29% of those in Trinidad and Tobago; and
 - in Africa, they made up 10% of households in Burkina Faso and 29% of those in Ghana.
- Paternal delinquency in child-support is a worldwide problem. For example, studies have found rates of delinquency by divorced fathers of:
 - 42% in Chile (parents of children born to adolescent mothers);
 - 75% in Japan;
 - 50% in Malaysia;
 - 25% to 40% in western Europe and the United States.

Families in Focus: New Perspectives on Mothers, Fathers, and Children (New York: Population Council, 1995), pp 14-18 (1-parent households) & pp. 57-58 (paternal support).

- Children born to more than two-thirds of teenage mothers in the United States were fathered by men over 20 years of age.
- Men over 25 years of age are involved in more than 400 teenage pregnancies every day in the United States.

Let's Get Serious About Ending Teen Childbearing, Opinion Pieces Series (New York: Planned Parenthood

Assertion: Abortion lets men off the hook.

Response:

- If a couple is not ready to have children right now, why should either one be *on* the hook?
- Men are already off the hook. They are biologically incapable of childbearing, and they generally do not assume the same level of responsibility as women for child rearing.
- The problem about men's responsibility in matters of reproduction has nothing to do with abortion. The problem is that there has been little effort by society to enforce a man's responsibility for the children he fathers. Many men take their families seriously and are good fathers, but significant numbers of men worldwide abandon their children. Many men encourage women to have their children, and then they disappear.

PARENTS AND TEENAGERS

Question: Shouldn't minors be required to have their parents' consent before having an abortion?

Response:

- If you give parents that right, do they only have it in one direction? Would you want parents to have the right to force their child to have an abortion? If your answer is no, then the purpose of your seeking such laws is not to enhance parental control but to prevent abortion.
- Ideally, parents should be involved in the decision about their daughter's pregnancy, and should help, support, and guide her. I would work toward that ideal, recognizing that in a few circumstances, this is not feasible or appropriate.
- It is always best when young women have a relationship in which they can talk with their parents and receive guidance in making decisions. Some relationships between parents and children are troubled, however, and not all parents have the welfare of their children uppermost in their minds. Some parents love their children but can understand

FACTS: SEXUALITY EDUCATION

In the United States:

- One-third of 15-year-old girls say neither parent has talked with them about how pregnancy occurs. Half say neither parent has discussed birth control or sexually transmitted diseases.
- The average high school offers only 6.5 hours a year of sex education, out of more than 1,000 hours of instruction. Fewer than 2 of those hours focus on contraception and prevention of sexually transmitted diseases.
- One-third of states do not require or encourage schools to teach pregnancy prevention—six states actually prohibit teachers from talking at all about contraceptive use by unmarried minors.

"Let's Get Serious about Ending Teen Childbearing," series of advertisements, Planned Parenthood of New York City, Inc., 1995.

them only if they conform to the parents' rules; some parents have difficulty listening to and communicating with their children.

- Sex education programs, parent and teen family therapy, and counseling should be provided to help teenagers and parents talk with each other. This would help not only to resolve dilemmas caused by an unintended pregnancy, but also to reduce the incidence of unintended pregnancies among teenagers.

FURTHER READING

Ronald Dworkin. *Life's Dominion: An Argument about Abortion, Euthanasia, and Individual Freedom*. New York: Knopf, 1993.

Roger Rosenblatt. *Life Itself: Abortion in the American Mind*. New York: Random House, 1992.

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**RESOURCES ON VALUES
AND CULTURE**

Divider Title: _____

Ending the Abortion War, A Modest Proposal

THE CHRISTIAN CENTURY
FEBRUARY 21, 1990

BY FRANCES KISSLING

As we enter the 1990s with modest hopes for world peace, a particularly bitter and seemingly intractable domestic war continues unabated. The U.S. Supreme Court decision in *Webster v. Reproductive Health Services* has mobilized armies of supporters and opponents of legal abortion.

Explicitly, the court let stand a provision of a Missouri law that required testing to determine fetal viability in pregnancies of 20 weeks duration and longer (it should be noted that no such tests exist). The court further curtailed poor women's ability to choose abortion by substantially expanding its prior rulings on public funding. It ruled that states are free to prohibit abortions at any health-care facility that receives any public funding. Even private doctors who perform abortions on private patients with private funds will be affected by the ruling if their admission privileges happen to be at a hospital that receives public money or has contractual arrangements with state or local governments.

In a move troubling to most religious groups, the court also let stand the preamble to the Missouri law, which declared that life begins at conception, saying that the preamble represented a permissible value judgment by the state that would have no effect on the legality of abortion.

Implicitly, the five-justice plurality opinion warned that the court would no longer apply strict scrutiny to limitations on a woman's right to choose abortion. No longer would legislatures or regulatory bodies need to show a compelling state interest in order to intervene in women's decisions. The decision was

interpreted by those who favor and those who oppose legal abortion as an open invitation to state legislatures to enact restrictive legislation designed to test further and possibly overturn *Roe*.

Both sides responded aggressively and passionately. Faye Wattleton, president of the Planned Parenthood Federation of America, declared, "Make no mistake about it. This is war." Kate Michelman, director of the National Abortion Rights Action League, told elected officials, "Take our rights, lose your jobs." Randall Terry, leader of the controversial Operation Rescue, said: "We're calling on thousands of pro-life Americans to peacefully blockade these killing centers with their bodies to prevent children from dying and we will launch an equal force against state legislatures to chip away at *Roe*." (By quoting Terry alongside Wattleton and Michelman, I do not mean to imply any philosophical or strategic equivalence in their viewpoints or actions. It is simply that these were the voices most frequently heard and quoted in the last half of 1989.)

By any reasonable measure, so far, my side, the side that favors legal abortion, is winning the war. On the electoral front, not only have candidates like Governor Douglas Wilder (Virginia) and Governor James Florio (New Jersey) made their pro-choice positions central to a winning strategy, but politicians considered prolife are defecting to the pro-choice camp daily.

Perhaps more significant—and substantial—is that pro-choicers have partially shifted the terms of the debate from the question of whose rights will prevail, the woman's or the fetus's, to who will decide, women or the government. This is not to say that questions of

rights or of the moral value of fetal life are insignificant in evaluating the act of abortion. However, to claim that the central conflict in the debate is between women and fetuses incorrectly and unfortunately casts a woman as the adversary of the fetus and in no way acknowledges her role as moral agent. Moreover, in light of the growing attempt to subordinate individual rights to a somewhat undefined "community," even opponents of legal abortion should exercise caution in making rights arguments paramount. In framing the question "who decides?" NARAL has moved subtly from the concept of "choice," a principle that has come to be seen as related to the trivial or selfish, to the concept of "decision making," which implies greater seriousness and complexity.

Webster's threat to legal abortion has also significantly increased the number of organizations, generally liberal to progressive, adding abortion to their portfolio of issues. The pro-choice coalition is bigger, stronger, more cohesive and better financed than ever before. It is convinced that given enough time and money it has the capacity to build the political machine necessary to win the war and preserve *Roe*.

Pro-life leaders, while stung by the losses of 1989, are equally committed to the long war and will surely win some victories in the next (or some subsequent) foray into the courts or state legislatures. The Catholic bishops have re-entered the political arena with a bang, declaring abortion—not the degradation of the planet, the economy or racism—their number one concern. Catholic legislators got a hint of the kind of political muscle the bishops are prepared to use when Bishop Leo T. Maher of San Diego announced in the midst of a special election for the California state senate that candidate Lucy Killea could no longer receive communion in the Roman Catholic Church because of her pro-choice position. Catholic legislators in Montana, Rhode Island, Washington, Connecticut and Minnesota have reported that their bishops have warned them that public pro-choice positions create "problems" for the church. With 28 professional statewide lobbying offices from Hartford to Sacramento, the bishops have a political machine capable of seriously restricting *Roe* at the state level.

How all this hardball political gamesmanship and bellicosity will contribute to sound, stable public policy on abortion remains to be seen. If the past 20 years are any model for the next 20, we can expect

abortion to remain both an issue that is ideologically shaped and a problem that is unsolved.

One would hope, however, that this new moment in the abortion debate could be seen not only as a time of crisis by those of us who are pro-choice (and I speak only to that group, having neither the right nor the interest to suggest a course of action for the opposition) but as an opportunity to examine our own beliefs in light of the signs of the times and the experience of 1-7 years of legal abortion. Perhaps it is time, as one good friend so aptly put it, for those of us who are pro-choice to "take the high dive"; that is, to resist the temptation to think and act in 30-second sound bites and engage instead in serious moral discourse on abortion.

Perhaps we need to listen to the wisdom of more than 50 percent of our population. They hold in creative tension a basic sense of fair play in wanting women, with consultation, to make the decision about abortion or childbirth and a concern for the value of fetal life and the quality of women's decisions. Only then will we be in a position to advocate public policy that respects each individual woman and expresses our concern for human life and the community at large.

Abortion is not fundamentally a political question; it deals with people's deepest, most unconscious feelings about life, the power of creation and the survival of our species. Those in the so-called "muddled middle" understand this better than those at either end of the public opinion spectrum. They understand abortion—and reproduction—as both a private and a social phenomenon. They wait for one side or the other to answer such questions as: "How will we bring new life onto this planet?" "How will we treat the rest of life?" These elements are not unconnected. Just as we challenge pro-lifers to care about more than pre-natal life, so must we challenge ourselves to talk about more than the life that is here. We must also talk with reverence of the life that is to come. Most important, this conversation cannot be viewed as a threat to the rights of women, but as an enhancement of the responsible exercise of those rights. We must not let our own justifiable fear of the opposition shape the dialogue.

Concretely, we must stop criticizing moderate pro-choice voices: public officials (like Governor Mario Cuomo) who speak of the "tragedy" of abortion; columnists (like Anna Quindlen of the New York

Times) who express concerns about late-term abortions; and theologians (like Giles Milhaven of Brown University) who speak of women's sadness after abortion. All contribute a richness of spirit to the debate that needs to be encouraged, not crushed.

Our own inability to acknowledge the tragedy of abortion makes us suspect. Our continuous talk about wanted children does not inspire confidence but fear. We live in a world where our value is increasingly equated with wealth, brilliance or success. Many rightly perceive that they are powerless and unwanted. For the powerless, the fetus is a ready symbol of their own vulnerability—a symbol exploited by right-wing leaders.

Acknowledging fetal life as valuable and as an important factor in decision making about abortion need not be linked to a specific religious doctrine. The Christian respect for life has never required the absolute protection of life. It does not require conferring personhood or rights on the fetus, nor does it suggest limiting the legal rights of women to decide whether to bring new life into the world or to have an abortion.

On the other hand, an enhanced sense of the value of fetal life should move us beyond the status quo on abortion and beyond an absolutist interpretation of the fundamental rights articulated in *Roe v. Wade*. On both principled and practical grounds, pro-choice advocates need to see *Roe* as a framework for good policy on abortion, not as a fortress against policy.

By no means should the pro-choice movement abandon, at this time, the rights framework implicit in *Roe*. Given the unrelentingly punitive, hostile approach to women in our society, we continue to need the strongest legal protection available to enable our full and equal participation in society. This includes legal control over fertility.

An equally compelling reason for maintaining a rights framework is the unprecedented assault on individual rights mounted by the Reagan administration. Individual rights for women are inseparable from individual rights for people of color. Efforts in both progressive and conservative circles (from Stanley Hauerwas to George Will) to portray individual rights as a threat to the community must be resisted. Individual rights, once they include women and people of color, are a threat not to the whole community but to the community of white men.

A theory of community that places unequal burdens on women in welcoming and respecting new life is inherently unjust and doomed to fail. That injustice is obvious in our society and while lip service is paid to sharing the burden, there is little evidence that the architects of communitarian models or their admirers are moving toward a concrete embodiment of equality and responsibility.

Individual rights cannot, however, be slavishly pursued. Even the most fundamental rights are regulated under the Constitution. Many of us support even more regulation for any number of rights, such as the right to bear arms. Pro-choice advocates—not just those whose goal is prohibition—need to explore regulations that will enhance women's decision making in a manner that respects fetal life without making protection of fetal life absolute. (At the same time, we must strongly reject policy measures whose only purpose is to limit or prohibit access to legal abortion.) We must see that such regulations, once enacted, are enforced scrupulously and noncoercively and that penalties for deliberately misinforming, coercing or unfairly influencing a woman's ability to make good decisions are promulgated and used.

Finally, all regulations need to be looked at individually and cumulatively to ensure that they do not prevent the poor or people of color from exercising their right to act as decision makers. Walter Dellinger, professor of law at Duke University, pointed out recently in the *University of Pennsylvania Law Review*:

A 48-hour waiting period, for example, may not be an 'undue burden' for affluent professional women, and a hospitalization requirement may only serve to make her abortion more expensive. But for an 18-year-old girl in the rural South, unmarried, pregnant, hoping to finish school and build a decent life, who has little or no access to transportation, a hospitalization requirement can mean an abortion that will cost nearly \$1,000 and involve a trip of hundreds of miles; a waiting period can mean two long trips and an overnight stay in a strange and distant city. For such a woman, the burden would be absolute.

While it is premature to move from a brief exposition of some of the principles needed to inform public policy initiatives on abortion to a recommendation of specific measures, the state legislative season is upon

us. Many legislators and advocates will not stop to reflect before running headlong to pass new laws. And it is important, as many rush to the “middle” on abortion, that those who seek to be consensus builders or compromisers be held to a high standard of specificity. What do we think policy on abortion should be? Are we really listening to the middle or simply attempting to co-opt it?

Here, then, are some immediate guidelines and specific elements of a sound, stable public policy that can be implemented now and contribute to a balanced, long-term approach to the issue.

First, abortion laws need to acknowledge women’s right—and need—to make reproductive health decisions free from coercion, as well as both women’s and society’s responsibility to create conditions for women to bring life into the world.

Either in the body of the law or by reference to other existing legislation, the community’s reverence for life should be expressed in support of social and economic programs for children and families. A good model for this can be found in the legislative program of the Children’s Defense Fund.

The balance between women’s rights and reverence for life is best expressed by making resources available to assist women in good decision making and in preventing pregnancy. We should advocate a series of initiatives that signal government *involvement* as opposed to *intervention*. Among them: funding for voluntary nondirective, comprehensive and confidential counseling services for women and their partners who are contemplating abortion (no funds should be made available to groups that favor one decision over the other or that preclude any legal option from the range of choices offered); funding for more measures designed to prevent pregnancy, including contraceptive research and testing as well as contraceptive education and services; and equitably distributing funds for adoption, abortion, childbearing and child rearing.

These funding proposals represent a major shift in policy and would be a significant compromise for both sides of the debate. Pro-choice advocates will need to accept greater government involvement as an expression of community consensus; in turn, the community, through the government, will need to back up its involvement with resources.

Among the particularly thorny issues confronting legislatures this year are requirements for parental consent for minors’ abortions, prohibitions on gender selection and postviability abortions, and so-called informed consent statutes. Critical to the pro-choice movement’s ability to forge consensus on the general question of legal abortion will be its ability to respond rationally and concretely to these issues. Up to now, a fundamental rights approach and our fear of the “slippery slope” has led us to reject outright all regulation in these areas. But a blanket No is simply not a sufficient response to these complex questions.

In the case of parental consent requirements, we need to acknowledge young women’s special need for adult involvement. Indeed, we want to protect teens from either coercive abortion or coercive childbearing. Form letters mailed to parents do not adequately or effectively discharge our obligation to these women. Neither does the absence of policy.

Provisions for nondirective, confidential counseling by health-care workers, ministers and other qualified professionals would enhance decision making, and a record of such counseling could be kept as part of the medical file. Statutes similar to that passed in Maine, which demand involvement by a parent—or, when that is inappropriate, an adult family member, minister, teacher or counselor—should be applauded.

While there is no evidence that some women seek abortions solely for gender selection, pro-lifers have seized on this possibility as a convenient and gruesome example of the extremes to which abortion liberty will drive us. But in fact the devaluation of women in society is the cause of gender-selection abortion. The few reports of abortion in which gender was a factor point to those communities, primarily Asian and African, where male children are still considered a necessity. Indeed, in Africa a woman is called infertile if she does not produce boys, while some Asian wives are abused and abandoned. As odious as I would find the practice of gender selection even in these hard cases, I would be loathe to take responsibility for any prohibition that could cost these women dearly.

However, the notion that women would seek abortions in the mid to late second trimester because the nursery is painted blue or hubby’s family has had firstborn boys for generations is ludicrous. It really

deserves no response. It also deserves no defense. I would seek no laws to prevent that which does not happen, but I would not oppose such laws. This is an area for self-regulation, and one hopes that responsible providers of abortion would decline their services in such cases.

In a similar vein, I think the question of postviability abortions is of little practical significance and of enormous symbolic importance. In practice, it is extremely difficult to find a physician who will perform such abortions unless there is a serious, physical, life-threatening condition for the woman or the fetus is diagnosed with profound abnormalities. There is no evidence that the right to such abortions is necessary for women's well-being or full participation in society. These facts, combined with the growing sense that fetal life deserves increasing respect as it develops should lead pro-choice advocates to accept legislation limiting postviability abortions to life-threatening or disabling cases.

Another frequently cited set of regulations on abortions are those requiring "informed consent." Up to now, the court has struck down such measures. In the post-Webster climate they will once again be raised. Without exception, all past informed consent laws were drafted by opponents of legal abortion—not to assist in good decision making but to prevent abortion. The information mandated was often biased, inaccurate and simplistic: "life begins at conception," "the heart beats at eight weeks," "abortion is dangerous and will make you sterile." Nondirective counseling is far more appropriate and respectful of women's capacity to make good decisions than existing informed consent approaches. Moreover, I cannot stress too strongly my belief that if the government is to be involved in the process of women's decision making, those who are entrusted with helping women need to be held to the highest standard of care.

For those whose interest is in outlawing abortion, the rather modest shift in both laws and values set forth here offers little. In the short run, these policy measures will not reduce the current number of abortions, which is troubling. It is important, however, that we not reduce abortion policy and values to a numbers game. The goal of caring people—eliminating all abortions—will require a radical transformation of society. We should focus our efforts on correcting the disease, not the symptom.

Fatherhood Is Not About Rights

CONSCIENCE
JULY/AUGUST 1988

BY frances kissing

Almost every "objective" article about abortion starts with the by-now commonplace assertion that no area of public debate has aroused as much passion or has been as divisive as the question of abortion. Where passion is concerned, this is as it should be. For our beliefs about human reproduction may say more about our sense of self, of relationships, of community, and of the future, than any other beliefs we hold.

After all, where would we all be had not a woman with at least the biological, if not the relational support and commitment of a man, taken the great leap of faith and chosen to bring us into the world? Is this not worthy of a bit of passion?

But passion unexamined, uncontrolled and unfulfilled can turn to rage. The most recent manifestation of this rage can be seen in the spate of lawsuits brought by men who have impregnated, or claim to have impregnated, women who have chosen to have abortions. Seven of these suits have surfaced since March of this year.

These men are united in claiming the "right" to be fathers. They further claim that this right outweighs the woman's right to decide not to be pregnant or to bear a child. So strongly do these men believe in this "right" that they are prepared to use the force of law to compel the women to carry the pregnancy to term. Almost all seek custody of the child once born.

The extremity and harshness of such a position exposes not only the men's rage but also their sense of powerlessness in the face of either the desire to father or the need to control the behavior of their sexual partners. One can certainly sympathize with what is best in men's longing for fatherhood: the desire to be part of the task of continuing our species, to celebrate life and the goodness of creation, to be open to the unknown, to give of oneself to another and to give that other to the world.

But one must reject—and reject strongly—the attempt to do this under the guise of rights and through legal coercion. Surprisingly, the courts and the media have treated the claim of fathers' rights as if it were a new phenomenon rather than the repackaging of an old and long discarded social and legal construct.

Throughout much of history, law has accepted and reinforced the theory of "father right." In Augustus' Rome, the law acknowledged the *patria potestas*, the power of the father over life and death of the members of the household. Men's rights extended to control of their wives' behavior and property, including the right to use and dispose of it at will, as well as to complete control over the children and childrearing decisions. Women who defied their husbands were often threatened not just with divorce and destitution but also with the loss of their children.

Remnants of father-right remain in many fundamentalist cultures. For example, in Islamic societies women cannot even travel with their children without the written permission of their husbands.

It is only recently that father-right has been replaced by the concept of human rights. The men who go to court today take advantage—consciously or unconsciously—of the lack of full recognition that women's rights are also human rights. They seek to return to that time, simpler for them, when men were not only the fathers of their children but of their wives as well.

We now understand, however, that neither women nor children can be treated as commodities. It is that principle that the law must affirm as a right. Even the Vatican, not known for its staunch support of women's rights, implicitly recognized this in its Instruction on Respect for Human Life (March 1987) when it baldly asserted that there is no right to children.

Most importantly, we need to understand that fatherhood is far more than a question of rights. Fatherhood is about relationship and responsibility. It's about human limitation and vulnerability. It's about love and mystery. The last thing fatherhood is about is rights.

Frances Kissling is the president of Catholics for a Free Choice.

Second in a series of six

Let's Get Serious About Ending Teen Childbearing

Teach Girls to Take Charge of Their Futures

Girls in America are facing tremendous pressure to please everyone but themselves: pressure from peers and the media to be sexually active too soon; pressure from boys and older men into having sex against their will; pressure from parents to abstain; and pressure from politicians who want to reform welfare on the backs of teen mothers. With so many conflicting messages, but so few real facts, girls find it difficult to take charge of their lives. It's no wonder half a million girls a year have children while still children themselves.

Girls need our help, not more harassment about what they should or shouldn't do. If we want to end teen childbearing in America, we must replace the pressures on girls with patience and guidance and give them the clear information and concrete services they can use to make their own decisions.

Education is Key

The first step is comprehensive sex education on how to resist sexual pressures and prevent pregnancy and disease. While 90% of parents say they want this for their children and almost half of 15-19 year olds



I got real brave and told him, it's my future. He laughed. But I meant it.

say they need more accurate information, the facts show that:

- One third of 15-year-old girls say neither parent has talked with them about how pregnancy occurs; half say a parent has never discussed birth control or STDs.
- The average high school offers only 6.5 hours a year on sex education, out of over 1000 hours of instruction. Fewer than 2 of these hours focus on contraception and prevention of STDs.

Services are Essential

Girls cannot protect themselves from premature parenthood or disease without full reproductive health care. Politicians are blaming girls for having children while curtailing girls' options:

- Federal family planning programs were cut 66% from 1980 to 1990.

Politicians are making it particularly hard for already pregnant teens, forcing girls into a future they may not want.

- 83% of all U.S. counties have no abortion services at all.

Pressures on girls will mount unless we quickly face up to the realities of their lives and give them consistent and continuous support. The most successful programs providing education and services have community involvement from parents, schools, religious institutions, community leaders, and the media.

Girls need and deserve the information to make up their own minds and the services necessary to exercise their choices. Ending teen childbearing begins with teaching girls that they, and they alone, are in charge of their futures.

Planned Parenthood believes in the three R's...

Respect for young people struggling with decisions about sexual relations, and respect for reproductive choice.

Responsibility of adults to teach young people to delay childbirth until they're ready and the responsibility of young people towards each other.

Reproductive Rights for all people, with universal access to reproductive health care information and services, including contraception and safe abortion.



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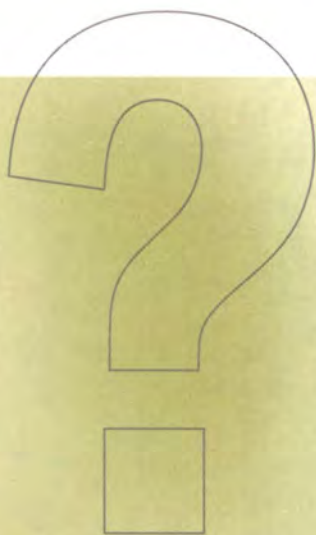
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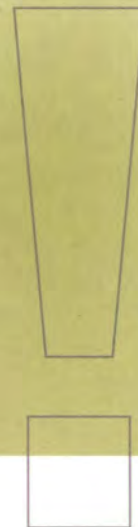
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CATHOLICISM

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CATHOLICISM



If you are Catholic, or are talking about Catholics who support legal abortion, or are debating a Catholic whose opposition to abortion is based largely on the church's position, there is a certain line of argumentation that is helpful, and we offer some guidelines here. This is an area where the speaker who is not well versed in theology—and not many of us are—can easily get cornered and not know how to get out. This section, of course, will not make you an expert, and it's wise to remember not to go into territory you are not sure of.

In addition, it is important to keep in mind that there is a place in public discourse for religion and religious views. And just as we want our adversaries

**there is a place in public discourse
for religion and religious views.**

to do, we deal with those who disagree with us on the merits of their arguments. We counter religious adversaries and religious viewpoints not with deference, but with respect.

question: How can you oppose church teachings and still call yourself a Catholic? If you're not going to follow church teachings, why don't you just admit you're not Catholic and leave the church?

response:

- Why do you want to make the church smaller? Why can't you accept diversity?
- The fact that I don't agree with the pope doesn't nullify my Catholicism. It's my church too. I was baptized a Catholic, raised a Catholic, remain a Catholic, and will continue to be Catholic unless I decide to join another faith.
- The fact is, you might wish that those of us who disagree with current teachings would leave the church, because sometimes it's uncomfortable to live with disagreement. But the church is like a family. I have disagreements with my brothers and sisters, and at times we argue among ourselves, but we are still family. In families as in the church, we don't all have to have the same opinions on everything—let's not confuse unity with uniformity. As

**if all catholics who disagreed
with church positions on
moral matters were to leave,
the resulting church would
be very small.**

one theologian has said, Catholicism is characterized by unity in diversity. In fact, if all Catholics

FACTS: CATHOLIC TEACHINGS AND CATHOLICS' BELIEFS

- Even among US Catholics who attend church each week, most reject the bishops' position that abortion should be illegal in all circumstances:

- 31% say it should be legal either in "many" or in "all" cases;
- 45% say it should be legal in rare circumstances; and
- only 22% say it should be illegal in all circumstances.

Gallup Survey for Catholics Speak Out: 802 Catholics, May 1992, margin of error $\pm 4\%$.

- Lay Catholic support for a range of church teachings is weak in the United States. A 1993 study proves this even among the most committed Catholics, defined in the study as those who attend church at least once a week, see the church as one of the most important influences in their lives, and say they will never leave it. These committed Catholics were asked whether moral authority on various questions rests with church leaders alone, with individuals acting on their consciences, or with church leaders and individuals together:

- on contraception, only 23% said church leaders alone;
- on divorce and remarriage, only 35% said church leaders alone; and
- on abortion, only 35% said church leaders alone.

- Catholics who were less committed to the church voiced even less support for leaving moral authority to church leaders alone.

William V. D'Antonio et al., *Laity, American and Catholic* (Kansas City, MO: Sheed & Ward, 1996), Chapter 8.

- 78% of Catholics in Ireland say they follow their own consciences in making moral decisions.

MRBI survey for the Irish Times, Dec. 5-6, 1996, of 1,000 people, margin of error $\pm 3\%$.

- Catholic women around the world have used methods of contraception that are forbidden by current teaching. For example:

- 64% of Catholic women in Botswana (1988 sampling);
- 25% in Burkina Faso (1992-93);
- 22% in Cameroon (1991);
- 31% in Ghana (1993);
- 41% in Liberia (1986);
- 35% in Namibia (1992);
- 11% in Nigeria (1990);
- 18% in Togo (1988);
- 24% in Zambia (1992);
- 41% in Paraguay (1990); and
- 64% in Trinidad and Tobago (1987).

For Catholic women who were or ever had been married, the figures were:

- 61% in Indonesia (1994);
- 28% in the Philippines (1993); and
- 49% in Sri Lanka (1987).

Demographic and Health Surveys, an ongoing, multinational comparative project funded by the US government, conducted by Macro International, Calverton, MD.

who disagreed with church positions on moral matters were to leave, the resulting church would be very small.

- It is not up to anyone else to determine where I stand in regard to my faith—that's between me and God.
- It is quite possible to disagree with the church and remain within it. There is a long tradition of dissent in the church, and many Catholics—including theologians, nuns, priests, and a large number of lay persons—disagree with church positions on a range of topics, including reproductive health

issues like contraception and abortion. And the church does change. Church teaching did not always condemn slavery, for example, as it does today. In the 1960s, the pope convened a commission to review the teaching on contraception, given new knowledge on that subject. Unfortunately, the teaching was not changed. But the very fact that a commission was created and a discussion took place demonstrates that change is possible.

Assertion: You are anti-Catholic. You want to destroy the church.

response:

- No, I want to *change* the church. I care enough about the church to remain in it and try to change it. I am part of the church and it is part of me.
- Criticizing the church for its positions is not anti-Catholicism, which is a form of bigotry that has no place in respectable debate. However, when the church works in the public policy arena, which it does and has every right to do, its positions should be subject to the same scrutiny and analysis as every other position. And when anyone, even a bishop or the pope, makes a public statement, his posi-

tions are open to appraisal and reaction—even, of course, disagreement.

QUESTION: The church teaches that abortion is murder, so how can you say it should be legal?

response:

- “Murder” is a loaded word, and frankly it is not the right word in relation to abortion. The term murder in both church and society is used to describe the *unjustified* taking of the life of a person. Even in Catholic theology, the word murder is not used in connection to abortion. The church says that it

FACTS: CATHOLIC TEACHING ON ABORTION

- Catholic teaching says that “direct abortion,” even to save the life of the pregnant woman, is always a grave evil. “Indirect abortion” is permitted. This very narrow exception permits abortions that are an unintended result of curing a condition which, untreated, would kill the woman. For example, if a pregnant woman has uterine cancer and removing the uterus would save her life, the procedure would be permitted even though it would end the pregnancy. On the other hand, if the pregnant woman has a heart condition that would be fatal if she were to carry the pregnancy to term, having an abortion to save her life would be forbidden.

For more information see Daniel Callahan, *Abortion: Law, Choice, and Morality* (New York: Macmillan Publishing, 1970), pp. 422-26; John T. Noonan, Jr., “An Almost Absolute Value in History,” in John T. Noonan, Jr., ed., *The Morality of Abortion: Legal and Historical Perspectives* (Cambridge, MA: Harvard University Press, 1970), pp. 46-50.

- There is no Catholic teaching on when the fetus attains personhood, that is, becomes a human person with a soul. In its 1974 “Declaration on Procured Abortion,” the Vatican noted that there is no definitive Catholic position on “when the spiritual soul is infused” into a developing embryo or fetus: “There is not a unanimous tradition on this point and authors are as yet in disagreement,” the Vatican wrote. In the early church, theologians said the soul was infused at 40 days for boys and 80 days for girls. Abortion of a fetus that was not yet ensouled was prohibited, but this prohibition stemmed from the church’s teaching on sexuality: sex was permitted only between married partners, and its purpose was procreation. Although the church today recognizes an additional function of

sexuality—bringing a couple together—it still insists that the couple must always be open to procreation. Thus both contraception and abortion are forbidden.

For more information see Vatican Congregation for the Doctrine of the Faith, *Declaration on Procured Abortion*, 1974, footnote 19; Pope Paul VI, *Humanae Vitae/On the Regulation of Birth* (encyclical), July 25, 1968; Daniel Callahan, *Abortion: Law, Choice, and Morality* (New York: Macmillan Publishing, 1970), pp. 410-16; John T. Noonan, Jr., *Contraception: A History of Its Treatment by the Catholic Theologians and Canonists*, enlarged ed. (Cambridge, MA: Harvard Univ. Press, 1986).

- Antiabortion rhetoric often is intentionally misleading shorthand for teaching that is much more nuanced than some Catholic leaders let on. Only when pressed do some church officials acknowledge any complexity. In the United States, for example, two archbishops testified before Congress in 1981 in favor of a proposed Human Life Amendment to the Constitution. Again and again, Senator Patrick Leahy asked them whether church law equates abortion with murder—as antiabortion rhetoric sometimes does. Each time, the prelates dodged the question. Leahy persisted. Finally, Archbishop John Roach suggested it would be inappropriate for church leaders to say whether abortion is murder: “I think that our function is to continue to speak in terms of the taking of human life. It seems to me that it is someone else’s—either the courts’ or the Congress’s—function to define or to say what the taking of human life is as it applies to law.”

For more information see Catholics for a Free Choice, *Rhetoric of Violence* (Washington: CFFC, 1995); hearing before the subcommittee on the Constitution, US Senate Judiciary Committee, Nov. 5, 1991 (US Senate

is not able to define when a fetus becomes a person. And in church teachings there are exceptions to the principle of not killing that allow the taking of life in certain circumstances. For example, there are circumstances under which the use of military force is moral.

- Within the disciplines of religion, science, and medicine, there are diverse opinions about when the fetus actually becomes a human person equal in value to, and with the same claims as, born persons. The Catholic position is that abortion is wrong, but other faith groups have different positions. Even if you are convinced that abortion takes the life of a person, you have a responsibility to respect the views of other religions.
- Using inflammatory language does not serve anyone well. It is extremely disrespectful of women who choose abortion to call them murderers—even implicitly. And it might be dangerous. If an unstable person hears a church official calling abortion murder or even equating abortion with the Holocaust, he or she might feel justified in using violence to try to prevent abortions from happening. This kind of violence unfortunately has already occurred in the United States many times—clinics have been burned and vandalized, and doctors and others have been shot and killed.

Assertion: Catholics who practice their faith agree with the institution's positions. Practicing Catholics don't pick and choose which teachings they want to adhere to.

response:

- In fact, many church-going Catholics do just that. They use the *conscience* which God gave them and which the church says they must follow. Many do not agree with every moral teaching of the church.
- This may be a question of the chicken and the egg: which came first, Catholics' view that abortion can be moral or their low attendance at church? The hierarchy's positions on reproductive issues could be one of the central reasons that many people feel alienated from the church and so don't go to Mass every Sunday.
- The question is, what defines a Catholic? The sacraments are part of a Catholic's life, but there is much more, some of which is subjective, spiritual, and immeasurable. In the end, we cannot judge

each other's faith, religious devotion, or Catholicity. It is extremely disrespectful for you to suggest that I might not be Catholic, even if you think that I am a bad Catholic.

FACTS: CATHOLIC MASS ATTENDANCE

- In the United States in 1963, 71% of Catholics surveyed attended Mass at least weekly. In 1972, the figure had dropped to 55%. In 1990, to 41%. Church attendance among the young has been dropping much faster.

Pierre Hegy, "The End of American Catholicism?—Another Look," *America*, May 1, 1993 (citing the General Social Surveys of the University of Chicago).

- In Chile, only 10% of Catholics attend Mass on a regular basis.

"Una Voz Que Pierde..." *La Nación*, April 10, 1994 (on studies cited by Chile's bishops).

- In Brazil, while 79% of those polled in 1989 were educated in the Catholic religion or belonged to Catholic families, only 59% professed Catholicism, and only 32% had attended a Catholic rite within the previous month. The corresponding figures were lower for younger Catholics.

Communicado Mensal (bulletin of the Brazilian bishops), April 30, 1989 (citing Gallup data).

- In France, only 13% of those baptized Catholic regularly attend Mass, according to the French bishops.

William Kole, "French Greet Pope with Apathy," *Associated Press*, Sept. 4, 1996.

- In Germany, less than 20% of Catholics go to church regularly.

Kevin Liffey, "German Catholics Launch Petition on Reform," *Reuters*, Sept. 15, 1995.

- In Ireland, just 61% of Catholic teenagers surveyed attend Mass weekly. In some urban areas, weekly attendance has dropped to 10%.

Patsy McGarry, "Survey finds 61%..." *Irish Times*, April 19, 1997 (citing survey by the Redemptorist publication *Reality*).

- 90% of Poles say they are Catholic, but only 50% of Poles attend Mass, according to church figures.

Monika Scislowska, "Church Adjusts to Polish Government," *Associated Press*, Oct. 29, 1996.

Question: How often do you go to church?
If you don't attend church regularly you are not a Catholic.

Response:

- Rather than getting personal, I prefer that we concentrate on the issues—not on me and not on you. I am, however, a Catholic in good standing, and my views and behavior are well within mainstream thought within the church. I'd be happy to share some information about Catholic church attendance. A 1993 US study showed that even among the most committed Catholics—those who attend church at least once a week, for whom the church is one of the most important influences in their lives, and who say they will never leave the church—barely one in three say church leaders alone have the moral authority to judge the morality of abortion.
- I suppose you want to know about my church attendance because you presume the frequency is correlated with the level of my faith or my commitment. But if I answered "every day," would that make my views more or less worthy? What if I answered "never" or "seldom?" Going to church more often does not make me more Catholic, nor does it make my views more valid. It should not be surprising that Catholics who disagree with church leaders' views on sexual and reproductive matters would be less likely to attend Mass frequently. The pope has made these issues central to Catholicism today, and those of us who have different views are not made to feel welcome, even at Mass.

Assertion: You should be excommunicated.

Response:

- I always wonder why some people think excommunication is the way to deal with difference. It is better for the church to be inclusive than to try to stamp out all disagreement. It tried to rid itself of diverse opinions once in its history—remember the Inquisition?
- Believing that abortion should be legal or that it can be moral is not an excommunicable offense. Excommunication is a drastic penalty that the church wisely uses only rarely. No church official has ever contacted me and threatened or even mentioned excommunication.

FACTS: EXCOMMUNICATION

Most canon law experts agree that excommunication as a penalty for those disagreeing with the church's moral or policy positions on abortion is unlikely and probably would be unlawful.

- Canon law does say that a person who procures an abortion incurs a *latae sententiae* (automatic) excommunication. It is important to note, though, that the law provides a significant number of possible excusing causes. Excepted are women under seventeen, those ignorant of the penalty, those under duress, those who are in fear, "even only relative," those acting in self-defense, and those "who acted without full imputability."

Code of Canon Law, Canons 1323-1324; Father James Coriden, *The Jurist*, 1986, p.655.

**believing that abortion
should be legal or that
it can be moral is not an
excommunicable offense.**

Assertion: Anyone who has an abortion automatically excommunicates herself.

Response:

- To be excommunicated automatically, one has to believe in her heart of hearts that she has sinned. If she has examined her conscience and believes that she has done the right thing in her case, she has not sinned and so is not excommunicated.

Assertion: The church is not a democracy.

Response:

- Jesus was profoundly democratic. He was open and encouraging to all people, even those whom society had rejected.
- I have to wonder why you state that so proudly. I think the church would benefit from a more democratic approach which would include listening to its members as it shapes policies and positions, instead of making every decision in the confines of the Vatican—with its overwhelmingly male, celibate citi-

zenry. The church is, after all, not only the pope and the bishops but also theologians, nuns, priests, and *one billion* lay persons.

- Of course the church should not change teachings solely to conform to public opinion; no one is suggesting that. In the area of sexuality and reproduction, however, the church's inflexibility has made it irrelevant to many people, who now look elsewhere for moral guidance. Tragically, the church has lost its moral authority on these issues. No one can find credible and worthy an authority which insists that, for instance, the use of condoms is always immoral, even for a married couple in which one partner has HIV or AIDS. Or that direct abortion in every single situation is always wrong.
- If the church is not a democracy, what is it—a corporation that can fire people for insubordination?

FURTHER READING

Daniel Callahan. *Abortion: Law, Choice, and Morality*. New York: Macmillan Publishing, 1970.

Patricia Beattie Jung and Thomas A. Shannon, editors. *Abortion and Catholicism: The American Debate*. New York: Crossroad, 1988.

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RESOURCES ON CATHOLICISM

Divider Title: _____

Opposition To Legal Abortion: Challenges and Questions

PLANNED PARENTHOOD CHALLENGES 1993/1

BY Frances Kissling

The debate between those who favour legal abortion and those who are opposed to it has become extremely polarized. A dialogue between the two positions has become almost impossible. Yet this dialogue is badly needed, because women with unwanted pregnancies are torn between these opposing views and left in despair. What are the main arguments against a free choice for women, particularly as these are voiced by the Roman Catholic Church? And what counter arguments can be advanced against them?

The majority of people—from Poland to Mexico to the Philippines—are of two minds about abortion. They are often both pro-choice and pro-life; they believe abortion should be legal, but they are concerned that it may not be moral. They want it to be the last, not the first, resort.

If those of us who are in favour of legal abortion are to be successful in winning the support of this vast middle ground we must begin to take seriously, and respond intelligently to, the arguments made by those who are opposed to abortion.

The most long-standing, vocal and active opponent of legal abortion is the Roman Catholic Church. While some fundamentalist Protestant groups and elements within the Islamic community have joined in opposition to legal abortion, the Catholic hierarchy's opposition is the best known and most frequently cited. Church leaders raise serious issues that deserve respectful and serious response.

1. INSTINCTIVE RESPECT FOR UNBORN LIFE

The first and foundational claim of Catholic bishops and some lay people opposed to legal abortion is that their position is not based in Catholic teaching, rather it is the expression of a universal moral sentiment in favour of life. All right thinking people, they say, instinctively know that abortion is the unjustifiable destruction of human life.

This argument could be said to ignore, if not disrespect, the religious and ethical values of other faith groups. Most of the world's religions—the various Protestant denominations, Islam, Hinduism and Buddhism—believe that abortion, while a serious moral issue, is permitted under certain circumstances and should be legally available. Are Catholic leaders saying that these religions and their leaders are out of touch with universal moral values? Catholic writings in opposition to abortion are strangely silent on how we can legally mediate the differences in religious views on abortion; on the kind of laws that would respect both the views of those opposed to and those in favour of legal abortion.

They also ignore the views of Catholic people themselves. Polls taken in Poland, Italy, the United States and Mexico all show that the majority of Catholics believe that abortion should be legal and that one can be a good Catholic and disagree with the hierarchy of the Church on this issue. These views are held by Catholics in spite of the frequent and vehement expression of anti-abortion sentiments by Church leaders. Are they claiming that the majority of the Catholic people are out of touch with universal moral truths and values?

2. ABORTION IS MURDER

A second set of claims by Church leaders focuses on the status of the fetus. The language used in popular discourse about abortion would lead people to believe that the Catholic Church teaches that the fetus is a person from the moment of conception and that abortion constitutes the murder of a human being.

In fact, this is not the teaching of the Church. Catholic theology, like science, law and philosophy, has been unable to determine when the fetus becomes a person. As recently as 1974, the Vatican Congregation for the Doctrine of the Faith issued a definitive paper on abortion. While it condemned all abortions as immoral, it admitted that Church teaching is neither definitive nor unchanging on this subject. Theologians have disagreed from the beginning of Church history up to our time on when in pregnancy the fetus becomes a person. While the Church has favoured different opinions on this subject at different times in history, none has ever become a doctrine of the Church.

Church practice has historically treated the fetus as less than a person. Catholic nurses and doctors were until recently forbidden to baptize miscarried or aborted products of conception unless in advanced stages of pregnancy. There were no funerals for miscarried fetuses or for stillborns. While these were considered tragic losses, they were not considered persons in Church practice.

3. DO NOT TAKE A MORAL RISK

What the Church actually teaches is that since we do not know when the fetus becomes a person we dare not take the risk that it might be a person. Therefore, we must treat its potential for personhood as equal to the pregnant woman's actual personhood.

Women have responded to this position with pain. It says that they are of no more value than the early embryo. At the theological level this view is also problematic. Historically, the Church has held that where it is unable to speak definitively, the right to decide is reserved to the conscience of the individual. For example, the Church does not absolutely forbid the taking of life in war. Guidelines include the taking of life in self-defence, to protect one's borders and

national integrity and to preserve values greater than life itself (such as religious and political freedom). Church teaching acknowledges that men (sic) of goodwill may disagree on when and whether a war is justified. Yet women of goodwill are not given any guidelines. All abortions, even those to protect our lives, to preserve the well-being of our existing children or to enable us to contribute to the well-being of our community and planet, are forbidden.

Lack of confidence in women

Parents are accorded more moral latitude in making decisions about their children's lives than are pregnant women. For example, there is no moral obligation on mothers or fathers to donate an organ to their own child, even if that organ is required to save the life of the child. Parents are free to weigh the medical risk to their own life and the risks to their ability to care for the family.

As one looks closely at these and other contradictions in Roman Catholic teaching and policy on life issues that affect men as opposed to those that affect women, it becomes increasingly obvious that a lack of confidence in women as moral actors and dated views of women's nature and role are more responsible for Church opposition to legal abortion than is any concern for protecting fetal life.

Male irresponsibility

Given this knowledge, it is surprising that the latest addition to the anti-abortion rhetoric is a philosophy called 'pro-life feminism'. While this small movement was established in the United States, its positions are articulated by men as well as women in many countries of the world. Advocates of pro-life feminism claim that legal abortion "lets men—and society—off the hook". Women, they believe, are encouraged to have abortion so that men can avoid their responsibility to support their children and society can avoid its financial responsibility to women and children.

While there is no doubt that governments need to do much more to care for women and children, there is no evidence that countries where abortion is illegal have taken any greater responsibility for women and children than those where abortion is legal. Examples of the opposite abound. In Poland, where abortion has just been made illegal, there have been dramatic cuts in health care and child care. Cuba, the only Latin American country where abortion has been legal, has enjoyed one of the most extensive

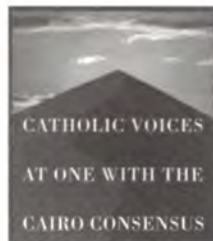
programmes of government support for women, children and families. The Scandinavian countries are another example of a high commitment to women's and children's well-being coupled with readily available and legal abortion services.

Feminists for Life also claim that abortion is a violent solution to the problem of an unwanted pregnancy. Yet women face violence in so many areas of their lives. Is it not violent when a woman is forced to give up a child in adoption merely because she cannot afford to care adequately for it? Is it not violent when women are forced to continue pregnancies that are the result of rape as currently in Bosnia?

create better conditions for reproductive choice

There are no easy answers to the many questions and dilemmas associated with both childbearing and with abortion. When each side in the debate finishes making its case, ordinary men and women are still left with the practical task of deciding what is the right decision in their case. Perhaps the best we can do is to respect the right of these individuals to weigh the many competing claims and values that are at stake in each pregnancy, while we work to create the social and economic conditions that make reproductive choice meaningful and safe.

Frances Kissling is President of Catholics for a Free Choice.



Abortion and Catholic Thought Through History

Most people believe that the Catholic church's position on abortion has remained unchanged for 2000 years. Not true. Church teaching on abortion has varied continually over the course of its history. There has been no *unanimous* opinion on abortion at any one time. While there has been constant and general agreement that abortion is almost always evil and sinful, the church has had difficulty in defining the nature of that evil. Church hierarchy has consistently opposed abortion as evidence of sexual sin, but they have not always seen early abortion as an act of homicide. Though not commonly known, the "right to life" argument is a relatively recent development in church teachings. The debate continues today.

Also contrary to popular belief, the prohibition of abortion is not governed by claims of papal infallibility. This fact leaves much more room for discussion on abortion than is usually thought, with opinion among theologians and the laity differing widely. In any case, Catholics may follow their own conscience on moral matters even when it is in conflict with hierarchical views. The current pope's attempt to make his position on abortion the defining one at the ICPD in Cairo is only one stop on a long journey of shifting majority and minority views within the Catholic church.

In 400 AD, St. Augustine expressed the mainstream view that early abortion required penance only for the sexual aspect of the sin. Eight hundred years later, St. Thomas Aquinas agreed, saying abortion was not homicide unless the fetus was "ensouled," which he was sure took place well after conception. Church teaching that abortion is a serious sin and grounds for excommunication only became established 150 years ago.

The following brief chronology cannot do full justice to the twists and turns of theological thinking over the centuries. However, it can put the debate

on abortion within the Catholic church in a historical perspective and show the importance of continued debate and open hearts and minds.

THE FIRST SIX CHRISTIAN CENTURIES: BEFORE 600 AD

Early Christianity: Moving Away from Paganism

Pagan religions had a calm acceptance of contraception and abortion, including the use of barrier methods, coitus interruptus, and various medicines that prevented conception or caused abortion.

Early Christian leaders, to distinguish Christianity from Pagan beliefs, developed ideas about contraception and abortion, marriage for procreation and the unity of body and soul. They taught that even sex for reproduction was bad and sex for pleasure was heinous. Chastity became a virtue in its own right.

100 AD: The Debate Begins

One of the earliest church documents, the *Didache*, condemns abortion, but asks two key questions: 1) Is abortion being used to conceal the sins of fornication and adultery? and 2) Does the fetus have a rational soul from the moment of conception or does it become an "ensouled human" at a later point? This idea of "hominization"—the point at which a developing embryo becomes a human being—would become one of the cornerstones of the debate about abortion and remains unsolved even today.

Early 400s: St. Augustine Says Abortion is Not Homicide

St. Augustine (354–430) condemns abortion because it breaks the connection between the conjugal act and procreation. However, in the *Enchiridion* he says, "But who is not rather disposed to think that

CATHOLICS FOR A FREE CHOICE

unformed fetuses perish like seeds which have not fructified," clearly seeing actual human life beginning at some point after the fetus has begun to grow. He held that abortion was not an act of homicide. Most theologians of his era agreed with him.¹

The general legislative agreement at this time said abortion was a sin requiring penance if it was intended to conceal fornication and adultery.

THE MIDDLE PERIOD: 600–1500

ca. 675: Illicit Intercourse is the Greater Sin

The *Irish Canons* place the penance for "destruction of the embryo of a child in the mother's womb [at] three and one half years" while the "penance of one who has intercourse with a woman, seven years on bread and water."²

ca. 8th Century: Recognizing Women's Circumstances

In the *Penitential Ascribed by Albers to Bede*, the ideal of delayed hominization is again supported, as well as acknowledgment of women's circumstances: "A mother who kills her child before the fortieth day shall do penance for one year. If it is after the child has become alive, [she shall do penance] as a murderess. But it makes a great difference whether a poor woman does it on account of the difficulty of supporting [the child] or a harlot for the sake of concealing her wickedness."³

1140: Gratian Code Holds Abortion Not Homicide when Fetus Unformed

In 1140, Gratian compiled the first collection of canon law—the Gratian code—that was accepted as authoritative within the church. In the canon *Aliquando*, Gratian concluded that, "abortion was homicide only when the fetus was formed."⁴ If the fetus was not yet a formed human being, abortion was not homicide.

1312: Council of Vienne Confirms Aquinas On "Delayed Hominization"

The position of this council, still very influential in Catholic hierarchical teaching, confirmed the conception of man put forth by St. Thomas Aquinas. He said that the fetus is first endowed with a vegetative soul, then an animal soul, and then when the body is developed, a rational soul. This theory of "delayed hominization" is the most consistent thread throughout church history on abortion.

While St. Thomas Aquinas opposed abortion as a form of contraception and a sin against marriage, he maintained that abortion was not a sin of homicide unless the fetus is ensouled, and thus, a human being.⁵

PRE-MODERN PERIOD: 1500–1750

1588: Making the Penalty for Abortion Excommunication

Concerned about prostitution in Rome, Pope Sixtus V issued the bull *Effraenatum* (Without Restraint) and applied to contraception and abortion, at any stage of pregnancy, the penalties designated for a homicide. The prescribed penance was now excommunication. There were no exceptions for therapeutic abortion.⁶

1591: Quickly Relaxing the Rules

Only three years after Pope Sixtus V issued his *Effraenatum*, he died and Gregory XIV succeeded him. Gregory felt Sixtus's stand was too harsh and in conflict with penitential practices and theological views on ensoulment. He issued *Sedes apostolica* recommending that, "where no homicide or no animated fetus is involved, not to punish more strictly than the sacred canons or civil legislation does." This papal pronouncement lasted until 1869.⁷

1679: Denying Abortion to Pregnant Girls Facing Murder by Their Families

Abortion had consistently been considered wrong if used to conceal sexual sins. Pope Innocent XI attempted to define the "outer limits of permissible teaching" when he rejected the idea that abortion is permissible even in situations in which the parents of a girl would murder her for becoming pregnant. The church was still teaching delayed hominization, but said hominization occurred some time before the moment of birth.

THE MODERN ERA: 1750–PRESENT

1869: Requiring Excommunication for All Abortions

Pope Pius IX's *Apostolicae sedis* completely ignores the question of hominization and requires excommunication for abortion at any stage of pregnancy.⁸ He said all abortion was homicide. His statement was the first implicit endorsement of immediate hominization by the church.

1917: Excommunicating Doctors and Nurses Performing Abortions

In the *Code of Canon Law*, the first new edition of canon law since Gratian's in 1140, excommunication was required for both the woman and any others, such as doctors and nurses, who take part in an abortion.⁹

1930: Condemning Therapeutic Abortions

Pope Pius XI issued the encyclical *Casti Connubii* (Of Chaste Spouses), condemning abortion in general, and specifically in three instances: in the case of therapeutic abortion, which it is killing an innocent; in marriage to prevent offspring; and on social and eugenic grounds as practiced by some governments.¹⁰ Pius's stance on abortion continues as the hierarchical view. This document did not purport to be infallible teaching, but as an address by the pope to the bishops it carried great moral authority.

1965: Protecting the Embryo From the Moment of Conception

Vatican II, *Gaudium et Spes*, section 51 declared: "Life must be protected with the utmost care from the moment of conception; abortion and infanticide are abominable crimes." Here, abortion is now condemned on the basis of protecting life, not as a concealment of sexual sin.

1974: Arguing for the "Right to Life"

The Sacred Congregation for the Doctrine of Faith issued the "Declaration on Abortion," which argues against abortion on the grounds that "one can never claim freedom of opinion as a pretext for attacking the rights of others, most especially the right to life." The key to this position is that the fetus is human *life* from the moment of conception, if not necessarily a full human being. The church has now fully changed the terms of argument.

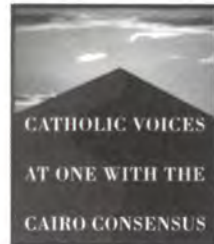
Today: Abortion Ban is Absolute

The Catholic church hierarchy of today does not permit abortion in any instance, not even in the case of rape or to save the life of a pregnant woman.

NOTES

1. St. Augustine, *De nuptiis et concupiscentia*, 15. 17. (CSEL 42.229-230).
2. John T. McNeill and Helena M. Garner, *Medieval Handbooks of Penance* (New York: Octagon books, 1974), pp. 119-120.
3. McNeill and Garner, *Medieval Handbooks of Penance*, p. 225.
4. John Noonan, ed., *The Morality of Abortion: Legal and Historical Perspectives*, (Cambridge, Mass.: Harvard University Press, 1970), p. 20.
5. Joseph F. Donceel, S.J. "Immediate Animation and Delayed Hominization," *Theological Studies*, Vols. 1 and 2, (New York and London: Columbia University Press, 1970), p. 86.
6. *Codex iuris fontes*, ed. P. Gaspari, vol. 1, (Rome, 1927), p. 308.
7. *Codex iuris fontes*, ed. P. Gaspari, pp. 330-331.
8. *Actae Sanctae Sedis*, 5. 298.
9. *Codex iuris canonici*, c. 2350.
10. (AAS 22.539-92).

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Catholics and Contraception: A Struggle for Control

"If anyone says that it is not better and more godly to live in virginity or in the unmarried state than to marry, let him be anathema." (From a declaration of the church, Council of Trent, 1545–1563)

Sincere people worldwide are baffled by the Roman Catholic prohibition of all contraceptives from condoms to pills. The hierarchy's vehement and absolute opposition to abortion would seemingly lead it to champion contraception to reduce the need for abortion. The church also accepts that population pressures exacerbate poverty and contribute to human suffering; contraceptives could help alleviate those pressures as well. Instead, some church leaders, especially Pope John Paul II, have intensified the opposition to contraception.

The above quote exalting chastity points to the reason: in a church in which all officials are male and celibate, power and control is maintained when the sexual and reproductive functions are resisted. Throughout church history, fear of women and sexuality runs deep. Sexual intercourse, Catholics are told, is not a good if engaged in for pleasure or love alone—it must carry an openness to pregnancy and childbearing. These "goals" redeem sexuality from time honored notions of evil. More importantly, these limits serve to keep distance between the priestly elite and the ordinary Catholic. They serve as a form of control over the lives of all, but most tragically of women, who bear the brunt of avoidable mortality and morbidity.

St. Augustine (354–430): Sexual Pleasure = Sin
A zealous convert after a lustful youth, Augustine dominated moral theology for more than a millennium and has recently re-emerged as a principal influence on ultraconservative theology. Augustine linked original sin, lust, and sex: he asserted that sexual pleasure was the path by which original sin was transmitted from generation to generation. Sexual intercourse, inherently tainted,

needed always to be salvaged by the pure motive of procreation; contraception was implicitly evil. Augustine strongly opposed periodic abstinence, the method today's Vatican extols.

Medieval Years: Monks Put Their Stamp On Sexuality

From Augustine's death to the twelfth century, writings on sexuality were codified by monks and monk-bishops. They gave the prohibition of contraception more of a "corporate stamp. . . ."¹ Popes and bishops, in turn, promoted monasticism and clerical celibacy to prevent the clergy from having heirs with claims to church property.

1140: First Code Says Contraception a Sin
Gratian, a monk, compiled the first collection of canon law that was accepted as authoritative within the church. It declared contraception a sin, but not a grave one.

1230–34: A Pope Calls Contraception Murder
The first papal injunction against birth control came when Pope Gregory IX, the creator of the Inquisition, compiled existing authoritative decrees into the universally binding *Decretals*. The *Decretals* condemned contraception as murder.

1588: Pope Sixtus V Adopts a Population Policy
Pope Sixtus V issued the bull *Effraenatum* (Without Restraint), which used the rhetoric of birth control as murder; the bull applied to contraception the penalties designated for homicide. The bull was directed partly against the sexual activity of the clergy and served Sixtus's crusade to eradicate adultery and prostitution in Rome. Rome had also endured the plague in 1581 and famine in 1578 and

1583, providing additional reason for Sixtus's condemnation of behavior that would restrain population growth.

Renaissance and the Counter-Reformation: Fresh Thinking

The Renaissance and Counter-Reformation brought fresh thinking and new influences to bear on Catholic ideas about marriage and sexuality. The theology of Thomas Aquinas was dominant. He had asserted that contraception violates nature's order because sex is clearly nature's way of propagating species. But he set the stage for moderate reform by saying that marital intercourse is good and therefore so is the pleasure in it. Theologians defended sex as legitimate when one used sex to pay the "marriage debt"—that is, to meet the sexual demands of one's partner.

Council of Trent (1545–1563): Religious Rivalry Rules the Day

Catholic-Protestant rivalry fueled competition for strength in numbers and, therefore, support for the prohibition of contraception. Similarly, in reaction against the Protestant rejection of clerical celibacy, Catholicism insisted that celibacy is better than sexual marriage. The bishops declared at the Council of Trent: "If anyone says that it is not better and more godly to live in virginity or in the unmarried state than to marry, let him be anathema."

Yet the church's posture toward contraception eased in two ways during the Counter-Reformation. Confessors were told to respect penitents' good faith and not interrogate them so vigorously as to "disturb" those who were ignorant of the "natural law" and unlikely to mend their ways. Also, it was deemed lawful for a wife to go along with a husband who practiced coitus interruptus.

Seventeenth Century: Reasons to Limit Births

In 1679, Innocent XI renewed the condemnation of sex for pleasure, but the condemnation was not severe. Restricting intercourse to avoid having too many children won theological approval. Poverty and the need to provide for the education of existing children were accepted as grounds to limit sexual activity, marking new approval for the idea that "economic and educational reasons were valid moral reasons for not wanting more children."²

Nineteenth Century:

The Birth Control Movement

1853: The human ovum had been discovered, and with it, scientific support of the belief that women must be infertile on some days during their menstrual cycles. In this year, the Roman Penitentiary said couples who had sex only on days they believed the wife was infertile did not need to be disturbed by confessors, if the couple had sound reasons for abstaining from sex.

The birth control movement grew through the early twentieth century. The idea that overpopulation causes famine and war gained currency. But declining birthrates threatened to weaken the church, as well as individual nations, and nationalism became an instrument of propaganda in the church's fight against the birth control movement.

Bastille Day, 1872: Contraception and War

Catholic moralists blamed France's military defeat by Prussia on waning fertility and predicted the decline and fall of an underpopulated France. In a Bastille Day speech in 1872, a Swiss cardinal told a French audience. "You have rejected God, and God has struck you. You have, by hideous calculation, made tombs instead of filling cradles with children; therefore you have wanted for soldiers."³ World War I aggravated population related fears, and an alliance of churchmen and politicians enacted laws against contraception in many countries.

Late 1800s through 1940s:

Feminism First Seen as a Threat

The birth control movement was seen as part of a broader threat to the church: feminism. Many Catholic bishops and priests tried to exert influence against women's suffrage. In 1944, the chairman of the US bishops' conference lamented "a new wave of perverted feminism that is obviously bent on turning women still more away from the home and towards extradomestic occupation." Contraception was integral to the problem; the conference considered planned parenthood a threat to the "integrity" of the home.⁴

1930: Pope Attacks "Wicked Childless Parents"

Pope Pius XI's 1930 encyclical *Casti Connubii* denounced "those wicked parents, who seek to remain childless"⁵ or who avoid childbearing "not through virtuous continence. . . but by frustrating the marriage act."⁶ "Since. . . the conjugal act is destined primarily by nature for the begetting of children, those who in exercising it deliberately

frustrate its natural power and purpose sin against nature and commit a deed which is shameful and intrinsically vicious," the document said.⁷

1951: The Church Gets Rhythm

In 1951, Pope Pius XII declared the rhythm method was available to all couples who for serious motives—including economic and social ones—wish to avoid procreation "for a long time, perhaps even for the duration of the marriage." The overriding restriction on which Pius insisted (as does John Paul II) was that rhythm not be used "habitually" for less than "grave" reasons; in fact, if a woman's health demands that she not become pregnant, she must abstain, not simply use rhythm. Abstinence is possible, Pius XII said; otherwise God would not require it.

Earlier fears of inadequate population had been translated into directives against contraception; now population pressure seems to have contributed to a reserved acceptance of a contraceptive practice that St. Augustine had damned.

1953: The Appearance of the Pill

It fell to Pius XII to respond to "the pill," which emerged in 1953. In 1958, he forbade the use of the pill if the aim is contraception. But he confirmed that the pill can be used for therapeutic, noncontraceptive purposes—despite its contraceptive side-effect—under the principle of double effect. The pill was licit to clear up menstrual pain, but not prevent a pregnancy expected to kill the mother: to cure illness, but not to save lives.

1963-1966: The Papal Birth Control Commission

In 1963, Pope John XXIII convened a commission on population and birth control, handing the question to a panel that ultimately included bishops, theologians, physicians, demographers, and married couples.

July 29, 1968: Pope Paul VI

Reaffirms Prohibition, Inspires Dissent

In 1966, the birth control commission created by John XXIII and continued by his successor, Paul VI, issued a majority report in favor of permitting the use of contraception. A minority dissented, arguing that to change the teaching—admitting error—would undermine the authority and credibility of the Vatican. After two years of pondering, Paul categorically reaffirmed the prohibition of contraception in his encyclical *Humanae Vitae* (Of

Human Life), while glorifying the exception made for rhythm (or periodic abstinence).

Dissent loudly greeted the encyclical and continues more quietly to this day. Theologians note that the principle of probabilism gives Catholics the right to dissent from doctrine on a moral matter if there is a "solid probability" in favor of the dissenting opinion. "If . . . after appropriate study, reflection, and prayer, a person is convinced that his or her conscience is correct, in spite of a conflict with the moral teachings of the Church, the person not only may but *must* follow the dictates of conscience rather than the teachings of the Church," theologian Richard McBrien explains.⁸

1970s: Elements of Dissent

Scholars criticize *Humanae Vitae* because it reduces sexuality to biological or physical facts. Theologians point out that *Humanae Vitae* fails to see individual sexual acts in the context of the marriage as a whole and assesses marriage "exclusively in physical terms"—the production of children—without regard to its other results or products.⁹ Theologians criticize as hypocritical the assertion that one can enjoy sex during the infertile period, while fully intending to avoid conception by remaining abstinent on fertile days.

1980s: Eruptions and Reaffirmations

In large part, Catholics in the pews went their own way while priests looked the other way. In 1980, a synod of bishops spoke urgently of the prohibition's non-reception among the laity and called for new exploration of the issue. Bishop Patrick Iteka of Mahenge, Tanzania, said that for socioeconomic reasons, African families had to be planned. Indonesian bishop Sudartanto Hadisumatra said the church should help couples reduce the number of children they bore. Archbishop Angelo Fernandes of New Delhi asked for a pastoral statement on contraception that would respond to his people's situation.¹⁰

But the synod's closing statement reaffirmed *Humanae Vitae*, saying that "the transmission of life is inseparable from the conjugal union."¹¹ John Paul's closing sermon was even more severe. He said immediate compliance is expected.¹²

Ever since the 1960s:

The Challenge of Modern Feminism

Feminism has presented an enormous challenge for the church in the areas of sexual and marital ethics

and the exclusively male priesthood. Throughout this century, the church has linked contraception and feminism as intertwined evils. Members of the hierarchy continue to make statements that indicate that one root of the contraception prohibition is a restrictive view of women.

"I want to remind young women that motherhood is the vocation of women. . . . It is women's eternal vocation," Pope John Paul II said in his weekly general audience in January 1979.

"However, a radical feminism which seeks the rights of women by attacking and denying fundamental, clear and constant moral teaching does not reflect or promote the full reality and true dignity of women," the pope explained in a 1989 letter to US bishops.

1988: Motherhood First and Foremost

In his apostolic letter *Mulieris Dignitatem* (*On the Dignity and Vocation of Women*), John Paul again focused on maternity and virginity. Because men neither bear nor nurse children, "parenthood . . . is realized much more fully in the woman," the pope wrote. "In many ways [a man] has to learn his own 'fatherhood' from the mother."

1990s: Recent Dissent

A few brave souls continue to question and even disagree with *Homanae Vitae*. At a meeting of the US National Conference of Catholic Bishops, Bishop Kenneth Untener of Saginaw, Michigan, told the assembly that the logic of the birth control position is "not compelling" to Catholics, even priests and some bishops. If the church's positions were put to a blind vote, he speculated in a 1991 interview, most US bishops would opt to change it.

A statement on AIDS by France's bishops in 1989 suggested that using a condom may be better than death. "The whole population and especially the young should be informed of the risks," they said. "Prophylactic measures exist." And Cardinal Jean-Marie Lustiger, Archbishop of Paris, told a television audience, "Chastity is possible," but if AIDS-virus carriers fail to abstain from sex, they "should use all known means" to protect others from the disease.¹³

That contraception is an issue of power can be seen in *Homanae Vitae*. Historian Francis X. Murphy, C.S.S.R., writes, "Actually, what the document amounts to is an assertion by the Pope that, as the

supreme interpreter of natural law, his fiat is final in expressing the Church's moral viewpoint.¹⁴

Journalist Robert Kaiser, who wrote the authoritative chronicle of the birth control commission and the aftermath of *Homanae Vitae*, makes the point compellingly that the issue is power. Referring to Jesuit John Ford, one of the four theologians behind the minority report of the birth control commission, Kaiser wrote this:

Unwittingly, Father Ford gave the game away when he said the encyclical reaffirmed "the power of the magisterium to bind consciences." For Ford, the point was not truth. It was power. The point was not to teach, but to rule.¹⁵

NOTES

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6. *Casti Connubii*, 53.
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9. Thomas Shannon, "Ethical Dilemmas in Population Policy," *Conscience*, vol. VII, no. 2 (March/April 1986): 1-6, p. 4.
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11. *Origins* 10:323.
12. Francis X. Murphy, "Catholic Perspectives on Population Issues II," *Population Bulletin*, Population Reference Bureau, Vol. 35, No. 6 (Feb. 1981).
13. Peter Hebblethwaite, "What the French are not saying about condoms," *National Catholic Reporter*, Feb. 3, 1989, and *Origins* 18:446.
14. Murphy, *Population Bulletin*, p. 25.
15. Robert Blair Kaiser, *The Politics of Sex and Religion* (Kansas City, MO: Leaven Press, 1985), p. 219.

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If War Is 'Just,' So Is Abortion

CATHOLICS FOR A FREE CHOICE, 1991

BY frances kissing

Catholic bishops so easily justify destruction of persons in one context, rejecting moral parallels in another.

A surprising sidebar to the Gulf War was the frequent invocation of the "Just war" ethic—a once—obscure set of principles defining the moral use of military force. Even President Bush applied the criteria in reassuring us that the United States was fighting a just war. And yet the architect of the theory, the Roman Catholic Church, approached the question of its applicability with considerable ambiguity. Only a handful of the nation's 300 Catholic bishops opined that the conflict did not meet the just war criteria. The vast majority of bishops cautiously declined to venture a definitive opinion. This approach sharply contrasts with their vociferous and virtually unanimous stance on abortion.

Church attitudes toward war and abortion are linked as primary strands running through the "seamless garment" philosophy, developed and promoted by that small but hearty band of progressive Catholics opposed to legal abortion. The seamless garment (or consistent ethic of life) philosophy, holds that such issues as abortion, war and capital punishment are of the same cloth; those who oppose the violence and injustice of war and capital punishment are required by the logic of consistency to also oppose abortion. All, as the theory goes, are "killing acts."

What seamless garment proponents ignore is that war remains defensible in church teaching.

In the Persian Gulf conflict, the bishops, using the just-war theory as their moral buttress, did not condemn either the war or the war-makers. Yet they daily condemn abortion as an absolute moral evil. Cardinal Bernard Law of Boston is typical of church leaders who rationalize the taking of human life in war while deploring the taking of human life in abortion. "Even as we echo the prayer of Pope Paul VI, 'No more war, war, never again,' With heavy hearts," the cardinal declared, "we realize that such a prayer is not fulfilled at the price of granting tyrants and aggressors an open field to accomplish unjust ends." This from the same man who called abortion the "primordial evil."

Archbishop Daniel Pilarczyk president of the bishops' national conference, said only that "every reasonable step, must be taken to assure that the means of war are proportionate to the values to be defended, that the human and other costs are truly worth the objectives to be achieved."

Most disturbing in the lack of parity between the bishops' passionate war on abortion and their lukewarm response to the war in the Gulf is this incontrovertible fact Invoking the just-war theory involves accepting the destruction of the lives of human persons to achieve a greater good. In the case of abortion, where the Catholic Church has no formal position on the personhood of the fetus, no weighing of the good to be achieved against the tragedy of abortion is permitted.

Let's look at how the just-war theory could be applied to the case of abortion. Both constructs would recognize that, the taking of life in war and in

abortion (though not equivalent acts) are never in themselves moral goods. But these values are not absolute. They can be overridden in serious circumstances and after reflection on the moral guidelines established by the church.

For example, the just-war theory accepts the taking of human life if one's life or that of another is directly threatened. A just abortion theory would therefore permit a woman whose life was in danger to have an abortion—an act now prohibited by church law. Just-war theory has also accepted that war can be warranted to protect a nation's integrity, particularly if the violation of a nation would result in the erosion of values judged to be equal to or greater than life itself. This could include territorial violation that would result in loss of liberty or traditional freedoms such as religion and speech. Could not a just abortion theory admit that threats to a woman's physical and emotional health are a violation of bodily integrity comparable to national integrity? Could not a woman's capacity to care for existing children and children to come her ability to function as a fully contributing member of our society and her sense of self-identity and purpose be seen as values proportional to the potential value of fetal life?

Other guiding criteria on which an act of war is justified include the competence and intent of the leader making the ultimate decision. Is not a pregnant woman a competent moral agent? What is immoral in the goal of a woman who, in order to achieve a good greater than bringing one new life into the world, chooses abortion under difficult circumstances?

"Seamless garment" proponents claim that appropriate application of the just-war theory depends on the avoidance of civilian casualties. One can kill or seek to kill only other combatants. The fetus, they point out is innocent. As we have seen, even in high-tech modern warfare, innocents will be killed. One cannot help but wonder why the bishop's so readily give presidents and generals wide latitude in decisions that take many lives, while on the home front they seek to prohibit absolutely a woman's ability to make an individual decision.

The bishops apply an inconsistent ethical paradigm to the issues of war and abortion. It is possible (and it is time) for Catholic thinkers to fashion a just abortion doctrine, one that respects the sacredness of human life, the worth of women's lives and the capacity of women to make moral decisions.

Religion and Abortion: Roman Catholicism Lost in the Pelvic Zone

THE GUARDIAN (UK)
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BY *frances kissing*

Whenever the subject of abortion is linked with religion, most Americans quickly think of the Roman Catholic church and its longstanding, vehement, and public opposition to legal abortion. There is good reason for making this connection. No other religious institution has so consistently and continuously invested—some would say squandered—as much moral authority, political capital, financial resources, or good will in an effort to make abortion illegal again. From the moment the *Roe v. Wade* decision was announced to this very day, the US Catholic bishops' opposition to abortion has been at the forefront of the church's political agenda.

That agenda has had at its center the most absolute and extreme position taken by any religious group. Even Islam, which rivals Catholicism in conservatism on women's rights and sexuality, permits abortion for a wide range of reasons during the first trimester of pregnancy. Most Protestant denominations and most branches of Judaism, although considering abortion to be a grave moral matter, hold that not only should abortion be legal but that it is a decision that must be reserved to the conscience of the pregnant woman. So strongly held is this respect for conscience that, when abortion was illegal, Protestant clergy and Jewish rabbis willingly broke the law by participating in an extensive network called the Clergy Consultation Service, which both counseled women with unintended pregnancies and referred them to sympathetic physicians who would perform abortions. Since the 1973 Supreme Court decision, religious groups favoring legal abortion have worked through the Religious Coalition for Abortion Rights

to make their support for reproductive choice visible. In spite of this, the Roman Catholic church and fundamentalist Protestants have dominated public policy discourse and garnered the lion's share of media attention focused on religion in the seemingly intractable abortion war.

Given this dominance, it is important to understand both the political and theological dimensions of the Roman Catholic bishops' participation in abortion politics. The Roman Catholic hierarchy believes that direct abortion, even to save the woman's life, is never morally justified and should not be legal. In recent years, the bishops have accepted an incremental strategy working to restrict access to abortion as an interim step to a complete ban. As much as one may disagree with this position, it is difficult to sustain an argument that seeks to ban the bishops from the public square entirely.

Two distinct issues relative to the bishops' participation in US politics should be considered. The first is external and relates to the constitutional and political rights the bishops have to put forward—positions in the policy arena as well as how citizens should evaluate that participation and those positions. The second relates to church governance and what Catholic people have a right to expect from the bishops as they develop and advocate specific public policy positions.

As to the first, the bishops, collectively and individually, have the political right to participate in political life, to express their opinions, to educate and mobilize supporters and to influence legislation—to the limits of the laws governing tax-exempt institutions. They would even have the right to endorse candi-

dates for political office if they chose to give up their tax exemption. They have the right to participate intelligently or stupidly, with rhetoric or reason, and to cajole or coerce as they see fit. They even have the right to claim that their critics are anti-Catholic, as they most recently did in relation to comments by Dr. Joycelyn Elders when she was nominated as surgeon general. They can claim that they are deliberately misunderstood; in short, to play the aggrieved victim. What they don't have is the right to enter the political arena as privileged, sanctified players.

In turn, political scientists, journalists, legislators, and opponents of the bishops' policy have a right and obligation to challenge their positions—both for veracity and for practicality. Such challenges should be the same style and substance as that employed to critique or evaluate other public-interest organizations. A bishop may be a feudal prince in his own diocese, but on Capitol Hill he is just another voice crying in the wilderness.

One factor often evaluated is the extent of public support a group enjoys from its own members. Although most Catholics, like other religionists, are probably blissfully unaware of the extent to which the bishops are involved in politics (except for abortion politics), there is serious criticism of the bishops from both conservative and progressive groups in the church. Succinctly put, the United States Catholic Conference (USCC), the policy entity of the Catholic bishops, is not designed to represent the views of Catholic people on any subject. It represents the opinions of the nation's 300-odd Catholic bishops, not the nation's 53,000,000 Catholics, a distinction it rarely acknowledges in its policy statements. Thus, the USCC is acting within our democratic, plural political process as a nondemocratic, nonrepresentative, and certainly unaccountable entity. Unlike the National Organization for Women, where members "can throw the bums out," if Catholics don't like the bishops' political positions, the usual suggestion is that Catholics either accept the bishops' wisdom or sit on the sidelines.

When the positions in question relate to women's rights or to human reproduction, Catholic women are doubly disadvantaged—no woman can be priest or bishop, thus none is a member of the bishops' conference. Although women are employed by the USCC, including a very few in high-level staff positions where they are able to advise on policy decisions, no woman has a vote on policy or even a right

to be in the room. Moreover, polls have consistently shown that the majority of Catholics disagree with the bishops and believe that abortion should be legal.

Many Catholic lay groups provide a much-needed corrective to the bishops' position. For example, a dozen such groups met with White House officials in May 1993 and indicated that none would oppose the inclusion of abortion in the benefit package for health care reform—and all but one actually supported such coverage. Catholic groups, including religious orders, have signed onto Supreme Court amicus briefs in favor of retaining *Roe v. Wade*. In 1984 at the height of church attacks on Vice-Presidential candidate Geraldine Ferraro, 24 nuns and 73 other prominent Catholics signed an ad in the *New York Times* asserting that there is more than one legitimate Catholic position on the issue.

Even among church officials, there is a diversity of opinion on how to deal with abortion in the political arena. This diversity, combined with the size and scope of the church institutions active in the political process, is staggering and makes political analysis difficult. At the national level, USCC employs many lobbyists, testifies regularly before Congress, and activates grass-roots participation at Sunday Mass. Over 5,000,000 postcards opposing the Freedom of Choice Act were distributed in early 1993. As the abortion issue shifts to the states, the 28 statewide lobbying offices of the bishops have been significantly enhanced. When one adds its schools, hospitals, and social service agencies, the church becomes a Goliath and Catholic dissent groups are David. The number and variety of these institutions allows the voice of the bishops to resonate with different political groups and positions.

It's easy to be confused and it's easy for the bishops to sidestep criticism. Statements from the truly sublime to the appallingly ridiculous are issued, sometimes from the same entity. When critics point out the ridiculous, the bishops come back with the sublime. In the wake of the 1989 Supreme Court's Webster decision, this strategy was particularly evident. Cardinal Joseph Bernardin of Chicago, who was the head of the bishops' pro-life committee, declared that Catholic politicians have an obligation to work for legal protection for the unborn, whereas Archbishop Rembert Weakland of Milwaukee indicated that he's not so sure we can obligate politicians to adhere to the bishops' policy positions.

One bishop denied a pro-choice candidate—in a hotly contested election—communion, another suggested that the pro-choice position of New York's Governor Mario Cuomo made him a candidate for hell, whereas the Catholic Supreme Court justice William Brennan who voted for Roe attended the annual Washington Red Mass and received communion from his bishop.

The *Webster* decision signaled the bishops' reemergence as the principal and most serious opponents to legal abortion. Although the bishops were the first and leading force in developing an antiabortion movement in the aftermath of Roe, their role diminished with the rise of the religious right and following the 1982 definitive Congressional defeat of efforts to secure a constitutional Human Life Amendment. Following that event, the bishops recognized that it would take a Republican administration committed to changing the composition of the court to effect to overturn legal abortion. They theorized that a more conservative court would return the decision about abortion to the states and thus substantial effort went into building up the 28 statewide lobbying offices maintained by the various dioceses.

Prior to *Webster*, the bishops had recognized the importance of distancing themselves from the religious right, which was waning in popularity and with whom the bishops had no other points of convergence than reproductive health. They chose Cardinal Bernardin's theory of the Consistent Ethic of Life as the vehicle for this split. This theory asserts that a true pro-life position includes opposition not only to abortion but also to capital punishment and war, and seeks social and economic measures that enhance the quality of life. Clearly, this is not a theory likely to be embraced by the religious right (it was not). The big question was whether it would win adherents to the pro-life position from progressive Catholics and others (it did not).

Webster was surely welcomed by the bishops. For the first time since *Roe* there was a real possibility to restrict legal abortion severely. A more aggressive stance was called for. Cardinal Bernardin, the moderate architect of the Seamless Garment, was replaced as chair of the bishop's Pro-life Activities Committee by Cardinal John O'Connor, who declared on Earth Day 1989 that the most dangerous environment in America was women's wombs, where 4,000 unborn children were destroyed each day.

But *Webster* held some surprises for the bishops. A pro-choice momentum developed and the unthinkable happened. Politicians, including Catholics, shifted from antichoice to pro-choice positions. Jim Florio, who had had a mixed record on abortion, ran for governor of New Jersey and adopted a strong pro-choice position. Nick Spano, the New York State Assembly leader, embraced choice; Anthony Celebrezze, the Lieutenant Governor in Ohio and candidate for governor switched; and Susan Molinari, the young Republican pro-choice daughter of antichoice Guy Molinari in Staten Island replaced her father in Congress. The bishops were stunned and embarrassed. Not only were they unable to control Catholic women (who have a significantly higher abortion rate than Protestant and Jewish women), they were unable to control Catholic politicians. Moreover, the secular right-to-life movement was nowhere to be seen. Clearly, the bishops had to take charge. The bishops got tough. They pushed back and blundered badly; attacking politicians by name, denying them access to speaking forums in their dioceses and to awards and honors, dismissing them from such posts as lector, eucharistic minister, and parish councilors. These actions profoundly alienated even middle-of-the-road Catholics and other Americans and led to victories for pro-choice candidates who were attacked by the church. Obviously the bishops' strategy backfired. A poll commissioned by Catholics for Free Choice and conducted by KRC Communications showed that both Catholics and non-Catholics were opposed to such actions.

The bishops realized they needed professional help in public relations, and they hired the public relations giant, Hill and Knowlton, and Reagan's pollster, The Wirthlin Group, significantly improving their capacity to conduct an issues campaign, and entered the second stage of their post-*Webster* push to make abortion illegal. Although the campaign adopted a far less confrontational approach—and kept the bishops themselves under wraps—the goal remained the same: to first restrict and, ultimately, ban abortion. It is questionable whether any packaging, no matter how sophisticated, can develop a politically sustainable message for the bishops; less than a year after it was hired, Hill and Knowlton was dismissed.

Observers of this political scene wonder why the church is so adamant in its opposition to abortion. It does not have the support of its members; it is increasingly alienated from political leaders, especially the pro-choice Clinton administration, yet it will not budge on abortion. Most believe that this is a the-

ologically based moral position. Obviously, if one believes that the fetus is a person and abortion is murder, one is morally obliged to struggle to prevent it. Given the frequency of church statements that assert this position, many believe that this is the official position of the church. Fetal personhood is assumed and the fetus is referred to as a child or a baby. Indeed, every indication is made that Catholics are talking about a fully human life that is the moral and physical equivalent of born persons in our society.

The fact of the matter is that nothing could be further from the truth. As recently as 1974, the Vatican Congregation of the Doctrine of the Faith released a document entitled, "The Declaration of Procured Abortion." In it the Congregation reiterated the church's unflagging opposition to abortion in all circumstances. The document declared abortion a heinous crime that was not permitted for any reason. The document was careful, however, not to call abortion murder, and it was honest about the church's doubt regarding the personhood of the fetus.

In this context, the Congregation for the Doctrine of the Faith noted that the question of personhood could not be determined by science or medicine. They correctly state that this is a matter for philosophy or theology to determine. Science and medicine can describe the fetus; it cannot assign value. Thus, the church assigned to itself the right to decide when the fetus reached that stage that we would call personhood.

Having established this claim, the church then honestly and courageously stated what every other rational source—including Harry Blackmun, the Supreme Court justice who wrote the *Roe* decision—has stated: We do not know the answer to this question. The Congregation noted that up to this time the theologians of the church were not yet in agreement on the moment of personhood. For the church this question is related to when the Creator endows the fetus with the soul, the animating principle of the human person.

Theologians have been debating this question from the earliest centuries of church life. Different positions have been prominent within the church at different times. But none have been accepted by the church as factual, and, therefore, there is no doctrinal position on personhood within the church.

For example, in the early centuries of the church, St. Augustine addressed the question of abortion. He asserted that abortion was always evil, but was clear to say that abortion could not be considered homicide, if it occurred prior to the point in which the fetus was fully formed.

Later, St. Thomas Aquinas dealt with the question of ensoulment, when the soul enters the body. He drew much of his theology from the philosophy of the Greeks and thought that there were three stages of ensoulment in the fetus. First there was a vegetative soul, then there was an animal soul, and finally there was a human soul. And he further held that if the fetus were male it reached that stage of human soul 40 days after conception, and if it were female, it reached the stage of a human soul 80 days after conception.

As time passed, the church attempted to do away with dualism, the notion that we can separate spirit from matter. This might have led to the dominance of the concept that ensoulment occurred at conception but it did not. Rather, it returned to the theories of Augustine, with the sense that the soul would not enter the body until there was a formed body for it to enter and that there needed to be some equality between the spirit and matter for this to occur. This idea essentially agrees with scientists of today who hold that until the fetus possesses higher cortical functions, it cannot be considered a person. Current understanding of embryology and fetal development points to such events as the development of the primitive streak as key to individuation and personhood. Some scientists and theologians have suggested ensoulment could not occur before that moment when it is no longer possible for one embryo or one preembryo to divide and create two fetuses or twins. Twinning should be taken as an essential moment in deciding whether or not the Creator has endowed the fetus with a soul.

In the view of the church, all the above are theories. It may favor one over another at different times in history, but has always acknowledged, even up to our time, that we do not know when this moment of ensoulment actually occurs. If one reads carefully the works of John Paul II, who is a well-trained philosopher and theologian and ardent in his opposition to abortion, he never refers to the fetus as a person. His most favored term has been "that which is in the process of becoming."

The history of the church's positions about fetal personhood does not justify the absolute condemnation of abortion one hears from church leaders who declare abortions a violation of the commandment "thou shalt not kill." Yet we also see that the church does not put forward an absolute prohibition on the taking of life in a reasonably wide range of other circumstances. This is a church that has always understood that even the commandment "thou shalt not kill" has its exceptions, even in cases where we know the life to be taken is the life of a person. Even though the US bishops oppose capital punishment, they acknowledge that the state has the right to invoke capital punishment. Instead, they argue that it is not prudent for the state to exercise that right.

In relation to war, the Catholic church has a well-developed, historically firm position called "just war theory," in which one is not only permitted to go to war in defense of one's very life, but also in defense of values proportional to the value of life itself. This principle of proportionality has been interpreted to include: self-defense, defense against an unjust aggressor, the protection of one's national integrity, the boundaries of one's nation and the protection of values that are seen as equal to life itself, for example, those of religious and political freedom. Regarding nuclear war, an event that would take the lives not only of soldiers, but also of civilian men, women, children, and fetuses, the church concedes that although nuclear war is a grave moral evil, men of good will have legitimate disagreements on when or whether this option will ever be appropriate.

Despite these examples of justification for taking human life, there is no theory of "just abortion." Abortion, the church says, is a grave moral evil, but there is no statement that women of good will will disagree on when or whether this option is ever justified. No abortion in self-defense, that is to protect your very physical life; no abortion against an unjust aggressor, which could be said to be an abortion in the case of rape or incest; no abortion for bodily integrity, which could be compared to national integrity, and indeed would include abortion for one's physical and psychological health; and no abortion for values that one considers to equal to the value of human life itself, which might include the capacity to care for one's existing family and children.

Critics of the church's application of its own positions to the political process express concern that such an absolute and unjustified opposition to abortion has had tragic results for the church itself. The church's almost single-minded political opposition to abortion has removed it from the space of reasonable thinking. The church and its leaders have no opportunity to address the critical question of how legal abortion can be implemented in a way that enhances the capacity of women to make moral decisions and is respectful of the many values that are at stake in the abortion decision. Abortion, after all, is one of the most critical decisions an individual will make. It touches on our most profound instincts and values, from the survival of our species to our hope in the future. It is part of our religious and spiritual sensibilities. Religious institutions that recognize the ambiguity as well as the many values at stake in the abortion decision have much to offer to both the woman making a decision about abortion as well as to the political debate. Those that see only one value—fetal life—are outside the pale of respectable debate.



Church Law and Abortion: Deciphering the Code

by Frances Kissling and Liz Seaton

At their bicentennial meeting in November 1989 the U.S. bishops issued a resolution on abortion summarizing both their long- and short-term public policy goals. During their deliberations several of the bishops, notably New York's Bishop Austin Vaughan, suggested that the National Conference of Catholic Bishops/United States Catholic Conference (NCCB/USCC) endorse sanctions against Catholics, public officials in particular, who disagree with the bishops' opposition to legal abortion. The bishops declined to act on the

sanctions question at that time, however, with the NCCB's outgoing president, Archbishop John May of St. Louis, cautioning that sanctions would be counterproductive.

In spite of the bishops' collective resistance toward adopting a specific policy regarding censuring Catholics, a number of the bishops recently have taken it upon themselves to warn prochoice Catholics, especially those holding public office, that they are liable to sanction under the church's Code of Canon Law. Two penalties are frequently mentioned. The more draconian is excommunication—either automatic (*latae sententiae*) or imposed by a bishop (*ferendae sententiae*). The other, quite severe and still rare, is denying a member of the faithful the right to receive the sacrament of the Eucharist or Communion. This penalty has been imposed on at least one public official, Lucy Killea of California.

Most knowledgeable commentators on church politics view the use of excommunication for those *disagreeing* with the church's moral or policy positions on abortion as both unlikely and even unlawful. Nevertheless, for Catholics developing either personal or political responses to the abortion issue it is important to understand the canon law provisions dealing with automatic excommunication and abortion.

Codification of church law occurred over many centuries, with the first generally accepted standard being collected by the monk Gratian in 1140. Although all codes have considered abortion a serious evil, penalties have varied according to circumstances. It was not until 1869, in the reordered code approved by Pope Pius IX, that procuring an abortion, for any reason, at any stage of pregnancy, was punished by an automatic excommunication. This penalty was retained in the 1917 code and is one of only seven offenses having this penalty carried forward into the current 1983 code. Canons 1398 and 1329 presently state:

Can. 1398 A person who actually procures an abortion incurs a *latae sententiae* [automatic] excommunication.

Can. 1329 § 2 In the case of a *latae sententiae* penalty attached to an offence, accomplices, even though not mentioned in the law or precept, incur the same penalty if, without their assistance, the crime would not have been committed, and if the penalty is of such a nature as to be able to affect them, otherwise, they can be punished with *ferendae sententiae* penalties [those proclaimed by a bishop].

The pre-eminent authority in canon law and abortion is the canon lawyer Father James Coriden, dean of the Washington Theological Union and former president of the Canon Law Society of America. In 1986, in *The Jurist*, Father Coriden issued an advisory opinion on canons 1398 and 1329 in response to the question: "Do Catholics employed as directors of clinics or administrators of hospitals in which abortions are performed incur the *latae sententiae* excommunication provided by canon 1398 of the 1983 Code of Canon Law?" (Coriden, p. 652).

Applying the Code To Lawmakers

Coriden's advisory opinion is relevant to the situation of Catholics who advocate legal abortion, including legislators who vote prochoice on the matter. Drawing on the work of other canonists, he quotes Wernz-Vidal, who laid the foundation for our understanding of canon 1398 when he said: "*Procurers* are those who *directly, deliberately* and *purposefully* take part in the abortion, either by *physical* or *moral* action, e.g., by command order or

threat." The canon applies only to those who directly participate in the abortive act; it does not apply to those who are removed from such direct participation (Coriden, p. 653).

But, opponents of legal abortion ask, what about canon 1329 § 2? Are not legislators accomplices? Coriden, in responding to the question about administrators, implicitly relieves legislators of the penalty: "accomplices who incur the same *latae sententiae* penalty as the principal actors are only those without whose efforts the delict [offence] would not have been carried out" (Coriden, p. 654).

In support of this conclusion, Coriden cites canon lawyer R. J. Huser, who stated in *Dictionnaire de Droit Canonique* Vol. 1:

Co-agents in the procuring of abortion are all those who conspire by common intention and *at the same time physically participate* in the specific action or procedure which effects the abortion [emphasis added]. . .

Persons who prepare or sell drugs, sterilize the instruments, counsel the abortion, etc., perform acts that are in themselves indifferent insofar as the execution of abortion is concerned. Such actions do not constitute the specific physical procedure which effects the abortion, but are rather preparatory and facilitating acts. . . (Huser, pp.138-148).

The scrupulous and precise interpretation of culpability under canon law is essential to protecting the rights of Catholics to participate in the Christian community. No penalty in the church is more severe than excommunication. Our desire as Catholics to include rather than exclude brothers and sisters is the reason it is so rarely invoked. In this sense the code, like civil law, recognizes the difference between moral responsibility and punitive sanctions. Coriden rightly remarks:

Serious *moral* responsibility exists at all of these levels (e.g., support staff, counsellors, medical assistants, managers, executives, trustees, donors, licensing agents, lawmakers, etc.) but none of them fall under the canonical sanction of canon 1398 (Coriden, p.658).

It is probable that bishops recognize these facts and have therefore exercised some restraint in meting out penalties. Not one, even the most zealous, has claimed that any legislator has incurred the penalty of automatic excommunication. (In Guam, however, Archbishop Anthony Apuron in March 1990 threatened to excommunicate legislators if they voted against legislation containing the most severe abortion restrictions in any U.S. state or territory. The measure passed unanimously in the twenty-one-member unicameral legislature. Twenty senators are Catholics.)

In frustration, the more zealous bishops and orthodox Catholics have turned to canon 915:

Can. 915 Those upon whom the penalty of excommunication or interdict has been imposed or declared, **and others who obstinately persist in manifest grave sin**, are not to be admitted to holy communion (emphasis added).

It is this canon that Bishop Leo T. Maher invoked when he faxed to California State Assemblywoman Lucy Killea his ban on her reception of the Eucharist. It is this canon that anti-abortion Catholics invoked in asking Archbishop Daniel Pilarczyk and Cardinal Joseph Bernardin to impose the same penalty on Barbara Rinto, executive director of Planned Parenthood Cincinnati, and on Attorney General Neil Hartigan of Illinois respectively. As both bishops declined, one suspects they have better canon lawyers than Maher.

Indeed Maher's action has been criticized by several well-known and respected canonists, including Servite Father John Huels, associate professor of canon law at Catholic Theological Union in Chicago. In an article in the *National Catholic Reporter*, Father Huels noted:

The chief difficulty with using canon 915 against pro-choicers is in judging that they are in "manifest serious sin." Even granting that a politician is proved to be obstinate, is it correct to assume that being pro-choice is in itself a manifest serious sin? Is this not confusing the sin of abortion itself with an entirely different matter, that of advocating an opinion in the political realm? . . . (*National Catholic Reporter*, December 15, 1989).

As Huels rightly asserts, this type of attempt to prevent scandal is likely to backfire as it did in the Killea case. Huels continued:

This reaction is all the more likely to occur when it appears that church authorities are using sanctions to interfere with the democratic process and the right to express one's political beliefs. Instead of removing scandal, the church itself becomes the source of scandal because of the perception of its heavy-handed and intolerant response (*National Catholic Reporter*, December 15, 1989).

Rights of Prochoice Catholics

In spite of the compelling commentary, analysis, and opinion of the church's canon lawyers, bishops who choose to disregard the church's laws are free to do so. Each bishop is, after all, the "prince" of his diocese. What then can Catholics who are improperly pressured, sanctioned, or punished do?

First, they need to know the relevant church law explained in this article and be prepared to assert it to their parish priest, their bishop and, if necessary, the press. Second, they need to know their rights, limited though they are under canon law. It demands, for example, that their right to privacy and a good reputation not be unlawfully harmed (c. 220). Canon law requires bishops to take care "that as far as possible any penalties which are to be imposed by law are uniform within the same city or region" (c. 1316). Finally, Catholics who are being pressured must be prepared to "go public." Sanctions succeed when those punished through fear or shame keep them secret.

While this article has focused on the rights and concerns of those Catholics who as advocates or legislators espouse prochoice views, also important are the concerns of women who have abortions and may fear that they have been excommunicated.

As Father Coriden pointed out, canon law lists a significant number of "possible excusing causes (c. 1323) and mitigating circumstances (c. 1324)" (Coriden, p. 655). Excepted are women under seventeen, those ignorant of the penalty, those under duress, those who are in fear, "even only relative," those acting in self-defense, and those "who acted without full imputability." This last exception includes the person who acted based on "an erroneous conscience or a sincere good faith conviction . . . that abortion is permissible in certain circumstances" (Coriden, p. 655).

Thus, the knowledgeable prochoice Catholic, as well as women who have abortions and their physicians, find more reason, intelligence, and compassion in the theology and laws of the church than in many of the bishops chosen to interpret and implement them.

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INSULTS AND PERSONAL ATTACKS

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INSULTS AND PERSONAL ATTACKS

Assertion: You promote abortion even though you know it endangers women's health.

Response:

- I am not here to promote any specific option in pregnancy. I am here to promote a choice, to promote the recognition in law and morality of women's ability to make moral choices about pregnancy.

Question: How can you, a woman with no children, talk with any authority about abortion?

Response:

- If that's your criterion, then no man should ever have anything to say about abortion, since no man has ever had an abortion, or a child. We would never say that. We think that abortion is an issue that everyone has a right and an obligation to take seriously.

Assertion: Abortionists get rich doing abortions.

Response:

- Doctors also get assassinated performing abortions.
- Doctors who perform abortions often pay a great price. In the United States, they have been mur-

dered, stigmatized by colleagues, and their lives made difficult by harassment and constant threats to themselves and their families.

- This issue is not about abortion. This is a question about money and medicine. Doctors make money practicing medicine in general, whether it is for performing abortions, delivering babies, or performing brain surgery. This is about what kind of medical system you want for us as a country. Do you want doctors who get rich or do you want doctors who don't get rich? This issue has nothing to do with abortion.

- As for the cost of abortion, in most countries where it is legal, the cost of abortion is at the low end of the scale of medical services. It often costs less to have an abortion than to have Norplant inserted.

Question: Why do you spend your time working on abortion? There are so many other important issues: Why don't you work to feed the hungry? House the homeless? Care for those sick and dying of AIDS?

Response:

- When I work on the question of abortion, I'm working on the question of how we bring new people into this world. I think that is pretty important.

- Yes, I agree there are many very important issues that face us. And some may be more important than abortion. For example, I think poverty is a more important issue. But that does not diminish the fact that abortion intersects with some of the most profound aspects of the lives of men and women. It touches the deepest feelings we have. It speaks to our hope for the future and what kind of world we want to have. We're all involved in the survival of our species.
- Why are you working against abortion instead of promoting accessible contraception, affordable day care, and other social programs that would make abortion less necessary?

question: Have you had an abortion?

About responding:

This question is intended to intimidate you, whether or not you have had an abortion. It is not a bad idea to say that, quite directly, to the person who posed it, to disarm him or her. It is also a personal question, and it is your decision whether to answer it. The important thing is to be prepared for this question, and arrive at a place where you feel comfortable and confident with your response. Depending on how you want to answer this question, some suggestions follow.

If you do not want to answer the question:

Response 1:

- That's a private question and inappropriate to our discussion. That is not why I'm here today. I'm here because we're dealing with a political, social, and health issue within our society. It is not about me personally.

Response 2:

- I don't answer that question. People use it to stereotype advocates of legal abortion. If I tell you I haven't had an abortion, then you think I'm a good woman and you will listen to me. If I tell you I have had an abortion, then you see me as a bad woman and I become less valuable. Having or not having an abortion does not define me nor legitimize my views.

Response 3:

- If I was pregnant and I needed an abortion, I would have one.

If you have not had an abortion and want to answer, simply say:

Response 4:

- No, I haven't.

If you have had an abortion and want to answer, here are some ways to use the question to make your point:

Response 5:

- I have had an abortion, and I think it's time we overcame the stigmatizing and stereotyping about women who decide to have an abortion.
- I have had an abortion. An estimated [xx] percent of women in [your country] have had abortions. But this is not about me. This issue affects the lives of thousands of women, here in our country and in countries all around the world.
- I have, and I think my story may be enlightening.

If you have a compelling personal story that would make a point, tell it. Keep it short for maximum impact.

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QUESTIONS FOR YOUR ADVERSARY

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QUESTIONS FOR YOUR ADVERSARY

There are any number of questions and assertions you can direct to your adversary. The idea of asking pointed and challenging questions is not to demean your adversary personally, but rather to highlight aspects of issues that support legal and available abortion. The following list is but a sample of the kinds of questions you can ask, and we encourage you to think of your own. The angle you take will depend on your adversary and the direction of the conversation. Having questions at the ready can help you avoid being on the defensive—your adversary has some explaining to do.

contraception:

- If you think abortion must be stopped, why aren't you actively promoting contraception, one of the best ways of preventing pregnancy and the possibility of abortion?

criminal penalties:

- You believe a fetus and a child are the same thing. If a mother or father killed their child, I'm sure you believe they should be charged with murder. Do you believe the women who have abortions should be charged with murder? If they were convicted of murder, would you have them face the same criminal penalties as do other murderers?

enforcement:

- How would you compel women to continue pregnancies if they do not wish to continue them?

how would you compel women to continue pregnancies if they do not wish to continue them?

confidence in women:

- Why don't you have any confidence in women to make good decisions about whether to continue a pregnancy or not?

public information:

- Why do you want to withhold information about contraception and abortion from women?

public health:

- We agree that we would like to live in a society where abortion is unnecessary. But in the past year alone, at least 80,000 women have died from abortions that are unsafe because they are illegal; in some African countries, unsafe abortions may account for as many as 50 percent of all maternal deaths. What proposals do you have in the short term to solve this serious public health problem?

rape:

- The pope told Bosnian women who had been raped during war to "accept the enemy" into them and make him "flesh of their own flesh." Do you believe that women who become pregnant as a result of rape should be forced to continue their pregnancies?

The catholic position

- If you accept the position of the Catholic hierarchy on abortion, then you oppose the option of direct abortion in each and every circumstance. So you oppose abortion even to save a woman's life? Or in the case of a woman who has been raped?

Religious pluralism

- As you are probably aware, many mainstream religions share the belief that abortion can be moral and should be legal. Don't laws against abortion violate the religious freedom of these people of faith? How can you be so arrogant as to seek laws that would criminalize the moral decision of people of faith?

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INDEX

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index

The following is an index to the common questions and assertions used by adversaries of choice for which arguments are provided in this guide.

WOMEN'S PERSPECTIVES:

Health, Morality and Rights

Abortions are unsafe and harm women's health	9
You act as though you always have women's best interest at heart, but that is not true	9
You only talk about hard cases because they raise people's sympathy	11
The time to make a decision about children is before you are pregnant	12
Women should not be having sex unless they are prepared for the consequences	13
Abortion is a sin. It is evil and immoral	13
All you feminists ever talk about is rights	15
Women who act irresponsibly don't deserve the right to have an abortion	15
Giving women the right to abort babies will only mean that abortions will increase	15

THE STATUS OF THE FETUS:

Personhood and Rights

The fetus is a person from the moment of conception	17
---	----

How can you sanction late-term abortions?	19
You have fought for women's rights. Why don't you want the same rights for the fetus?	19
Abortion does unspeakable horrors to little babies in their mothers' wombs	20
You would not kill a baby after it is born	21
Why don't you encourage women to put their babies up for adoption?	21
No woman needs to have an abortion	22
What about the wonderful people who would not exist if their mothers had abortions?	22

VALUES AND CULTURE

Abortion affects the whole community. The community should be involved	23
Abortion is an instrument of population control	24
China forces women to have abortions. You must be in favor of that	24
The government needs to take measures to protect the whole community	24
We don't need legal abortion in our country	24
Abortion is the first step down the road to a culture where life is not respected	25
Abortion is another way in which our culture is rotting	25

You believe that abortion will solve problems of poverty	25
You want abortion to be legal so that no children are born who have disabilities	25
The man has just as much to say as the woman . . .	26
Abortion lets men off the hook	27
Shouldn't minors be required to have their parents' consent?	27

CATHOLICISM

How can you oppose church teachings and still call yourself a Catholic?	28
You are anti-Catholic. You want to destroy the church	29
The church teaches that abortion is murder, so how can you say it should be legal?	30
Catholics who practice their faith agree with the institution's positions	31
If you don't attend church regularly you are not a Catholic	32
You should be excommunicated	32
Anyone who has an abortion automatically excommunicates herself	32
The church is not a democracy	32

INSULTS AND PERSONAL ATTACKS

You promote abortion even though you know it endangers women's health	33
How can you, a woman with no children, talk with any authority about abortion?	33
Abortionists get rich doing abortions	33
Why do you spend your time working on abortion?	33
Have you had an abortion?	34

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INDEX OF RESOURCES

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How to Talk About Abortion

Index of Resources

The following resources are contained in this manual.

Alan Guttmacher Institute. **"Abortion in Context: United States and Worldwide."** *Issues In Brief*. New York: AGI, 1999. – WOMEN'S PERSPECTIVES

Alan Guttmacher Institute. **"An Overview of Clandestine Abortion in Latin America."** *Issues in Brief*. New York: AGI, 1996. – WOMEN'S PERSPECTIVES

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Kissling, Frances. **"Religion and Abortion: Roman Catholicism Lost in the Pelvic Zone."** *The Guardian* (UK), March, 1988. – CATHOLICISM

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Planned Parenthood of New York City. **"Let's Get Serious about Ending Teen Childbearing: Teach Girls to Take Charge of Their Futures,"** advertisement placed by Planned Parenthood of New York City, Inc., in the *New York Times*, Feb. 28, 1995. – VALUES AND CULTURE

Religious Coalition for Reproductive Choice. **"Religious Pro-Choice Americans Speak Out."** Fact sheet (Speakout #01:Most), 1995. – THE STATUS OF THE FETUS

Ruether, Rosemary Radford. **"Women, Sexuality, Ecology, and the Church."** *Conscience*, Spring/Summer 1993. – WOMEN'S PERSPECTIVES

Wolch, Mary Jean. **"An Open Letter from a Catholic Birth Mother."** *Conscience*, Autumn 1996. – THE STATUS OF THE FETUS

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