SB
249

SB249
ABORTION BILL

Alaska State Legislature

Representative Niilo Koponen

House District 21

Pouch V
Juneau, Alaska 99811
(907) 465-4992

119 N. Cushman, Suite 207
Fairbanks, Alaska 99701
(907) 456-8172

October 5, 1991

Senator Arliss Sturgulewski
3111 C Street
Anchorage, AK 99503

Dear Senator Sturgulewski and Staff:

Niilo asked me to send several items of information that I collected from the Mosaic for Choice Conference in Atlanta. I have a lot of items that you have not received and now I have a lot of resources where I can turn to, to receive even more information! I have also sent similar information to Representative Bettye Davis and when I return from vacation, I will continue to send information to other Legislators that may be interested in this subject.

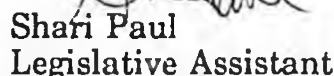
One point that I am trying to emphasis to individuals that I talk to is the importance of submitting pro-active legislation versus reactive. The Minnesota Women's Groups have implemented this route and have been very successful. As you skim through the various pieces of papers that I have included, you will find many other subjects that need to be tackled. Education in my eyes is the key in all aspects of reproductive health.

I wanted to share this information with you and your staff hoping that you will discuss submitting pertinent legislation or even organize a series Children's Caucus to discuss these issues etc. I will be happy to help out in any area that you request. Ileen Self in Anchorage will also be happy to talk with your office.

I have also included part of the conference agenda. If there is any other information that looks interesting to you, please drop me a note and I will either be able to discuss it with you or direct you to where you can locate more information.

Thanks for taking the time to review this information.

Sincerely,



Shari Paul
Legislative Assistant

A MOSAIC FOR

A National
Conference for
State Pro-Choice
Coalitions

Choice

SEPT. 27-29

a conference to strengthen coalitions to secure reproductive freedom

Hilton at Peachtree Corners
Norcross, Georgia

Ms. Foundation for Women

THE NATIONAL WOMEN'S FUND

Welcome to the first national conference for pro-choice coalitions.

The work you are engaged in is of monumental importance. The right to choose --when, where, with whom and if-- to have children is as fundamental as the right to free speech.

While, I am sorry to not be with you, I celebrate that there are enough of us now to divide the work with many strong and clear voices to speak courageously and well.

Actually, you who are engaged in these historical efforts daily are the source of the best information and strategy, and my regret is at not being there to learn more from you.

In Sisterhood,

Gloria Steinem

141 Fifth Avenue, 6S, New York, NY 10010 (212) 353-8580 fax: (212) 475-4217

AGENDA

<u>Friday, September 27, 1991</u>

11:00 - 1:00 **Registration** .... Pre-function Area

1:00 - 2:00 **Mosaic for Choice: Welcome and Introductions** .... Ballroom A & E
Welcome by Lynne Randall, chair of Georgians for Choice. Mary Hickey, coordinator of Georgians for Choice, will give participants an opportunity to introduce themselves to the conference.

2:00 - 3:00 **General Session: Mosaic for Choice** .... Ballroom A & E
"Coast to Coast: Who We Are", Marie Wilson, executive director of the Ms. Foundation for Women will describe the range of coalition work across the country, including the territories. "Who We Can Become" is the topic for Byllye Avery, founding president of the National Black Women's Health Project who will set the stage for the work that lies ahead.

3:00 - 3:15 **Break** .... Pre-function Area

3:15 - 4:45 **Workshops**

1. Getting Money to Get Going .... Cobb
Ellen A. Mazer, formerly with Mgt. Consultants in Chicago, will teach people in new and emerging coalitions how to develop a long range fundraising plan. How do you resolve the tension between the coalition's financial needs and those of the member organizations? How much do you need to get up and staffed? What fundraising techniques have worked and why?

2. Keeping Our Doors Open .... DeKalb
Cathy Boardman, Wisconsin Religious Coalition for Abortion Rights; Ann Baker, 80% Majority Campaign; and Carol Wayman, Washington DC Area Clinic Defense Task Force, will describe their efforts to keep clinics open, accessible and safe for patients seeking abortions. They will describe the methodology and tactics of those groups working to close down clinics, including the effect their actions have on the rest of the community and the evolution of "fake clinics."

3. Working in a Coalition: There is No Choice .... Fulton
Ginny Montes, National Organization for Women; Jeanne Connell, Arizona Reproductive Health Coalition; Patricia Jessen, Wyoming State Coalition for Choice; and Phyllis Wynn, Delaware Coalition for Choice will describe models of successful coalitions and discuss board development and management. They will describe the rise of state coalitions as a key vehicle for winning political power.

4. Focus on Minors .... Medlock Auditorium
Jeanette Turk, campaign manager Washington YES on 120 Campaign; Cathy Flynn, Illinois Caucus on Teenage Pregnancy; and Edythe Harrison, founder Virginia Pro-Choice Alliance, will discuss messages, messengers and strategies that led to the defeat or passage of parent notice initiatives. The panelists will describe how these efforts are a part of the larger anti-abortion strategy and the prospects for teenage girls' access to abortion services.

5. Changing the Face of the Legislature .... Ballroom C
Polly Rothstein, director of Westchester Coalition for Legal Abortion, will offer a comprehensive overview of the voter identification strategy which helped elect pro-choice candidates to all levels of office. It will include nuts and bolts of a voter id project and touch on educating and activating voters. Rothstein is the "mother of voter id," having pioneered the process in her home county with stunning success.

4:45 - 5:00 **Break** .... Pre-function Area

5:00 - 6:00 **Caucuses**

1. Women of Color .... Cobb
Facilitated by Julia R. Scott, NBWHP, for women of color only, please.

2. Staff of Coalitions .... DeKalb
Facilitated by Mary Hickey, for paid and volunteer staff

AGENDA

3. **Board Leadership** .... Fulton
Facilitated by Lynne Randall, chair of Georgians for Choice

4. **Lobbyists** .... Ballroom D
Facilitated by Carolyn Pardue, for paid and volunteer lobbyists

5. **AIDS Organizing** .... Ballroom C
Facilitated by Helen Rodriquez-Trias

7:00 PM **Bus Leaves for Tour of Atlanta and Underground** .... Lobby
Join us for a tour on a double-decker bus for the sights of Atlanta including the Dr. Martin Luther King Center and the Carter Center. The bus will stop at Underground Atlanta where guests can cruise for a bite to eat and people watch. We will return by 11:00 pm.

<u>Saturday, September 28, 1991</u>

8:00 - 8:30 **Continental Breakfast** .... Pre-function Area

8:30 - 10:30 **General Session: Exploring What Choice Means to Diverse Communities** .... Ballroom A & E
Julia R. Scott, director of the Washington, DC Public Policy/Education Office of the National Black Women's Health Project, will lead a panel of women who will each discuss how "choice" is translated in her community, what unique issues arise in organizing women of color, poor women and differently abled around the issue of reproductive freedom. Joining her on the panel are: Luz Alvarez-Martinez, Lois Hartel, Margine Sako, Norma Scheurkogal, and Patricia Tyson

10:30 - 10:45 **Break** .... Pre-Function Area

10:45 - 12:15 **Workshops**

6. **Networking: Casting the Strongest Net** .... Cobb
Rebecca Tillet, of the National Women's Political Caucus; Judith Schoap, Oregon-NARAL; and Luz Alvarez-Martinez, Latinas for Reproductive Health, will examine the cause and effect of networking to gain the maximum organizational strength for coalitions. They will explore some tools of networking, such as regional conferences, and ways to implement them.

7. **Stopping Them Isn't Enough: Pro-Active Strategies** .... Ballroom C
Janice Steinschneider, Center for Policy Alternatives, will facilitate this panel which includes Mylan Hawkins, "Campaign for Choice" in Nevada; Diane Sands, Montana Women's Lobby; and Amy Phenix, Planned Parenthood of Minnesota. Since <u>Webster</u>, there has been an upsurge in the number of pro-choice bills filed in state legislatures. This workshop will explore the possibilities and pitfalls of legislative and ballot measures and provide an overview of pro-active options.

8. **How the Supreme Court Is Turning Back the Clock** .... Fulton
Kitty Kolbert, ACLU Reproductive Freedom Project, and Joanne L. Hustead, Women's Legal Defense Fund, two of the leading experts on the Supreme Court's rulings and justices, will have a dialogue on recent actions taken by the Supreme Court and their repercussions. Do we assume that the end of <u>Roe v. Wade</u> is in sight? Do we move our attentions away from Washington and concentrate on our states?

9. **Birth Control: Under Whose Control** .... Ballroom D
Maggie Bangser, the Asian Program Officer of the International Women's Health Coalition will moderate a panel which includes Julia R. Scott, of the National Black Women's Health Project, and Helen Rodriquez-Trias, founder of the Committeee to End Sterilization Abuse. The workshop will explore how new technologies of fertility control do and do not work for us; the need to broaden discussion of fertility control to issues of drug addiction and HIV among women; and the international impact of US policy on fertility control and abortion in southern countries.

10. Choice Is the Message:
Using Radio, TV and Print to Educate the Public .... Medlock Auditorium
Tamar E. Abrams is a media consultant to Planned Parenthood Federation of America and was previously Communications Director for NARAL. She will talk about how to use the media to get your message out, how to deal with bad media, and how to hone your message. She will also discuss how the opposition uses the media; what the media is looking for from the pro-choice side and how to develop free media strategies to compensate for the lack of a big media budget.

12:15 - 12:30 Pick Up Box Lunch .... Pre-function Area

12:30 - 2:00 **Regional Caucuses / Lunch**

1. Northeast .... Pool Area
2. Southeast .... Mingles
3. Midwest .... Tortugas
4. West .... Ballroom D

2:00 - 3:30 **Workshop Sessions**

1. Getting Money to Keep Going .... Cobb
The focus of this workshop shifts to coalitions who are older than three years and are experiencing the "blah's". How do you attract new money to your old coalition? What happens when you are a victim of your own success and everyone thinks you're doing great and don't need them?

2. Keeping Our Doors Open .... Fulton
(see earlier description)

3. Working in a Coalition: There Is No Choice .... DeKalb
(see earlier description)

4. Focus on Minors .... Medlock Auditorium
(see earlier description)

5. Changing the Face of the Legislature .... Ballroom C
(see earlier description)

3:30 - 3:45 Break .... Pre-function Area

3:45 - 5:15 **Workshop Sessions**

6. Networking: Casting the Strongest Net .... Cobb
(see earlier description)

7. Stopping Them Isn't Enough: Pro-Active Strategies .... Ballroom C
(see earlier description)

8. How the Supreme Court Is Turning Back the Clock .... Fulton
(see earlier description)

9. Birth Control Under Whose Control .... Ballroom D
(see earlier description)

10. Choice Is the Message:
Using Radio, TV and Print to Educate the Public .... Medlock Auditorium
(see earlier description)

■ AGENDA

6:00 - 7:00 **Evening Reception (Cash Bar)** .... Ballroom A & E
Celebrating Pro-Choice Legislators

7:00 - 9:00 **Dinner with Dr. M. Joycelyn Elders as Guest Speaker** .... Ballroom A & E
Dr. Elders, the director of the Arkansas Department of Health, has been successful in making contraceptives available to students through their schools and consequently reducing teenage pregnancy dramatically. She will have much to tell us.

<u>Sunday, September 29, 1991</u>

8:00 - 8:30 **Continental Breakfast** .... Pre-function Area

8:30 - 10:00 **General Session: "National and State Connections: How We Are Going to Get There Together"** .... Ballroom A & E
Susan Dickler, advisor to the Ms. Foundation, will facilitate a panel of representatives from the leading pro-choice organizations, who will discuss how state organizations can best rally to actions at the federal level and how these national organizations can best serve the needs of the grassroots. These national leaders will also share how they define the role of coalitions in their national strategies. Panelists will include Bob Bingaman, NARAL; Joanne Blum, Planned Parenthood; Alice Cohan, NOW; and Kitty Kolbert, ACLU Reproductive Freedom Project.

10:00 - 10:15 **Break** .... Pre-function Area

10:15 - 11:45 **Workshops**

1. **Getting Money to Get Going** .... Cobb
   (repeat of the Friday workshop)

3. **Working in a Coalition: There Is No Choice** .... DeKalb
   (see earlier description)

5. **Changing the Face of the Legislature** .... Fulton
   (see earlier description)

7. **Stopping Them Isn't Enough: Pro-active Strategies** .... Ballroom D
   (see earlier description)

9. **Birth Control Under Whose Control** .... Ballroom C
   (see earlier description)

Noon - 2:00 **Closing Session:**
"Preparing for the Long Haul: Coalitions Plan for the Future" .... Ballroom B
A panel of coalition leaders will discuss steps that must be taken to ensure our survival over the long haul. How to expand the agenda for reproductive rights. How to include members of diverse communities, women of color, rural women, poor women. How to institutionalize our networks and grassroots support. How to become more sensitive, more sophisticated and more self-confident that we are going to win. Panelists include: Bisola Marignay, Illinois Pro-Choice Alliance; Peggy Romberg, Texans for Choice; Jeanette Turk, Pro-Choice Washington, and Leslie Gerwin, Louisiana Coalition for Reproductive Freedom.

. . . and open mike session,
facilitated by Georgia Rep. Nan Orrock "Where Do We Go From Here . . ."

Collaborative Project on State Reproductive Health Policy

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September, 1991

Dear Mosaic for Choice Participant:

When the Supreme Court handed down its July, 1989 decision in ***Webster v. Reproductive Health Services***, it thrust the states into the forefront of the nation's battle over reproductive choice. State policy has assumed a critical role in determining whether American women will have the right to choose.

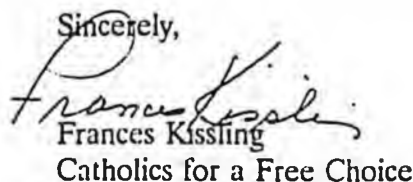
Five national pro-choice organizations came together in 1989 and formed the Collaborative Project on State Reproductive Health Policy, in order to support pro-choice state leaders in their work and to insure that all women have access to full reproductive choice. We provide a range of assistance, policy analysis, coalition building strategy and message development, sharing information and experiences among states.

The Collaborative Project is committed to a broad reproductive choice agenda which includes abortion rights. It goes beyond abortion, however. Women need access to safe, effective contraception, prenatal care and information about reproductive health issues, as well as access to safe, legal abortion, to be fully empowered to make decisions about whether to have children.

This collection of materials was prepared by the five member organizations of the Collaborative Project on State Reproductive Health Policy. It provides information on some of the elements of a broad reproductive choice agenda. A description of project activities and organizations is also included.

If we can be of help to you in your work, please contact Janice Steinschneider at (202)387-6030 or any of the members of the Collaborative Project.

Sincerely,



Frances Kissling
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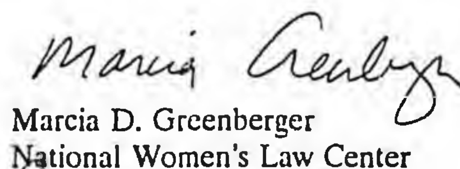

Marcia D. Greenberger
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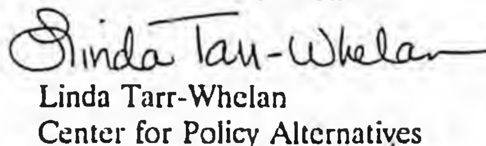

Linda Tarr-Whelan
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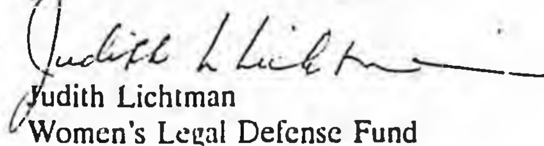
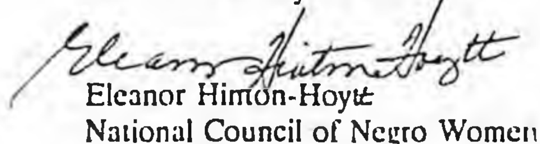


Judith Lichtman
Women's Legal Defense Fund



Eleanor Hinton-Hoytt
National Council of Negro Women

A project of the Center for Policy Alternatives
Contact: Janice Steinschneider, Senior Program Attorney

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DESCRIPTION OF THE COLLABORATIVE PROJECT

The Collaborative Project on State Reproductive Health Policy is a joint venture of five, non-profit, non-partisan organizations based in Washington, DC. These organizations are:

- **Catholics for a Free Choice**
- **Center for Policy Alternatives**
- **National Council of Negro Women**
- **National Women's Law Center**
- **Women's Legal Defense Fund**

The Center for Policy Alternatives serves as the project's managing associate.

Purpose of the Collaborative Project

The project's purpose is to promote full reproductive health choices for women and their families by ensuring their access, regardless of income, to:

- safe, effective contraception and abortion and
- maternal and infant health programs.

The project accomplishes this goal by providing intensive technical assistance to pro-choice leaders -- legislators, policymakers and advocates -- in selected states, helping them identify and evaluate the range of policy options on reproductive choice issues of particular importance in their state.

Collaborative Project Activities

On the invitation of pro-choice leaders in a state, who will function as a host committee, the collaborative project will develop and implement a two-day information sharing session for pro-choice legislators, officials and advocates. The information-sharing session will consist of a series of meetings, briefings and workshops around
such issues as reproductive choice policy options, pro-choice constituency building, the media's treatment of reproductive choice issues, and public education and awareness.

The host committee and collaborative project organizations will work together to:

- identify the most pressing issues and needs in that particular state;
- select participants for the information session and follow up on invitations;
- select the most convenient place and time; and
- devise an effective format for the information-sharing session.

♦ Contact yellow page authorities to request a new, separate listing for "abortion alternatives."

♦ Educate interested groups in the community on the nature and scope of the problem.

♦ Alert newspapers and other media to the issue.

2. Litigation by Private Parties and the State

♦ All 50 states and the District of Columbia have laws prohibiting false, deceptive or misleading advertising. These laws may authorize suits by consumers, competitors and the state attorneys general, and permit injunctive relief, damages and attorneys' fees.

♦ In North Dakota, Texas, California and New York, consumer fraud laws have been used by the state, consumers, and abortion and family planning organizations to successfully stop fake abortion clinics and the Pearson Foundation from continuing deceptive practices. Damages and attorneys' fees have also been awarded.

♦ State action, including both administrative enforcement and litigation, can be an important tool in combating the fake abortion clinic problem. State action may be the only practical way of remedying abuses as private parties may not have the resources to engage in litigation. Also, state action reflects the state's obligation to protect consumers from deceptive practices. Moreover, state action can result in state-wide, rather than case-specific resolution of the fake clinic problem. Finally, state action puts the weight and authority of the state behind the importance of the problem, sending a message to fake abortion clinics, organizations like the Pearson Foundation, and the public that the deceptive tactics of fake abortion clinics will not be tolerated.

3. Legislative Action

Legislative action has included public hearings and legislation. Legislators in some states have not pursued legislation because in their view no new laws are needed in light of legal precedent which supports action against fake clinics under existing consumer fraud laws.

♦ Public hearings before state legislatures and city councils have provided a forum for legislators to conduct a full-scale inquiry into the fake abortion clinic issue including: the nature and scope of the problem; the kind of harm experienced by women and by legitimate clinics; what state agencies have done to protect the public under existing consumer fraud laws; the reasons for inaction by state authorities; and the need if any for new legislation.

♦ In Wisconsin, a 1989 Senate resolution on fake abortion clinics was introduced. It defined certain fake clinic practices as deceptive, and urged the attorney general to investigate all fake abortion clinic complaints.

♦ In Ohio, legislators added a fake clinic-specific amendment to the Ohio consumer fraud law, making clear that the deceptive practices of fake abortion clinics violated the law.

Prepared by: Katherine Connor
Marcia D. Greenberger

Collaborative Project on State Reproductive Health Policy

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TOWARDS A BROAD REPRODUCTIVE CHOICE AGENDA:
An Issues Reader

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3. CENTER FOR POLICY ALTERNATIVES
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   - Legislating Full Reproductive Choice: Examples From the States
4. NATIONAL COUNCIL OF NEGRO WOMEN
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   - Fake Abortion Clinics: Executive Summary *
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   - Drug-Dependent Pregnant Women: Executive Summary *

*For information about obtaining the full articles, contact Janice Steinschneider at (202) 387-6030.

A project of the Center for Policy Alternatives
Contact: Janice Steinschneider, Senior Program Attorney

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POLICY ALTERNATIVES ON

Reproductive Choice

—a state report

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Edited by Janice Steinschneider

Summer, 1991

Vol. 2., No. 2

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A Newsjournal
of Prochoice
Catholic Opinion

Vol. XII, No. 4
July/August 1991

CONSCIENCE

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Packaging Feminism for the Abortion Debate

by Mary E. Hunt

The nation's Catholic bishops did prochoice Catholics a favor when they signed a multi million-dollar contract with the New York public relations firm Hill and Knowlton. Scandalized by this misappropriation of church funds, rank-and-file Catholics who would prefer to see such monies go into sex education and birth control got a glimpse of how the bishops operate. Most were not edified by what they saw.

Hill and Knowlton has made the bishops' strategy quite obvious. It seems these P.R. people have urged the bishops to become feminists just like us, except with an antichoice slant. Their sleight of hand has not passed unnoticed. They rely heavily on the notion of "Feminists for Life," simultaneously the name of a nineteen-year-old organization—headquartered in Kansas City, MO, with a reported 2,500 members last year—and an umbrella term for those persons (I assume men can be feminists) who oppose abortion. I am more interested in the issue than the organization because it is issues and not individuals or even groups that are at stake.

In responding to "feminists for life" and the National Conference of Catholic Bishops' (NCCB) campaign, it is important to separate ideology from public relations, distinguish principles from propaganda. Theology, after all, is not advertising. My guess is that, if Catholics for a Free Choice had hired Hill and Knowlton, the firm would have given us advice similar to what it gave to the bishops. Advisors would have suggested that we

(See Packaging Feminism, *page 3)*

CONSCIENCE

A Newsjournal of Prochoice Catholic Opinion

Catholics for a Free Choice (CFFC) is a national educational organization that supports the right to legal reproductive health care, especially family planning and abortion. CFFC also works to reduce the incidence of abortion and to increase women's choices in childbearing and childrearing through advocacy of social and economic programs for women, families, and children.

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Editor's Note

What is a feminist, particularly a Catholic feminist? What role does feminism play in the reproductive rights debate? This issue of *Conscience* offers several answers to those questions.

Mary Hunt critiques "feminists for life," the type of feminist celebrated by Catholic bishops and Helen Alvaré, their spokeswoman on abortion. In addition to examining the antichoice movement's use of the concept of feminism "for life," Hunt recommends several criteria for an adequate approach to feminism in the 1990s. Illustrating many of the distinctions drawn by Hunt is a sidebar with excerpts of a debate between Alvaré and Frances Kissling, president of Catholics for a Free Choice. We also look at an advertisement published by Feminists for Life—the organization—and at the views of New York's Cardinal John O'Connor on radical feminism.

We focus on two CFFC feminists, with a Spotlight on grassroots coordinator Jane Reilly and an interview with board member Angela Bonavoglia. Bonavoglia also contributes a review of German theologian Uta Ranke-Heinemann's *Eunuchs for the Kingdom of Heaven*, a book that does much to validate Catholic feminists. Finally, we review Marlene Fried's timely, provocative anthology, *From Abortion to Reproductive Freedom*, which advocates transforming the movement into a broader feminist struggle.

One recurring theme is the degree to which reproductive rights are linked with other human life issues. That is also the question CFFC asked and answered in our newly released analysis of the voting records of members of Congress. In "Actions Speak Louder," CFFC found that members who vote to restrict abortion rights are the same ones, by and large, who vote against legislation that would make abortion less necessary. Conversely, those members who vote prochoice on abortion generally vote to create social and economic conditions that welcome childbearing and support child-rearing. Most of the report appears as a special supplement, between pages 12 and 13.*

Some politicians, from Capitol Hill to the Archdiocese of New York, apply the term "radical"—as in radical feminism—as though it were a dirty word. This *Conscience* disagrees; "radical" refers to unearthing and examining the roots of beliefs and laws and working to transform those that grow out of sexist assumptions. We offer this issue on feminism in support of radical thinking.

* *Copies of the full report are available from CFFC for $2 apiece or at bulk rates. Contact CFFC for more information.*

Packaging Feminism, *from page 1*

change our image, perhaps hire an Hispanic bishop as our spokesperson, and make our feminist case since feminism is so acceptable as to need mere qualification, not rejection. They might have instructed us to debate the bishops' spokesperson—something Frances Kissling did with the NCCB's Helen Alvaré at Boston College lately—and they might have given us tips on how to handle the opposition in the public forum. My guess is that Hill and Knowlton would have told us to market our position as "The natural choice is choice," rather than "The natural choice is life," their slogan for the bishops.

In lieu of advice from Hill and Knowlton—and in the belief that millions in public relations fees could be better spent on support for poor women—I offer the following analysis of feminism in the current public discussion of reproductive choice. I begin with some observations about the Kissling-Alvaré debate, offer a brief critique of the concept "feminists for life," and conclude with concrete suggestions for activists who enter the fray, countering in the public arena language and ideas that sound like ours but which are finally quite different.

Lessons of the Debate

The most impressive feature of the debate, staged by a group at Boston College, was Frances Kissling's respect for her opponent despite the fact that the debate format is inappropriate to our goal of dialogue and discussion. I cannot overemphasize, from my own many mistakes on this score, the importance of graciousness and respect for one's opponent. This disarms even the audience and will stand us in good stead for years to come. I applaud Frances Kissling for this and encourage her to continue modeling it.

Frances referred to Helen Alvaré as "prolife" throughout the debate, even though she does not find (nor do I) that phrase the most adequate one to describe the position being articulated. Helen does. But little is lost allowing people to be called what they want to be called, and much is lost objectifying and insulting persons who, we can reasonably assume, are acting in good faith. This does not indicate a need to back off of a critical look at what terms mean, and whether it makes sense to use a given term, but it is good practice to know what issues to disagree on and what issues to leave alone.

We learned a great deal from the debate about the strategy of the bishops and "feminists for life." We learned that referring to Catholics for a Free Choice as "Miss Kissling's organization" is a tactic designed to personalize, objectify, and trivialize the organization. It is a method taken straight from the briefing book of the Republican Party, which makes persons—including most recently Saddam Hussein—into the enemy, rather than dealing with the reality, however distasteful, of an organization, a staff, and a constituency.

We heard constant reference to the caricature of most prochoice Catholics' position as "abortion during nine months for any reason," rather than the much more nuanced position many of us hold. Our demonstrated concern for fetal life, even if our conclusion is not the same as theirs, is passed over, and the welfare of the pregnant woman is nowhere in evidence.

> "Feminists for Life" is a curious redundancy. Who might feminists for death, feminists against life, be?

We were flattered by the heavy reliance on our materials, especially *Conscience*, and on feminist prochoice writers like Rosemary Radford Ruether, Adrienne Rich and Carol Gilligan. However, much of their work was quoted far afield of their contexts and with no apparent concern for the fact that they were being quoted against their own positions. It was reminiscent of my high school and college debate days when people would come armed with index card containers as long as their arms, empty, or with scrawled quotes of people whose names they could barely pronounce. It is a debate technique but not the stuff of serious engagement. Deep analysis of issues just isn't there.

Debate is the preferred mode of the bishops, a likely choice since debate is based on a patriarchal model. The goal of a debate is to win; the secondary result is to maintain power. A feminist goal is to resolve differences, even

(See Packaging Feminism, *page 6)*

"Two Kinds of Feminism"

Excerpts of a Catholic Debate on Abortion and Feminism

Feminists who disagree about abortion probably also differ about feminism. Some of those differences were brought out in the April 11 debate at Boston College between Frances Kissling, president of Catholics for a Free Choice, and Helen Alvaré, Director of Planning and Information for the Prolife Secretariat of the National Conference of Catholic Bishops.

Alvaré: Using abortion as a means of solving the complex variety of problems women suffer—has it served women's dignity? Or has its very use really undermined feminist ideals?

Take a look at what has happened to the situation of women since *Roe*. . . .We have 13 percent more women falling into poverty since *Roe v. Wade*; 25 percent more women without health insurance. . . .The divorce rate has increased. When women divorce, their rate of earnings goes down 30 percent; men's goes up 40 percent. From a feminist perspective, are women any closer to achieving a society that behaves in accord with feminist ideals?

I have to separate out two kinds of feminism. . . .There is one kind that is called celebrational or cultural feminism, which acknowledges differences between the sexes, but not any inferiority in those differences. It acknowledges women's powerlessness, but hopes to bring about a change in that inequality by taking advantage of women's unique gifts. Another feminism—radical feminism—sees women's reproductive capabilities as a liability. It sees sex as a battleground where men oppress women.

So what are some of the tenets of celebrational feminism, and are they being carried out with an abortion culture?

Well first of all, a celebrational feminist principal is nonviolence. Abortion is violent. . . . If I stood in front of you and performed on a cat what happens to an unborn human life in an abortion, you would know in your heart and your mind that that was a violent act.

Another feminist principle is relationality: that women relate to others in an interdependent mode, not in what they consider the male mode—the dominant person and those who are dominated. . . .

But abortion severs relationships, not only with that unborn human life, but with all the persons around you who are deprived of consulting, who are deprived of a person.

No person is an island. This is a feminist principle, yet abortion says, "No, the woman is absolutely autonomous." There is no relationship with an unborn human life. Rather, it is nothing more than a part of her body.

> A violation of celebrational feminist principles leads to a denigrating of what women do; that is, they can become pregnant, they can nurture, they can raise these children.
>
> —Helen Alvaré

Another feminist principle is respect for others' freedom. But when we deny the freedom [and] rights of an unborn human life, we are acting antithetically to that.

Feminists have an option for the oppressed. . . .And yet a mentality that wants legal, unrestricted abortion and that doesn't discuss—let alone recognize—the value of the life on the other side is not one that has an option for the oppressed. Instead, it wants to build up women's freedom on the backs of those who have been so recently oppressed.

And what does a violation of these principles lead to? Abortion as a substitute for a real family policy. A denigrating of what women do; that is, they can become pregnant, they can nurture, they can raise these children. This has always been denigrated, now even more so. . . .

It leads to the adoption of the male values that have been so roundly and so fully criticized by those who support legal abortion for nine months.

A question I have is, when you talk about women as the . . . primary question, [whether] feminism is just a mechanism to assure that women's desires or wishes get fulfilled. How is

that any different from a masculine system that says, "However the system operates, it operates so I am on top"?

Kissling: Feminism is about women. It is not about characteristics of women, whether we are nurturing, whether we are better than men, whether we are good, ... docile, aggressive—those are human characteristics. That is not what defines me as a feminist.... Feminism is about women being for women.

Feminists are not necessarily pacifists.... We have to be careful to define what our movement is about, and not to allow ... the cooptation of feminism by a whole variety of [laudable] movements that are not necessarily feminist.

Feminism for me is a primary commitment... to women's well-being. It is a commitment to analyze history, politics, life, and behavior by asking the question, "What does this mean for women? What will this do to women and their well-being?" There can be disagreements about what it will do, but that will be the primary question.

Feminism is also a corrective, and in that sense there is a bias in feminist thinking. We are attempting to [correct]...years of discrimination and oppression of women. We are going to put in the front of our minds the needs of women. That is what we must do.

> A feminist position on abortion will be radical. It is about change.
>
> —Frances Kissling

A feminist position on abortion...will be radical. It is about change.... Everything is up for grabs, including dogma. We need to...ask ourselves the most basic questions about nature, about natural law, about who we are, and about why things are or are not.

A feminist position on abortion will place abortion in a larger question, which will be, "What am I to do about the procreative power that is mine by virtue of the fact that I have been born female?"

It will be woman-centered. The question will be about what women are to do, not about who the fetus is. This is not to say that the question of who the fetus is is unimportant, but rather that it is not the primary question.

The feminist position will take our reasons for abortion seriously....We have been told that most women have abortions for soft reasons....I'm sorry—21 percent of women say they have abortions because they are not ready for responsibility. Is that not serious? Or because the woman is concerned about how having a baby will change her life. Is that not serious and deserving of our attention as women who care about women?

A feminist position on abortion will have respect for life, but it will define life as beyond individualistic life. As a Christian who believes... in values greater than life itself,... I believe that respect for life means more than respect for individual life. It means respect for the life of our families, for the life of our children, for the life of our planet, for the life of our community.

A feminist position on abortion will be wary of the possibility that women will be used as instruments, as the means to an end....

Feminists for Life have claimed that abortion lets men off the hook, it lets society of the hook, and that therefore abortion should be banned. Well the reality is that, first of all, men are off the hook. They are off the hook whether it is abortion, childbearing, child rearing, wife support, battering, you name it. Banning abortion is not the means to get them back on the hook. In addition, banning abortion uses women as a means to an end, and that is not the way to do it.

A feminist position will include the reality that we do not have all the answers and that perhaps there is not one answer. Abortion is not a solution to social problems. The solutions to social problems lie in much broader work.

Packaging Feminism, *from page 3*

agreeing to disagree rather than to change each other's minds; a secondary result is that the power equation changes, with power being shared. No wonder the bishops prefer to debate. Our challenge is to engage in gracious, respectful conversation while offering persuasive analysis when others involved prefer to debate. Format is all.

"What Kind of Feminist Are You?"

"Feminists for Life" is a curious redundancy. Who might feminists for death, feminists against life, be? These certainly do not describe those who favor legal, safe, economical abortion.

To unravel this conundrum I try to understand what "feminist" might mean.

I learned from Brazilian feminists not to ask, "Are you a feminist?" since that can end certain conversations. Rather, I learned to ask, "What kind of feminist are you?" Of course such generosity opens the door to the kind of loose use of the term in the title "Feminists for Life." Still, I am convinced that it is better to have this kind of discussion than to say that people who oppose abortion are not feminist.

Feminism is not about women replacing men, female thinking replacing male. It is an active search for justice for all.

Feminists for life, if Helen Alvaré is a good example, make certain distinctions between and among feminists that bear investigation. They juxtapose "celebrational" or "cultural" feminists, and "radical" feminists. This distinction is at best uncommon in the scholarly literature on the history of feminism. It seems to exist only in the minds of those who would instrumentalize feminism to divide and conquer women. Not so coincidentally, the same dichotomy appears under another guise in the second draft of the bishops' pastoral letter on women, wherein the distinction is made between Christian feminists and other, presumably radical, feminists. The latter are defined as those who advocate "such aberrations as goddess worship, witchcraft, liberation from conformity to the sexual morality taught by the church or acceptance of abortion as a legitimate choice for women under pressure." (Par. 132, *One in Christ Jesus*).

This is a variation on the good feminist versus bad feminists approach. It is an old trick, but it gives away the fact that feminism, once considered a dirty word in church circles, is now an accepted fact. The only thing to do is to circumscribe it, make it acceptable by qualifying it ad absurdum. Such an approach is a far cry from the previous rejection of feminism in church circles and should certainly be seen as evidence of our inroads.

If such groups persist in using the term feminist, however, some minimal definition of the word is in order. While it is important to grant wide latitude for the sake of discussion, it is neither necessary nor prudent to proceed as if even the most far-flung concepts adequately defined feminism in 1991. What, then, is feminism, and what is it not?

I find Feminists for Life's own materials helpful to illustrate certain common misconceptions about contemporary feminism. Its pamphlet "Abortion Does *Not* Liberate Women" (undated), with the main section entitled "Feminism is part of a larger philosophy that values all life," presents tautologies and non sequiturs that beg questions central to most current feminist thought.

Feminism as explained in this pamphlet rejects "the male worldview," "a man's world," and "male thought patterns." While this may sound to the uninitiated like feminism, it is not, in my judgment, feminism that is adequate and meaningful in the 1990s, given the evolution in feminist thinking during the past decades. Rather, it is a one-dimensional, antimale approach that may sound like the rhetoric of early feminism but that has long ago been replaced by a complex interplay of socioeconomic and political factors.

Feminism is not about women replacing men, female thinking replacing male. It is an active search for justice for all. It is a commitment to correct the primary power imbalances in which, for example, many African-American men have less power than some white women. It is the hard work necessary to create a context in which real choices obtain for all.

I find it shocking and disingenuous for Feminists for Life and certain antichoice bishops to subscribe to a one-dimensional outdated

feminism when it suits their anti-abortion purposes. They would be the first ones to cry foul at any hint of female superiority in church or society.

The Feminists for Life pamphlet does not tell us what is the "larger philosophy that values all life" and that encompasses feminism, nor are we privy to why abortion as a woman's right would contradict it. Rather, feminists are identified with a goal I consider specious: "They strive. . .to create a world that recognizes the moral superiority of maternal thinking and is, therefore, gentle, loving, nurturing, and prolife."

First, however, feminism does not grant any special claim to "maternal thinking," whatever that may be, nor does it grant special claims to mothers.

Second, would that all feminists were "gentle, loving, nurturing." It simply is not the case, and romanticizing feminists is naive at best. Those who are not feminists are not necessarily tough, unloving, lacking in nurture, either. The point is that such stereotypic thinking went the way of hoopskirts years ago in feminist circles. Human characteristics of human beings, not behavior conferred by gender, is what feminist thinking promotes.

Third, the assertion of a "prolife" conclusion to such muddled thinking does not follow logically or morally. Rather, it is asserted along with the rest in a kind of conceptual con game, leading to a linguistic impasse and some intellectual paralysis.

What gives away the real agenda in all of this is that nowhere in the preoccupation with fetal life (a.k.a. "children" in this pamphlet) does the well-being of female life—women—enter the picture. Feminism without women is not feminism. The material conditions of real women's lives—especially the reality of violence, poverty, racism, and inadequate resources for young and poor women—and a commitment to improve those conditions are the starting points of a feminist analysis, especially a religious feminist approach. One may not wish to put women first, but not to and then to use the label "feminist" raises very serious questions of credibility and understanding.

What then would be an adequate approach to feminism? Feminism in the 1990s is an analysis of unjust power relationships and structures, and the practice of justice-seeking strategies to right those; it takes women's well-

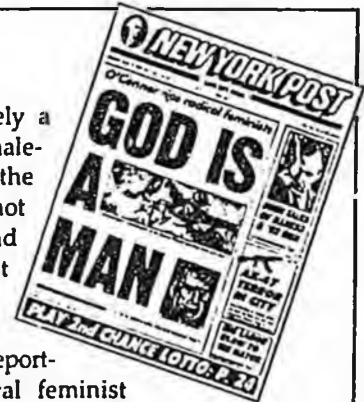
(*See* **Packaging Feminism**, *page 9*)

Is God a "He"?

Cardinal John O'Connor disputes the presentation of his Father's Day sermon in the *New York Post*, and the *Post* stands by its page-one headline: "GOD IS A MAN. O'Connor rips radical feminists."

Not in dispute is the gist of the New York archbishop's sermon, which seems to pit "good" feminists against "bad" feminists. "Radical feminism [is] sad indeed. It makes it particularly difficult for women in the Church who want to assume rightful roles to be given a credible hearing," the cardinal said, according to both the *Post* and the doctrinaire Catholic *Wanderer*. "We have no right to reconstruct [Christianity] as we like or choose. We are not authorized to change Our Father into Our Mother." In a statement issued later, O'Connor's office said that, "although God must always be considered [the] Father as revealed in the Gospels, that does not mean God is a man," according to the *Wanderer*.

Frances Kissling, president of Catholics for a Free Choice, said O'Connor "trivialized" the the issue. "The use of male constructions to refer to God are largely a remnant of a male-centered view of the universe. We're not trying to pretend that Jesus Christ was a girl."



God's gender aside, O'Connor reportedly said "radical feminist theory" interferes with "valid feminism: . . .the struggle for equal rights, appropriate recognition, equal pay for equal work, the struggle to be treated with equal dignity." One might wonder what those concepts mean to O'Connor, a leader in an institutional hierarchy that staunchly denies women equal work.

Saying Christianity has "liberated" women, O'Connor cited a family from a polygamist culture in Africa: When the father became a Christian, he chose one of his wives. For the others, he arranged new marriages or returned them to their families with dowries.

If It Was Good Enough For Susan B. Anthony, It's Good Enough for Feminists for Life

"I deplore the horrible crime of child murder. . . . No matter what the motive, love of ease, or a desire to save from suffering the unborn innocent, the woman is awfully guilty who commits the deed . . . but oh! thrice guilty is he who drove her to the desperation which impelled her to the crime."

Susan B. Anthony, *The Revolution*, July 8, 1869

With such quotations, Feminists for Life of America (FFL) hopes to show that you can be fully-credentialed feminist and oppose legal abortion, too.

FFL, born in 1972 in reaction to the pro-choice position of the National Organization for Women (NOW), attracted attention last year with an advertisement that asks, "What did our Feminist Foremothers say about Abortion?" The ad answers that teaser by quoting Susan B. Anthony and four other nineteenth-century feminists who decried abortion, or at least sexist social conditions that have contributed to abortion.

Among the periodicals that published the ad were *The Utne Reader, The Progressive, Christian Century*, and *Daughters of Sarah*.

The ad ignited *The Utne Reader's* letters-to-the-editor page. In the next issue, one reader accused FFL of manipulating the suffragists' views. *Utne's* editors announced that they would not accept the ad again because, after some research, they believed FFL took quotes out of context.

For example, the quotation by which FFL represents Matilda Gage is this: "[This] subject. . .lies deeper down into woman's wrongs than any other. . . .The crime of abortion is not one in which the guilt lies solely or even chiefly with the woman. . . .I hesitate not to assert that most of this crime of 'child murder', 'abortion', 'infanticide', lies at the door of the male sex."

Faulting FFL's use of those lines, the magazine's editors marshalled this quotation from Gage: "Enforced motherhood is a crime against the body of the mother."

The dispute did not end there. In the following issue, readers continued to debate the position of the "feminist foremothers," as well as the propriety of the progressive magazine's acceptance of the ad.

For a taste of the sometimes piquant debate, try this query from Cynthia Bogard, editor of the New York State NOW's Action Report: "Would you take an ad from Jews for a Nazi America? How about from Black Panthers for a Klan-Controlled America?" Bogard said the ad demeaned notable women by quoting them "out of literary and historical context for the purpose of rescinding modern women's rights."

Utne also printed a response from Mary Krane Derr, who had culled the quotations in her research into early feminism. The comments may be "painful" reading for prochoice feminists, Derr wrote, but "the past cannot be undone; it can only be reckoned with."

FFL President Rachel MacNair also spoke up. "We never implied that 19th century feminists were 'anti-choice,' " MacNair wrote. "In their clear stand against 'enforced motherhood,' abortion was seen not as prevention, but as yet another result. Abortion and infanticide were problems to be solved by giving women greater rights."

The editors ended the volley in the November/December 1990 issue by saying they would reject ads that clash with the values of *The Utne Reader.*

Mother Jones tentatively accepted the FFL advertisement but rejected it upon requesting and receiving from FFL the full context of the essays from which the quotations were drawn, according to the FFL newsjournal, *Sisterlife*. FFL reports that *Mother Jones*, like *Utne*, cited the Gage passage against "enforced motherhood."

Recounted by Maggie Hume, editor of Conscience.

Packaging Feminism, *from page 7*

being as the primary lens of analysis and praxis of liberation. A feminist analysis and strategy includes concrete attention not only to gender but also to class, race, sexual preference, nationality, social context, and physical capacity; it gives priority or a preferential option to women who historically have been marginalized because of their particular place within each and every one of those categories.

Feminism in the 1990s is incomplete and inadequate if it does not include the invaluable insights of womanist thinkers and activists such as Katie Geneva Cannon, Jacquelyn Grant, and Cheryl Gilkes, to name just a few in the field of religion. They use Alice Walker's term "womanist," in contrast with feminist, to indicate a model based on the survival of women and their dependent children, not a liberal rights model. While those of us who are white are urged not to take on "womanist" as our label because it does not emerge from the particularity of our experience, we are well advised to make use of the analysis, to express our indebtedness to our sisters from racial-ethnic groups other than our own, and especially to bring their socioeconomic insights to bear on our analysis and strategies.

In this feminist, womanist context, fetal life is not unimportant. But female life is central, and therein lies the challenge to feminists against legal abortion to make their case, a case that remains to be made. Far from suggesting that a feminist must be prochoice, I am suggesting that we who are prochoice feminists need not back off of critical thinking or commonly agreed upon criteria for feminism. We need not shrink from showing the fallacy and the antiwoman nature of a feminism which does not grant woman reproductive choice. These arguments should not be left aside in the name of civility. In fact, civility is served much better when we name the contradictions, albeit politely, and get on with the discussion.

Into the Fray

I hope that prochoice feminists will continue to engage in polite, respectful discussion with feminists who take a contrary position. Such exchange is essential to social change since people with whom we disagree have valuable things to teach us about our own positions as well as about theirs. In that spirit, I make the following suggestions:

1. Let us follow Ms. Kissling's example of graciousness in her debate with Helen Alvaré. It is important to keep the conversation going for mutual learning. Ironically, those with whom we disagree often do better than we ever could at showing the weakness of their own positions

2. Let us avoid the debate format since it is set up to produce winners and losers and maintain the status quo. Instead, we can invite those with whom we disagree to round-table discussions where several people from differing positions come together to talk. This is not easy and requires lots of preparation and follow-up. But it holds the possibility of a much richer discussion than the forced, flat format of a debate. It involves more people in serious, sustained work, not simply glitzy, one-shot deals that are more like gladiatorial matches than policy discussions.

3. Let us keep in front of us that feminism is about justice. A feminist approach to the question of abortion is about women and fetuses, not women or fetuses. It is not women's well-being in opposition to fetal life, but the complex web of relationships that includes both woman and fetus and myriad other factors. The bottom line of feminism is justice, and women and fetuses have quite different claims in that regard.

Feminism without women is not feminism.

4. Let us read and study feminist theory and theology to deepen our understanding of historical and contemporary issues. Some of these include violence, imbalance of power, the marginalization and exclusion of persons and groups (usually women), and efforts at inclusivity and mutuality. Remarkable analysis is emerging from feminist theorists in the United States and abroad that can shed light on these issues and be translated into just public policy.

Beverly Harrison named the ethical crux of reproductive choice issues insightfully—"women as moral agents" with "the right to bodily integrity." A shorthand form for that feminist principle is choice. I presume that even Hill and Knowlton knows that. Maybe the P.R. people will teach the bishops, for a fee.

Mary E. Hunt, a feminist theologian, is cofounder and codirector of the Women's Alliance for Theology, Ethics and Ritual. Hunt serves on the board of directors of Catholics for a Free Choice. Her most recent book is Fierce Tenderness. *This essay is an adaptation of a May 3 speech at CFFC's training conference for grassroots leaders.*

"It's My Choice"

HIGHLIGHTS

The issue of abortion is an issue of necessary choices . . . individual choices, made by people from all walks of life

The Facts . . .

- One woman dies every three minutes from complications from ILLEGAL abortion somewhere in the world.
- In the United States, abortion-related deaths decreased 92% since the Centers for Disease Control began surveillance in 1972.
- The majority of women who have had an abortion were using a contraceptive during the month they conceived, and so were actively trying to avoid pregnancy.
- The majority of women having an abortion have had no previous abortions; and most (84%) have had none or one.
- Most abortions (91%) are performed in the first 12 weeks, and nearly all (99%) are performed by 20 weeks or less, well before the fetus becomes viable.

The History . . .

Throughout history, women have had abortions. Abortion has been legal at various points in American and World History. Legal or illegal, abortion is *not* a new phenomenon.

The Reasons . . .

Health.

[1] **Women's lives are being saved.**

Abortion-related deaths for American women dropped by more than 40% in the *single year* following legalization of abortion. (1,2,3)

[2] ***Licensed medical personnel*, trained in the safest abortion techniques, perform all legal abortions.**

Social Welfare.

[58] **In 1985, *1,031,000* American teenagers became pregnant; of those, 31,000 were younger than age 15.** (3)

Abuse.

[69] **2.1 Million Children were victims of child abuse or neglect in 1986.**

This is a startling 32.8 child-victims for every 1,000 U.S. children. (20)

Legal Implications.

[89] **THE RIGHT TO PRIVACY IS THREATENED. The outlawing of abortion is an extreme example of invasion of privacy.**

It means compulsory pregnancy for women, regardless of individual beliefs and circumstances.

Majority Opinion.

[96] **American voters consistently state that they favor keeping abortion legal, with 56% of those polled saying that they support "keeping it legal for women to be able to have abortions when they decide to have one."**

In fact, *88%* of those polled believe that abortion should be an available option under at least certain conditions. (25)

"It's My Choice"

101 Reasons Why Abortion Must Be Legal

ABORTION.

It is an issue of necessary choices. Women's lives and health. Children bearing children. Extreme birth defects. The trauma of rape or incest. Severe economic disadvantage. Hard issues. Hard choices. Personal choices. Armed with facts, every woman must be able to say . . .

"IT'S MY CHOICE!"

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The Facts.

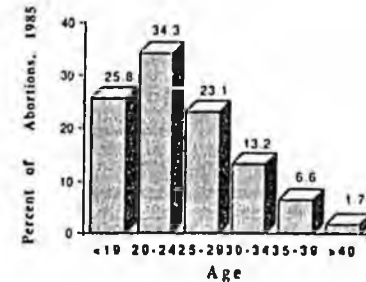
The Statistics of Abortion in America.

- Each year nearly 3 out of every 100 American women aged 15 - 44 have an abortion. (1)
- In 1985, there were 1.6 million abortions performed in the United States. (1)
- For every 1,000 live births in the U.S. in 1985 there were 422.4 abortions. (1)

Women from all walks of life, all ages, races, and life situations, have made the choice to have an abortion.

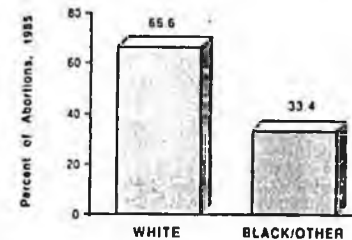
Age

In 1985, women between 15-29 years of age had 80% of all abortions. Teenagers accounted for 26% of all abortions. (2)



Race

In 1985, two-thirds of the women having abortions were white, one-third were black and other minority women. (2)

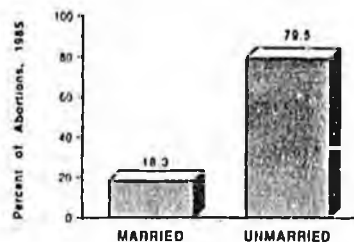


In the four years following legalization of abortion (1972 to 1976), among women having an abortion, the percentage of black and other minority women increased from 23% to 33%. (1) Thus, legalization quickly improved access to safe, legal abortion services among minority women.

Among women having an abortion, the proportion of black and other minority women under age 15 is more than *twice* that of white women. (2)

Marital Status

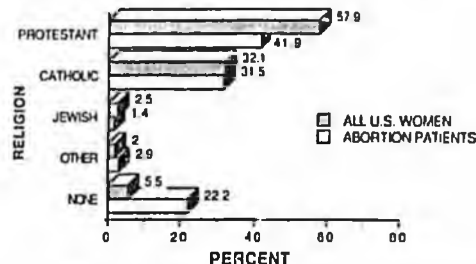
Unmarried women had 1,174 abortions for every 1,000 live births in 1985; married women had 93 abortions for every 1,000 live births. Among women having abortions, the proportion of unmarried women increased steadily from 70% to 80% between 1972 and 1985. (3)



Religion

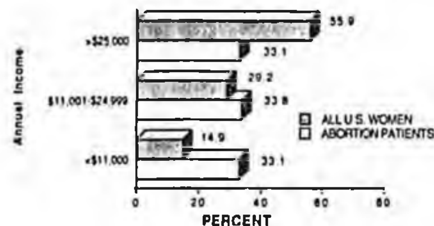
The religious affiliations of women who have abortions closely follow those of the U.S. female population in general. Because there are more Protestants in the US population, women who identify themselves as Protestant account for a higher percentage of the abortions performed in the U.S. than any other religious group.

However, when comparing within religious groups (for example, percent of Catholics having abortions compared to the percent of Catholics in the U.S. population), Catholics have proportionally more abortions (30% more) than Protestants. (3)



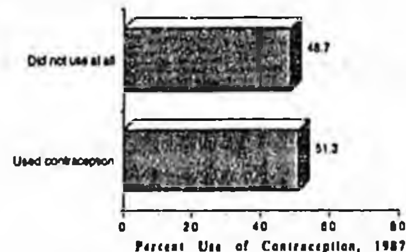
Income

As a proportion of the U.S. population, women in low income families (annual income of $11,000 or less) were more likely to have an abortion in 1987 than wealthier American women. (3)



Contraceptive Use

More than half of abortion patients surveyed were using a contraceptive *during the month in which they conceived.* (3)



It is evident, then, that the majority of abortion patients surveyed were actively attempting to avoid pregnancy.

It is also important to note that the majority of women having an abortion (57%) had no previous abortions, and most (84%) had one or none. (3)

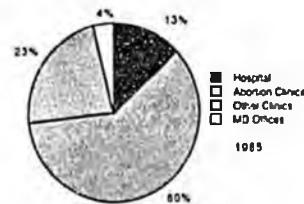
When Abortions Are Performed

Fifty-one percent of the 1.6 million abortions performed each year take place at *8 weeks gestation or less.* Ninety-one percent of all abortions are performed within *the first 12 weeks* of pregnancy, when it is safest for the woman. Ninety-nine percent are performed at 20 or fewer weeks. (1)

Percent of Abortions Performed At Four Stages of Gestation

Where Abortions Are Performed

When abortion was first legalized nationally in 1973, most abortions took place in the hospital. Now, however, the highest percentage of abortions take place outside the hospital, where costs are less and services are more specialized. (4)



Percent of Abortions Performed By Provider

Hospitals are still important in making abortion services available. Women with a history of medical problems, and women having instillation abortions, must be hospitalized. In addition, in many U.S. counties the hospital is the only facility where an abortion can be obtained.

A Glimpse of Abortion and Health Throughout the World

One woman dies every three minutes from complications of illegal abortion somewhere in the world.[1]

There were 55-60 million abortions worldwide in 1988—half legal, half illegal. [1]

- In developing countries, illegal abortion is a leading cause of death among women of reproductive age, killing an estimated 100,000 women each year. [4]
- In Latin America, illegal abortion is the number one killer among women aged 15 to 39. [5]
- In Brazil, where abortion is illegal, more than three million illegal abortions take place each year. Four million live births occur each year. [4]
- Bangladesh has an estimated 7,800 deaths each year attributable to complications from illegal abortion. [7]
- In Kenyatta National Hospital, Nairobi, 50 women are admitted **DAILY** for complications from illegal abortion. [5]

Cost, availability, and abortion rates vary in developed countries. There is no charge for abortion services in Sweden, Great Britain, and France; costs are very low but paid by the woman herself in the Netherlands and Canada. Services are most easily accessible in the Netherlands and Sweden. [8] It is interesting to note that the countries with the **LOWEST** abortion rates have the **BEST** accessibility to abortion and birth control services, and sexuality education programs.

Changes in abortion laws have had dramatic effects on abortion-related deaths and complications.

- In Czechoslovakia, abortion-related deaths fell 56 percent between 1953 and 1957, after many restrictions on abortion were lifted. [6,7]
- In Hungary, abortion-related deaths fell 38 percent between 1958 and 1962, after restrictions were lifted. [6,7]
- In Romania, abortion-related deaths increased 700 percent following passage of laws restricting legal abortion in 1966. [6,7]

And . . .

- In the United States, the number of deaths associated with abortion fell considerably following legalization, with a 92 percent decrease in deaths since the Center for Disease Control began surveillance of abortion in 1972. [2]

> **Bucarest, Romania.**
> Associated Press, January 3, 1990
>
> Wailing infants compete for the attention of a single matron. Toddlers stand in their cribs rocking from foot to foot. Eight-hundred orphaned or abandoned children in Orphanage No. 1 . . . Nicolae and Elena Ceausescu's youngest victims.
>
> The laws prohibited birth control, abortions and family planning information for women with fewer than *five* children.
>
> "The unhealthy and abandoned children living in this facility are a direct result of national policy," said Dr. Margareta Creteanu, the orphanage's chief medical officer. "An ill woman could not have an abortion, so many genetic illnesses were passed to the children."

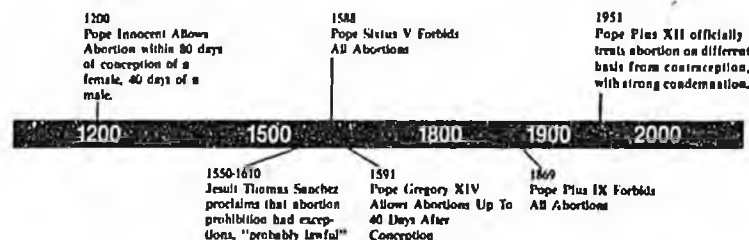
Ban Abortion. Limit Birth Control. Freeze Adoptions. Where does it end?

The History.

Throughout history, women have had abortions. Legal or illegal, abortion is not a new phenomenon. [9]

Laws against abortion did not, DO NOT, stop women from having abortions. There is no question that there will be abortions. The only question is whether women will be injured, or maimed . . . or die.

And it is interesting to note that in Christian Religions [9,10] . . .



In Judaism . . .

The Mishna, the first post-Biblical compilation of Jewish law and tradition of the third century, claims the legality of abortion in the words "her life takes precedence over its (the fetus) life." Thus "Just as she is permitted to sacrifice a portion of her body for her greater good, so, too, may she obtain permission for an abortion in order to assure her overall well-being." [11]

*"Quickening", the first motion of the fetus felt by a pregnant woman, usually occurs in the second trimester, 18-20 weeks after conception.

The Choices.

Parenthood . . . Adoption . . . Abortion.

Individual Lives.
Individual Choices.

Private.
Urgent.
And Personal.

Each choice carries the burden of responsible, informed decision-making, based on individual life situations.

Abortion is one choice that must be legal.

Because motherhood cannot be forced, nor legislated.

The Reasons.

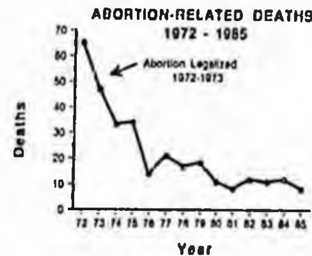
Upholding the Freedom of Choice . . . The Freedom to Choose One's Destiny.

ABORTION IS NEVER AN EASY DECISION. For this most personal choice, women and men have fought for, and achieved, women's legal rights to make their own decisions. Here are many of the important reasons why abortion must be legal.

The Nation's Health

1 **Women's lives are being saved.**

Abortion-related deaths for American women dropped by more than 40% in the single year following legalization of abortion. (2,12,13)



2 **Women's health is being saved.**

Before 1973, many women had very serious complications from illegal abortions. An average of 18 women per day were admitted to New York City hospitals for treatment of incomplete abortion prior to legalization in New York. (13)

3 **More healthy babies are being born.**

Couples at risk of having children affected with severe and often fatal genetic disorders have been willing to conceive because of the availability of amniocentesis and safe, legal abortion. (14)

4 **Fewer babies are dying from severe, traumatic birth defects.**

Women and families are no longer forced to carry a severely affected fetus to term, only to have to face the tragic suffering and death. (12)

5 **American women can have children that they can care for adequately.**

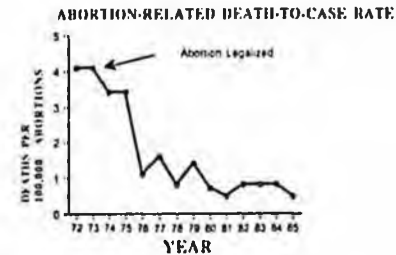
Crippling emotional and financial hardship is relieved.

6 **Teenagers are better able to postpone childbearing.**

Although teenage pregnancy remains a problem of national concern, the legalization of abortion has meant increased alternatives and lifetime opportunities for the teen faced with an unplanned pregnancy. Teenagers who bear children face enormous risks: health problems, school dropout, high divorce rates, poverty, and emotional turmoil are but a few.

Changes in Abortion Since Legalization.

7 **Legalization of abortion has saved women's lives. Since the Centers for Disease Control began surveillance of abortion in 1972, 93% fewer deaths have occurred.** (2,13)



8 **Since abortion was legalized nationally in 1973, it has become a medically safe alternative, improving the lives of America's women.**

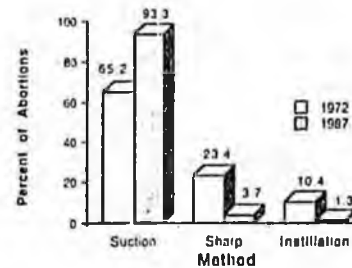
Before legalization, many women were reproductively crippled and emotionally scarred from illegal abortions.

9 ***Licensed medical personnel,*** **trained in the safest abortion techniques, perform all legal abortions.**

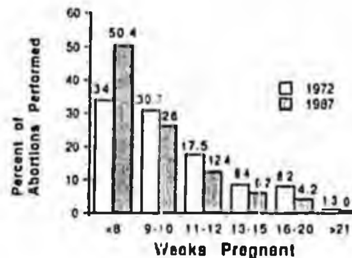
Before legalization, abortion services were not regulated . . . they were performed in back alleys, on kitchen tables, by people preying on desperate women.

10 **The safest medical procedure for performing abortion is now the most frequently used procedure.**

Suction curettage is now used in 93% of all abortions, and is *twice as safe* as sharp curettage, a procedure used extensively before legalization. Between 1972 and 1987, the use of suction curettage increased in use by 28%. (3)



11 **Access to legal abortion has greatly reduced delays in obtaining abortion services, so that abortions are performed earlier and are safer.** (3)



12 **Today, most abortions are performed in outpatient abortion clinics, staffed with well-trained, skilled personnel.**

Nearly all clinics have counselors on staff, who talk with women about all options available to them, and explain all risks and benefits of abortion.

13 **Most abortions performed in clinics now cost around $230. Before legalization, abortions were likely to cost $500 or more.** (15)

Even figured at a conservative 5% inflation rate per year, that amounts to a pre-legalization cost of almost $1,000.

14 **Today's abortion procedure, performed at 12 weeks of pregnancy or before, takes 10 minutes or less and causes minimal discomfort.**

The Safety of Abortion.

15 **The death rate from legal abortion at all stages of pregnancy is very low.** (14)

	Risk of death
Abortion, all stages	.7 per 100,000 abortions
Tonsillectomy	1.4 per 100,000 procedures
Childbirth	12.0 per 100,000 live births

16 ***Fewer than 1 percent*** **of women who undergo legal abortion sustain a serious complication.** (14)

17 **After 20 weeks of pregnancy, the risks of abortion are comparable to the risks of childbirth. The risks of abortion related complications increase with every week the procedure is delayed past the 8th week.** (1,14)

18 **An early abortion, performed by suction curettage, presents no problems in regard to later childbearing.** (1)

The Physical Health of the Pregnant Woman.

19 **A woman with uncontrolled diabetes faces extreme physical risk in pregnancy.**

20 **A woman may have cancer, diagnosed during pregnancy, and be in need of treatment detrimental to the fetus.**

21 **A woman may have a severe heart condition, making a pregnancy dangerous or life threatening.**

22 **Pulmonary hypertension may make pregnancy a fatal mistake.**

23 **An accident may threaten the life of the pregnant woman.**

Car accident, plane crash, crime and violence . . . all may cause extreme physical trauma. Pregnancy is an added physical burden to a life already in danger.

24 The woman with AIDS faces increased risk of deadly disease during pregnancy.

The immune system is depressed during pregnancy, and several viral diseases appear to be more common and virulent. The additive effects of pregnancy and HIV infection on the immune system can be devastating. (8)

25 Drug dependence is a physical, emotional, and economic disaster, most especially during pregnancy.

26 Alcoholism, like drug dependence, dramatically increases the medical, emotional, and economic risks for a pregnant woman.

27 A stroke or aneurism during pregnancy can cause coma and/or brain death in a pregnant woman, making pregnancy a life threatening condition.

28 Kidney disease can cause extremely high risk medical problems in pregnancy.

29 An older woman faces increased medical risks during pregnancy, yet is still at risk for unintended pregnancy.

30 A woman may be medically unable to use effective birth control methods, putting her at high risk of a traumatic unintended pregnancy.

For a variety of reasons, including heart conditions, hypertension, mental dysfunction, effective birth control methods may not be an option for a woman.

31 Even when used conscientiously, birth control methods do fail.

New data indicate that birth control failure rates during the first 12 months of use are: (17)

Oral contraceptives	6.2
Condoms	14.2
Diaphragm	15.6
Rhythm	16.2
Spermicides	26.3

32 A woman may be strongly advised by her doctor not to get pregnant, due to illness or hereditary factors.

Until birth control is 100% effective, abortion must remain an option.

The Physical Health of the Fetus.

33 Thirteen percent of women having abortions have been advised that their fetus has a defect *or* they fear that the fetus has been harmed by medications or other conditions.(1)

34 Technology now allows women the opportunity to make informed choices when faced with the certainty of serious fetal problems.

Ultrasound viewing and amniocentesis, an examination of the fluid surrounding the fetus, can now detect serious birth defects.

35 Physician administered medicines, administered before detection of pregnancy, can cause severe deformities.

Case in point: thalidomide. Abortion must be a legal option.

36 Drug dependence in pregnant women can have devastating physical effects on the fetus.

A woman must be able to choose abortion *or* parenthood.

37 Alcoholism in pregnant women can have profound effects on the fetus.

The effects include severe fetal alcohol syndrome, with physical and mental trauma, as well as emotional, psychological and economic failure of the families involved. These effects do not end at birth. Abortion must be an option.

38 Exposure to chemicals, medications and radiation can cause birth defects, ranging from the simple to the severe.

Unknowing exposure before pregnancy is detected can be life altering, and abortion must be one alternative.

39 Hereditary disease and genetic disorders can have devastating, life altering effects.

Parenting a special child must be an option, not a forced decision.

40 A pregnant woman with AIDS, a fatal disease, faces the devastating possibility of a child born with AIDS.

The frequency of transmission from infected mothers to their infants is as high as 50%. And a child born to a woman with AIDS will soon lose its mother. Women must have alternatives available for tragic situations. (8)

41 Many contagious diseases strike pregnant women with severe consequences.

Many fairly common and non-threatening diseases can cause severe problems in pregnancy, such as major birth defects.

42 Use of fertility drugs can produce as many as 9 embryos.

If all are allowed to develop, none will survive.

43 An older woman who becomes pregnant is at increased risk for having a child with birth defects.

The Psychological Health of the Woman

44 A pregnant woman who is mentally retarded may be unable to adequately care for a child.

Pregnancy and childbirth may create unmanageable emotional stress for such a woman.

45 A major psychological disease, such as schizophrenia or manic depressive illness, may cause a woman to be incapable of caring for a child.

46 A woman who is suicidal may be unable to withstand a pregnancy.

47 Unintended pregnancy can cause extreme and debilitating psychological stress.

Such stress may show itself in depression, alcohol and drug abuse, and even child abuse following the birth of an unwanted child.

Sexual Assault and Abuse

48 *Sixteen thousand women* become pregnant as a result of rape or incest each year and subsequently have abortions. [11]

Rape

49 Rape can happen to anyone. Young, old, black, white, rich, poor. Anyone.

It is estimated that one out of every ten American women will be raped in her lifetime. Pregnancy is but one traumatic consequence.

50 Rape is very under-reported; somewhere between 1-in-5 to 1-in-20 rapes are reported to authorities. [19]

Permitting abortion only in cases of rape, then, creates tremendous problems in proof and evidence.

51 Rape causes devastating emotional and psychological trauma, lasting months or years.

To require that a pregnancy resulting from such horror be carried to term aggravates victimization.

52 Rape is highly traumatic for husbands, boyfriends, entire families of rape victims.

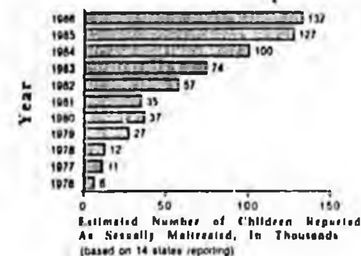
Carrying a resulting pregnancy to term destroys the very fabric of these relationships.

Incest

53 There were an estimated *327,520* cases of sexual maltreatment of children within families in the United States in 1986 alone. And most cases are not reported. [20]

Sexual abuse within families is not an isolated occurrence.

54 The number of sexually maltreated children has increased significantly between 1976 and 1986. [20]



55 A pregnancy resulting from incest usually means an emotionally torn *teenager* is facing psychological trauma and increased medical risks.

56 A family experiencing incest is a family in turmoil.

Incest is a severe symptom of a serious problem. A resulting pregnancy increases family trauma.

57 Incest has extreme emotional and psychological consequences, sometimes lasting a lifetime. A resulting pregnancy can cause unmanageable psychological problems.

Adolescent Pregnancy

58 In 1985, 1,031,000 American teenagers became pregnant; of those, 31,000 were younger than age 15. [21]

59 Thirteen percent of American teenagers aged 15 to 19 became pregnant in 1985; this compares to 11% in that age group in 1977. [11]

Unintended pregnancy among teenagers is a continuing problem.

60 Eighty-two percent of all teenage pregnancies are unintended. [11]

61 The health risks of pregnancy are much increased for an adolescent.

Research indicates that anemia, abruptio placentae and cephalopelvic disproportion are increased in pregnant adolescents. [22]

62 Adolescents are much less likely than their older counterparts to seek prenatal care; when care is received, it is usually begun much later in pregnancy.

This increases health risks . . . for the woman and the fetus. [22,23]

63 **Adolescents face serious economic disabilities when confronted with unintended pregnancy.**

Dependence on welfare is common among unmarried teenage mothers; their children in turn may be extremely disadvantaged.

64 **Teenagers who get pregnant and carry to term are much more likely than their non-pregnant peers to drop out of school.**

This seriously decreases their lifetime economic and career opportunities. [31]

65 **Adolescents often lack the maturity to adequately care for a child.**

Parenthood is difficult even under the most ideal circumstances. Immaturity makes parenthood an almost impossible task.

Social and Family Health

Adoption

66 **34,000 children wait to be adopted in the United States. Over 50% are minority. 82% are older, or have special needs.** [5]

Most families wanting to adopt will only accept healthy white children . . . and most want to adopt only babies.

67 **Over 450,000 children now wait in foster homes and state facilities for their fate to be decided.** [5]

Many have been removed from their parents due to abuse and neglect.

Family Violence

68 **Each year, hundreds of newborns are discarded, found in trash cans, plastic bags, wooded ravines.**

Desperate acts by desperate people. Throw-away babies . . . unwanted children. And society weeps.

May 17, 1989. Personal Tragedy. Public Pain.

> **CRIES ALERT MAN TO BABY IN RESTROOM TRASH CAN**
>
> **"It was at the bottom of the trash can with toilet paper stuffed in its mouth and paper piled on top of it. If she wanted it to live, she would have left it on the floor where somebody was sure to find it. Why would anyone do that?"**
>
> *Birmingham Post-Herald*
> *Thursday, May 18, 1989*

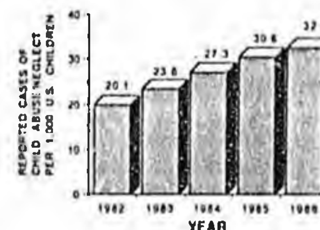
69 **2.1 Million Children were victims of child abuse or neglect in 1986.**

This is a startling 32.8 child-victims for every 1,000 U.S. children. [30]

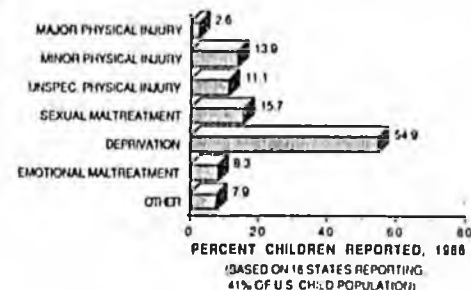
70 **1.3 Million Families reported cases of child abuse and neglect in the United States in 1986.** [30]

71 **Rates of reported Child Abuse and Neglect continue to increase.** [30]

Maltreatment of children is a continuing problem.



72 **Child abuse and neglect takes many frightening forms.** [20]



Note: Because a child may have experienced more than one type of abuse, the total is greater than 100%.

73 **An unintended pregnancy and economic failure . . . recipe for child abuse and neglect.**

Forty-eight percent of all families reporting abuse/neglect receive public assistance; only about 12 percent of all U.S. families receive public assistance. [20]

74 **The mother alone . . . sometimes too much to bear.**

Thirty-three percent of families reporting abuse/neglect are headed by a single female caretaker, compared to 23 percent of all U.S. families with children under 18. [20]

75 Spouse abuse. The unreported, untreated cancer within families. And unintended pregnancy increases the turmoil.

Family Size

76 An unintended pregnancy can put extreme stress on all family resources.
Time, money, housing, food . . . are not limitless resources. Families must be able to choose whether another child can be emotionally and economically supported.

77 Many couples actively limit family size for the well-being of children already in the family.

78 Spacing of children within the family must be an individual decision.
Children born too close together can cause a family physical, emotional, and economic hardship. And an older woman, with children already grown, may not have the emotional or physical stamina to withstand pregnancy, childbirth, and parenthood.

Citizens of the World

79 Homeless and helpless . . . millions of families and children throughout the world live on the streets, with nowhere to rest or warm themselves.
Brazil has an estimated 11 million children left helpless on the streets. (5)

80 Overpopulation in our world leaves millions dying of starvation.
430 Million people are malnourished in the world. (1)

81 Every day 40,000 children under age one die from starvation, malnutrition, and preventable infectious disease . . . the children suffer. (5)

Economics

Family Economics

82 In 1987, 32.5 million Americans were below the U.S. Poverty Level. That is more than thirteen percent of the U.S. population.
Poverty is a crippling problem for millions of Americans. (24)

83 A full 33.6 percent of American families with female heads of household fall below the poverty level.
Poverty and the single family household make unintended pregnancy a devastating problem. (24)

84 5.1 million American mothers of children under age 5 are employed full-time; full-time child care must be arranged and paid for.
Child care is hard to find and expensive . . . especially for the millions of America's poor. (24)

Public Funding and Abortion

85 For each $1.00 spent by the government on abortion, $4.00 is saved in medical and welfare expenses that would result from an unintended pregnancy. (1)

86 Since 1977, the U.S. Congress has barred the use of Federal funds to pay for abortion, except when the woman's life is in danger.
However, 13 states use state funds to pay for abortions for low income women. The availability of funding for abortions for poor women is a geographic patchwork . . . making abortion legal but unavailable to many of America's poor women (1)

87 The lack of abortion funding for low income women has resulted in delay in obtaining abortions as women try to raise funds.
In one study, about 22% of Medicaid eligible women who had second trimester abortions would have had safer first trimester procedures if funding had been available. (1)

88 In 1985, only 12% of all U.S. abortions were paid for out of public funds, mostly state funds. (1)

Legal Implications and Society's Price

89 THE RIGHT TO PRIVACY IS THREATENED. The outlawing of abortion is an extreme example of invasion of privacy.
It means compulsory pregnancy for women, regardless of individual beliefs and circumstances.

90 THE SEPARATION OF CHURCH AND STATE IS THREATENED. Arguments against abortion are based mainly on religion-specific ideas.
The Constitution is built on the belief in the necessity of religious freedom for *all* citizens. The outlawing of abortion threatens this basic belief.

91 DISCRIMINATION IS ILLEGAL. Restricted access to abortion, where the young and the poor are denied specific legal rights, is discriminatory. Current law denies equal access, due to the lack of funding for poor women.

92 FREE THOUGHT IN OUR FREE COUNTRY IS THREATENED. If an idea is opposed by some, can it be outlawed for all? People may differ on an issue as complex as abortion, but as Americans we must agree on the freedom to differ. The Majority of Americans favor the right to safe and legal abortion, yet a vocal few would outlaw abortion *for all.*

93 The national outlawing of abortion will leave women's healthcare bound by geography, politics, and personal economics.
States will vary on legalization and willingness to pay for abortions for low income women.

94 The criminalization of abortion causes tremendous legal confusion.
If abortion is made a criminal offense, who will the criminal be? The woman . . . the doctor . . . other healthcare professionals? What will the punishment be?

95 A ban on abortion may also outlaw post-conception birth control methods, such as some forms of the Pill and the IUD.

These birth control methods act to prevent implantation of the fertilized egg within days following conception, and thus are viewed by some as a method of "abortion".

96 The abortion controversy and the outlawing of abortion decreases interest *and* funding for research in contraception.

97 RU486, known as the "abortion pill", may be successfully used to treat breast cancer, prostate cancer, endometriosis, and Cushing Syndrome.

Manufacture and distribution of RU486 is thwarted in the United States due to the abortion controversy.

The Nations Voice

Majority Opinion

98 American voters consistently state that they favor keeping abortion legal, with 56% of those polled saying that they support "keeping it legal for women to be able to have abortions when they decide to have one."

In fact, 88% of those polled believe that abortion should be an available option under at least certain conditions. (25)

99 A full 63% of Americans polled would oppose the passage of a constitutional amendment that would make abortion illegal. (25)

100 The right to safe and legal abortion is publicly supported by many national organizations concerned with the health and welfare of our nation (26,27), including . . .

American Association of University Women
American College of Obstetricians and Gynecologists
American Federation of Government Employees
American Federation of Teachers
American Public Health Association
Federation of Business and Professional Women
International Ladies Garment Workers Union
League of Women Voters
National Association of Social Workers
National Coalition of 100 Black Women
National Education Association
National Urban League
National Women's Political Caucus
YWCA

. . . And the list goes on.

AND FINALLY . . .

101 THE WOMEN AND THEIR LIVES. For the woman who discovered that the fetus she carries has no brain, only a fluid filled cavity. . . the woman who was raped . . . the 15- year-old high school student who finds herself unintentionally pregnant . . . the mother of four on welfare . . . the 14-year-old whose father assaulted her . . . the woman whose husband abuses her and her three-year-old . . . for all the women struggling for control of their lives, abortion must be legal.

hear their cry . . .

"IT'S MY CHOICE"

References

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SHATTERING THE DREAMS OF YOUNG WOMEN:

The Tragic Consequences of Parental Involvement Laws

ACLU

REPRODUCTIVE FREEDOM PROJECT

INTRODUCTION

Every year, over one million young women between the ages of 12 and 19 — become pregnant. The vast majority of these pregnancies are unplanned and unwanted. Although the rate of sexual activity among teenagers is approximately the same in the United States as it is in England, Sweden, the Netherlands, France, and Canada, the United States has the highest rate of teenage pregnancy — primarily because teenagers here are unable to obtain comprehensive, low cost, and confidential birth control and abortion services.

Unfortunately, rather than expanding reproductive health services for teens, by 1990 thirty-two states had passed legislation mandating parental involvement with a young woman's abortion decision. In seven of these states, notification or consent is usually required of both biological, or adoptive, parents. Where implemented, these laws seriously burden a teenager's ability to choose between abortion and childbirth, significantly delay the performance of abortion, and impair the ability of health care workers to provide quality care. As outlined below, these laws punish young women for becoming pregnant; they do not promote family integrity, improve parent-child communication, or help with the teenager's decision-making process.

Do young women have the constitutional right to choose childbirth or abortion?

In 1976, the Supreme Court recognized that a "mature" unmarried minor woman has the constitutional right to decide, in consultation with a physician and without her parent's consent, to choose either abortion or childbirth. Three years later, in *Belotti v. Baird*, the Supreme Court found unconstitutional a Massachusetts parental consent law. But in that decision, the Court also suggested that a state may require parental involvement if it also provides teenage women with the opportunity, through an alternative judicial or administrative bypass procedure, to demonstrate maturity or show that their best interests require a confidential abortion. Since *Belotti*, the Supreme Court has decided five additional challenges to parental involvement laws.

Most recently, in the June 1990 *Hodgson v. Minnesota* decision, the Court upheld as constitutional Minnesota's two-parent notification law, so long as it included a sufficient court bypass mechanism. At the same time, it found unconstitutional Minnesota's two-parent notification statute that contained no bypass mechanism. On the same day, in *Ohio v. Akron Center for Reproductive Health*, the Court upheld as constitutional Ohio's one-parent notification statute because its bypass procedure met constitutional standards. Yet, as this pamphlet demonstrates, the tragic consequences of all parental involvement laws are too serious for public policymakers to ignore. Regardless of the Supreme Court's rulings, these laws are dangerous to the lives and health of young women.

Most teenagers voluntarily tell one or both parents about their abortion.

More than half of the young women seeking abortion voluntarily tell at least one parent about their decision. The younger the teen, the more likely her parents are to know about, and to have even suggested, the abortion. Nonetheless, a significant minority — about 25 percent of teenagers — will not tell their parents nor go to a clinic if parental notification is required. Often coming from severely dysfunctional or single-parent families, most of these teenagers hope to avoid the family crisis that the news of their abortion will cause.

Professional standards require that physicians provide young women with complete information about abortion and its alternatives.

It is standard medical practice to explain the abortion procedure and its medical risks to every patient. Physicians have a legal responsibility, independent of parental involvement laws, to ensure that each patient has given voluntary and informed consent to medical procedures. Even in the absence of parental involvement laws, nearly all clinics encourage young women to discuss their abortion choice with a parent. In an emergency, medical ethics require parental notification.

Young women are capable of making their own health care decisions.

Studies show that teenagers, like adults, can understand and reason about health care alternatives and make abortion decisions consistent with their own sense of what is right for them. Studies also note that adolescents are self-observant and able to provide their health histories as accurately as their parents. Certainly if a minor were too immature to decide to have an abortion, she would also not be mature enough to fulfill her duties as a parent. In fact, studies conclude that young women who choose abortion are more able to realize family goals and avoid later unwanted pregnancies than those teenagers who carry their pregnancies to term.

Recognizing that minors are fully capable of providing informed consent, all 50 states authorize minors to consent either to treatment for sexually transmitted diseases or to general medical care. Twenty-seven states authorize minors to consent to the treatment of pregnancy -- including Caesarian section surgery -- without parental involvement, and to consent to medical care for their children. Abortion is the only reproductive health decision singled out for special treatment.

Many young women are unable or unwilling to involve their parents.

Clinic and court personnel who have experience working with teenagers and their families universally agree that young women show an impressive degree of sensitivity and maturity in deciding whether to involve their parents. Both the state court judges assigned to court bypass hearings in Minnesota and the state's witnesses in the *Hodgson* case testified that teenagers accurately assess their family circumstances. Young women in Minnesota gave many reasons for their decision not to notify one or both parents: their parents' psychiatric or physical illness, drug or alcohol abuse; religious or moral views; likelihood of physical or sexual abuse. Several had no previous contact with the parent.

Involuntary parental notification can be disastrous to any family.

Most parents love their children, but conversations about sexuality and reproduction between loving parents and their adolescent children are often extremely uncomfortable for both sides. Not surprisingly, these kinds of discussions are entirely absent from many parent-child relationships. Although family experts believe that families generally benefit from voluntary and open communication, the same experts agree that compelled communication can destroy any existing good will among family members, particularly when parents are unable or unwilling to react supportively to the news of a daughter's abortion.

Mandatory notification is especially destructive in single-parent and abusive families.

Half of all recent marriages will end in divorce. Close to 60 percent of children born during the 1980's will live in a single-parent family before they reach the age of 18. Many noncustodial parents maintain little, if any, communication with their children. Pregnant adolescents are often perplexed as to why their noncustodial parents should become an important factor in their lives when they previously have offered little or no financial or emotional support.

Woman battering has come to be recognized as the most frequently committed violent crime in the nation. Some estimate that at least one in four women will be battered by a spouse or partner during her lifetime, and that at least 55 percent of children in these families also will be battered. In addition, experts estimate that one in five female children are sexually victimized during childhood; many of these young women will become pregnant. Forcing a young woman to notify her abusive parent of a pregnancy can have dangerous or even fatal consequences. Long-term studies of abusive families reveal that the incidence of violence escalates during pregnancy and during adolescence.

Becky Bell

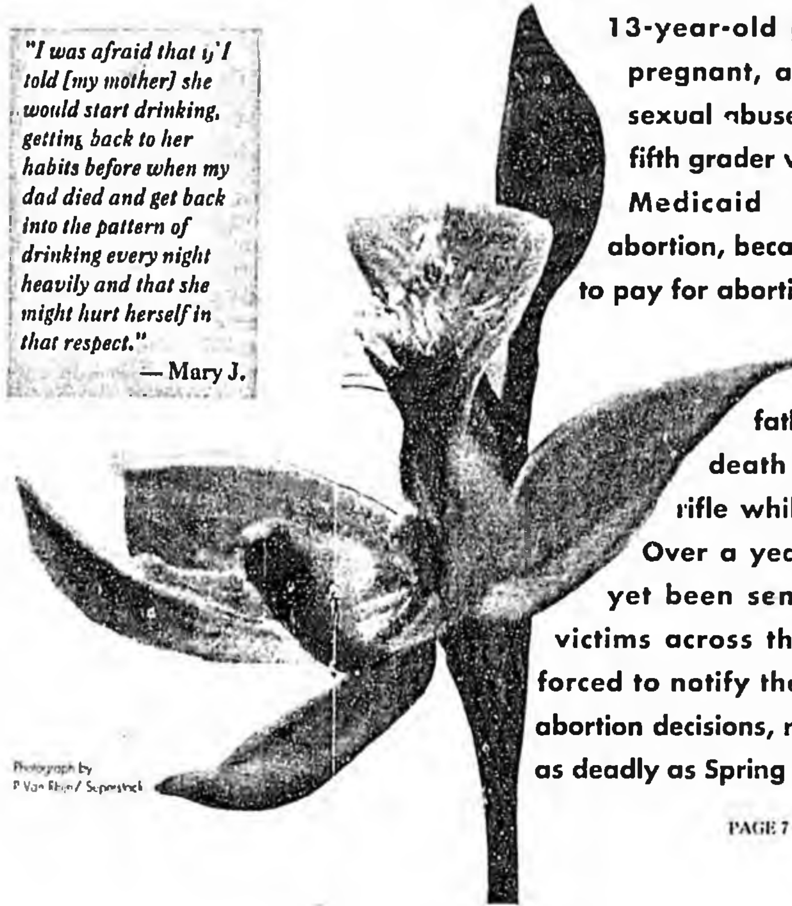
Becky Bell photograph courtesy of the Feminist Majority Foundation and Bill and Karen Bell

Indiana's parental consent law caused the senseless and heartbreaking death of Becky Bell, a 17-year-old Indianapolis high schooler who did not want to "disappoint" her parents by telling them she was pregnant. Rather than seek a legal abortion in neighboring Kentucky, or beg an anti-abortion judge who routinely denied waivers in her home town, Becky did what hundreds of thousands of women did before legalized abortion — she bought "medical care" in the back alley. Becky died of a massive septic infection from the botched abortion, only months before turning 18, when the law would have allowed her the privacy she so desperately sought.

"I was afraid that if I told [my mother] she would start drinking, getting back to her habits before when my dad died and get back into the pattern of drinking every night heavily and that she might hurt herself in that respect." — Mary J.

"My dad was an alcoholic when we lived with him. I remember him hitting my mom a couple of times and hitting us kids. [I see him] maybe two or three times a year." — Heather P.

"My father has a violent temper. His initial reaction would have been violent and angry and he probably would have hit me." — Sharon L.



Photograph by P. Van Rhijn / Superstock

In Fruitland, Idaho, Spring Adams, a 13-year-old girl, found herself pregnant, a result of repeated sexual abuse by her father. The fifth grader was unable to obtain Medicaid funding for her abortion, because the state refuses to pay for abortions that are a result of rape or incest. She notified her father, who shot her to death with a .30 caliber rifle while she lay sleeping. Over a year later, he has not yet been sentenced, but incest victims across the country are still forced to notify their abusers of their abortion decisions, risking consequences as deadly as Spring Adams'.

Dr. Lenore Walker, an eminent expert on the psychological effect of battering, has testified that telling a batterer that his daughter is pregnant is "much like showing a red cape to a bull."

Young women already face obstacles when obtaining abortions.

There are no abortion providers in 83 percent of all U.S. counties. In most states, providers are located only in major metropolitan areas, and few public and private hospitals will perform the procedure. This scarcity of providers forces rural women to travel hundreds of miles for services. Because only twelve states provide Medicaid funding for medically-necessary abortions, many women who are too poor to obtain care are forced to carry their pregnancies to term. Even for women with slightly higher incomes, the increasing costs of later abortions may prevent them from getting one. Those women who do find a provider and can afford the cost also face obstacles — frequent harassment by anti-abortion activists who blockade clinic entrances.

Because young women with irregular menstrual cycles take longer to recognize the signs of pregnancy, and because they have difficulty raising the money for an abortion, they often delay longer than older women when seeking an abortion. As a consequence, teenagers disproportionately need second trimester abortions, which are more complicated and costly to perform. Even after acquiring the money and locating a provider, teenagers have difficulty explaining their absence from school, as well as arranging transportation to the clinic and housing nearby.

The court bypass procedures force young women to obtain riskier, more costly abortions.

Although abortion is one of the safest surgical procedures that doctors perform, and significantly safer than childbirth, the later an abortion is performed, the more complicated and costly it is. Nevertheless, where parental involvement laws are in effect, court bypass procedures can routinely delay the abortion procedure from one to three weeks. A panel of the National Research Council, which has specifically recommended against mandatory parental involvement, based their recommendation in part on the "growing evidence that parental consent statutes cause teenagers to delay their abortions."

The Minnesota law that required Cynthia J. to notify both her parents or go to court to obtain permission for an abortion delayed her procedure almost three weeks, substantially increasing the risks to her health.

She missed three days of work and three days of school. Because she had been delayed into the second trimester of her pregnancy, the cost of Cynthia's abortion increased by $125, and the travel to and from St. Paul to obtain permission cost her an additional $150 — all of which she paid from her savings.

Court hearings are frightening and traumatic for young women.

Public defenders, guardians ad litem, and judges all agree that going to court is a frightening experience for young women. Teenagers, most of whom have never been to court before, approach the hearing with apprehension and anxiety — feeling embarrassed, ashamed, or that they have done something wrong. The court bypass process deprives teenagers of the orderly and reassuring experience essential to the provision of quality medical care. The young woman spends her morning under interrogation by strangers in the intimidating and usually chaotic courthouse. She often returns to the clinic tense, angry, or physically ill — in the worst possible condition to undergo surgery.

Court proceedings expose the private lives of young women to public scrutiny.

Courts and court houses are public places. Young women who go to court can face as many as 20 or more strangers who know they need an abortion. Many teenagers do not seek hearings in their home counties because they are afraid of being recognized. Instead, they endure added

Protecting anonymity is especially difficult in small communities where people know each other well. Kathy, a Minnesota teen, went to a court house where there were only two juvenile court judges. Because one judge was out of town, Kathy had to appear before a judge whom she knew personally and who she knew was opposed to abortion. He was a member of her parish and had a son in Kathy's high school class. Another teenager whose father was a well-known political figure in the city was recognized immediately by the judge. Another young woman entered the judge's chambers, only to find that the court reporter was her neighbor.

expense, further delay, and the burdens of traveling to a distant city — all to preserve some semblance of confidentiality.

Statutory exceptions do not protect young women from the harmful consequences of the law.

Although many laws do not require that "emancipated minors" notify their parents, they do not always define which young women are considered "emancipated." Clinics, which are subject to criminal penalties for violating the law, often require women to obtain a court order rather than risk a misinterpretation of the law. Similarly, the physical or sexual abuse exceptions listed in many state laws do not protect young victims, who often are reluctant to reveal that the abuse exists. Even those young women who want to seek help will stop when they learn that other state laws pertaining to abuse require government authorities to be notified, creating a substantial risk that their confidentiality will be destroyed.

Since no consensus among judges on the appropriate criteria has been reached, the determination of whether a teenager is "mature" or whether the abortion is in her "best interest" rests solely on the individual state court judge — not the young woman's actual developmental status or family circumstances. One judge may examine whether the minor has considered all the available options, another may question whether she can understand her situation. When determining a young woman's "best interests," some judges ask whether it would be in her best interest to have an abortion, others ask whether it would be in her best interest to notify her parents. Recently in Ohio, one judge applied Catch-22 reasoning when he denied a young woman's request for an abortion by finding that she was not mature. "If she was mature," he reasoned, "she would have notified her parents."

Parental involvement laws increase unwanted teenage motherhood.

Parental involvement laws cause some minors who would otherwise terminate unwanted pregnancies to carry to term. In Minneapolis, where complete data is available, the statistics are startling: the birthrate for 15-17-year-olds increased 38 percent compared to only a .3 percent rise for 18-19-year-olds who were not covered by the parental notification law. Prior to the law's enactment, there was no significant difference between the two age groups.

Unwanted motherhood is often devastating to teenagers and their children.

Motherhood is often debilitating educationally, economically, and physically to the teenage mother and her children. National studies show that mothers who give birth in their twenties are twice as likely to have graduated from high school, and four times more likely to finish college, than those who become mothers in their teens. With small children to care for, little education, fewer job skills, and no committed partners, teenage mothers are seven times more likely than other mothers to be poor. The younger the mother at childbirth, the lower her family income. Children of teenage mothers are more likely to be born with a low birth weight, which can lead to serious childhood injuries or illnesses; they are also twice as likely to die in infancy as children born to women in their twenties.

Parental involvement laws are not motivated by a desire to help young women.

The real goal of parental involvement laws is to discourage abortion. Drafted by anti-choice groups that seek to end all abortions, these laws are opposed by organizations traditionally concerned with helping teenagers and their families. To those who would outlaw all abortions, parental notification or consent is but one step in a series of legislative strategies intended to criminalize abortion again. Passage of these restrictions will merely intensify debate, not eliminate the abortion issue from the legislative agenda.

In the first clear test on this issue anywhere in the country, Oregon voters on election day 1990 rejected a ballot measure that would have required a young woman to notify a parent of her abortion decision. Despite pollsters' predictions that the measure would pass by an overwhelming margin — a poll only one month before the election showed that the measure would pass 65 percent to 35 percent — an educational campaign, coupled with old-fashioned election day organizing, changed voters' minds. Through public appearances and television commercials, voters were informed that parental involvement laws do not force minors to talk with their parents. Instead they drive perhaps our youngest and most vulnerable citizens to seek medical care in the back alley.

What laws and policies would really help young women?

Since parental involvement laws do not promote family communication, safeguard teen decision-making, or protect teenagers' health, what measures would accomplish these objectives? We should begin by repealing or substantially modifying all parental consent and notification laws — a crucial step in making reproductive health care and education accessible to young women. We should also provide funding for dramatically increased levels of reproductive health services and counseling — including contraception, abortion, and prenatal, labor, and post-partum care. We should work to institute comprehensive policies of sex and health education in communities and schools. The development of educational, job training, and family support services that relieve the burdens on families, promote communication, and prevent teenage pregnancy are also needed. Although expensive to start up, these programs will more than pay for themselves by reducing the long-term state dependency that teenage motherhood can create.

Whatever services are provided must be accessible. For teenagers, this means they must be located in or near schools or popular hang-outs, be open after school hours, and be free. Perhaps most important, programs must be strictly confidential. Young women who are ready to communicate with their parents about sexuality and reproductive health — including abortion — do so on their own. Mandated parental involvement will only cause those teens who are unable to communicate with their parents to forego necessary care, risking both their lives and health with tragic and sometimes even deadly consequences.

Photograph by Greta Pratt/ Impact Visuals

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PREVENTION. NOT PROHIBITION.

A positive approach for reducing unintended pregnancies and the abortion rate in Minnesota

Coordinated by

MINNESOTA WOMEN'S CONSORTIUM

550 Rice Street, St Paul, MN 55103. (612) [illegible]3-[illegible]

PREVENTION.

A positive approach for reducing unintended pregnancies and the abortion rate in Minnesota

Writer for the Project: Kate Parry
Director of the Project: Julie Luner

The Minnesota Women's Consortium is an association f 170 organizations committed to full equality for women. The Consortium acts as a resource center, referral network, information disseminator and serves as an umbrella for diverse groups of members and non-members to work together on specific projects. "Prevention, Not Prohibition" is one of those projects. It was developed over 7 months of discussions by knowledgeable members, non-members, professionals and public officials. Participation in the Project does not imply endorsement of the entire plan --- each organization has its own priorities. The following organizations had representatives at the discussions:

Abortion Rights Council
American Association of University Women
Arne Carlson Campaign Committee
Commission on the Economic Status of Women
Girl Scouts
GOP Feminist Caucus of MN
Metro University
MN Dept of Human Services, Children Division
MN Extension Service
MN Home Economics Association
MN House Representative Mary Jo McGuire
MN House Representative Sandy Pappas
MN House Representative Gloria Segal
MN House Candidate Kathleen Sekhon
MN N.O.W.
MN N.O.W., District 66 for Choice
MN Nurses Association
MN Nurses Association, Third District
MN Senator Linda Berglin
MN Women's Political Caucus
National Council of Jewish Women
Planned Parenthood of MN
School Nurse Organization of MN
Many individuals

NOT PROHIBITION.

- Minnesotans are practical, sensible people who believe in research, open discussion and public education to help solve our problems. At least, we like to think that's what we believe. But we do not use any of these sensible tools when it comes to our children's sexual activity, contraception, unplanned pregnancies and teen parenthood. We Minnesotans simply don't talk about it; so the problems grow, cost us more money each year and bring poverty and tragedy to too many of our youngsters.

  The dialogue about abortion in Minnesota has become bitter and strident. Yet there is almost no dialogue about the cause of abortion: unwanted and/or unintended pregnancies. There are 15,000 to 16,000 abortions performed in Minnesota each year. This number could be dramatically reduced with two straight-forward proposals: 1) abstinence and 2) contraception.

- Most parents in Minnesota do not talk to their children about sex; they want their adolescent children to abstain from sexual activity. But we must face the painful facts: 22% of 9th grade girls, 35% of 9th grade boys have had sexual intercourse; by the 12th grade it is 60% of the girls and 62% of the boys. These children are at risk of becoming pregnant. Parents, families, churches, schools are not teaching abstinence and we are not teaching self-discipline. If we cannot talk about sex with our youngsters then we must at least make sure that trained teachers and counselors will.

- Most parents in Minnesota want their children to have enough self-esteem and self-confidence to say "no" to activities that will lead them into poverty, social isolation and rejection. But the facts are: lifelong poverty almost always follows a family started by teenagers. Over 50% of women who become mothers before age 18 never complete high school; girls or boys of 18 or 19 without college or vocational training can rarely earn enough to support a family so they depend on AFDC, Medicaid, food stamps, WIC and foster care. We pay that bill and at the same time we rob our children of an independent and economically secure future. If we do not have the confidence to teach self-esteem to our children, we must make sure that our schools, churches and communities do.

- Most Minnesotans believe sex education is taught in the public schools. It is not. A few schools and school districts have excellent curriculum and teachers; but nowhere in state statutes is sex education even mentioned.

  Nor do school-based or community-based clinics exist in any but a very few communities. Young Minnesotans have almost no help in preventing sexually transmitted diseases, even though cases of syphilis are at a 40-year high. There is a statewide toll-free hotline for pregnancy information and referral, but very few people know about it. Our school nurses do a thorough and sensitive job but there are very few of them — only 1 in each district of at least 1,000 students.

- There is no one solution to preventing unwanted pregnancies. This booklet, created by a broad base of community organizations, presents a number of recommendations to challenge the legislature, school boards, parents, adolescents, community leaders, and budget committees. We must begin research, open discussion and public education on these problems. We owe our Minnesota children -- and all of our citizens -- no less.

The Problem:

Birth control is not available to many Minnesotans.

The Facts:

Use of medical method contraceptives [1] could reduce unintended pregnancies, the abortion rate, and the cost to taxpayers of unintended children born to single and low income women. Almost half of all Minnesota families on AFDC began with a teen birth. [2]

Thirty-three of Minnesota's 87 counties DO NOT provide funding to subsidize medical birth control methods for their low-income residents. (Medical methods include birth control pills, intra uterine devices, condoms and diaphragms.) Those counties are home to 70,560 women at risk of unintended pregnancy because of age or poverty, according to the Minnesota Department of Health.

Minnesota funding for contraceptives has remained virtually stable since 1979. [3] Federal Title X monies for birth control have been cut --- leaving a funding gap the state has failed to fill.

The result: Wealthy women can buy their own birth control. Women on Medical Assistance have access to birth control if they can find a doctor who will accept Medical Assistance reimbursement --- which is not possible in an increasing number of Minnesota counties. The Albert Lea Regional Medical Center in Freeborn County has ceased taking Medical Assistance clients, as has the Owatonna Regional Medical Center in Steele County.

The cost of a year of birth control pills plus examination from a private physician and pharmacy ranges between $282 and $333. [4]

Many teens and working low-income women don't qualify for Medical Assistance. Subsidized services for those groups that easily slip below the poverty line are scarce outside major urban areas.

Some Minnesota counties only subsidize "natural family planning". With a 24 percent failure rate [5] and the need for rigorous monthly record keeping, natural family planning is not a realistic option for many Minnesotans. For the average teenager, it's worse than no method at all because it gives her an illusion of safety that's not really there.

One-fourth of the $2 million the Legislature appropriated in the 1988-1989 biennium for Family Planning Special Projects will not be spent to provide medical method birth control.

Minnesota is experiencing a contraceptive disaster: In 1987 (the most recent year for which statistics are available), 49 percent of women who received abortions in the United States were not using birth control at the time of conception. [6] But in Minnesota, 71 percent of all women who received abortions in 1987 were not using birth control at the time they conceived, according to the Minnesota Department of Health. [7]

Recommended Solutions:

- Significantly increase state funding for family planning grants.
- Ensure access to medical methods of birth control for all Minnesota women regardless of income, age or place of residence.
- Require county boards to use state family planning funds to subsidize medical method birth control options, including methods for men.

What Won't Work:

Using family planning funds only for "natural family planning" and programs that offer teenagers, many of them already sexually active, abstinence as the only other alternative. Remember: In an area as complex as human sexuality, it's wise to beware of simple solutions.

The Problem:

Existing services to prevent teenage pregnancies are inadequate and poorly coordinated.

The Facts:

About 80 percent of all unintended pregnancies are to teens. In 1985, nearly half of the 9,224 Minnesota girls ages 15 to 19 who became pregnant had abortions. [8] Clearly, anyone desiring a reduction in the abortion rate and in the soaring cost of teenage motherhood to society must focus on PREVENTION of teen pregnancies.

Almost half of all Minnesota families on AFDC began with a teen birth. Teen parents stay on welfare longer than most families. A single mother under age 25 is three times more likely to be poor than a couple under 25 with children the same age. Three-fourths of single mothers live in poverty. [9]

A 1985 Minnesota Department of Human Services report found that: [10]

- Two-thirds of women with a child under six years and not currently married were AFDC users in 1980.
- The more children a single woman has, the more difficult it is for her to get off of AFDC.
- Single parenthood as a result of out-of-wedlock births leads to a higher proportion of persistent AFDC use than that produced by single parenthood resulting from divorce.

But the resources these teenagers could use to prevent pregnancies are hard to find, limited in scope and in many rural counties non-existent.

Minnesota teenagers lag behind other teens across the nation in contraceptive use. Minnesota Department of Health statistics for 1987 show almost all Minnesota teenagers seeking abortions were not using birth control at the time they conceived: [11]

PERCENTAGE NOT USING BIRTH CONTROL:

Minnesota:			Nationally:		
	All women	71%		All women	49%
	18-19 yrs.	80%		18-19 yrs.	51%
	15-17 yrs.	84%		under 17	61%
	under 15	91%			

In a 1983 University of Minnesota study of 650 Minnesota teenagers, 90 percent said lack of access to birth control and embarrassment about discussing contraception were the top influences accounting for unintended teen pregnancy. [12]

While they aren't using birth control, many Minnesota teenagers are sexually active. In 1984, the Search Institute, a private research organization based in Minneapolis, conducted a major survey of 8,000 teenagers for 11 mainstream Catholic and Protestant church bodies and two service organizations. [13] That survey found that 20 percent of 9th graders reported they had had sexual intercourse.

In the 1989 Minnesota Student Survey report conducted by the Minnesota Department of Education, Learner Support Systems, they found that of 91,175 students grades 6 through 12 in Minnesota Public schools, 22 percent of female 9th graders and 35 percent of males reported having sexual intercourse. By the 12th grade, 60 percent of females and 62 percent of males reported being sexually active. [14]

Recommended Solutions:

- Establish an adolescent pregnancy division within the Department of Health responsible for the coordination and development of services for adolescents who are pregnant or who are at risk of pregnancy.
- Standardize the pregnancy prevention programs used by school nurses throughout the state to include access to information on sexuality, birth control, and availability of birth control methods.

The Problem:

Too many Minnesota teenagers are unable to make informed, responsible decisions about sex.

The Facts:

Minnesota does not require sex education, presented in developmentally appropriate ways, through the schools. There is no organized effort to educate parents so they can accurately discuss sex with their children. <u>In fact, the words "sex education" don't exist anywhere in Minnesota statutes.</u>

In many school districts, students don't begin studying biology before age 16, even though the onset of sexual activity for many youngsters is at age 13 or 14. High school students often receive training on how to pay rent, do their taxes, set a household budget and sometimes parenting education. But not sexuality education that could interrupt the costly cycle of unintended teenage pregnancies. <u>About half of those pregnancies end in abortion.</u> [15]

In 1983, the Minneapolis-based Search Institute asked 8,000 youths if they would be interested in a program on understanding sex better; 79 percent said "yes." [16]

Ten thousand parents were asked if they were interested in programs that help PARENTS learn more about sex education; 45 percent said "yes."

In 1986, the Search Institute conducted a teenage pregnancy survey [17] for the City of Minneapolis, surveying 317 randomly selected city adults, 149 elected or appointed city officials and 232 officers or executives of community organizations. The results:

When asked if they thought sex education and family planning encourages teenage sexual activity, a mere 9 percent of public officials, 6 percent of community leaders, and 19 percent of the general population said they thought it did. Obviously, most respondents do not fear increases in sex education and family planning for their children will lead to sexual activity.

<u>Seventy-seven percent of community leaders and 61 percent of the general population believed sex education should be provided in elementary schools (grades 1 to 6). At the junior high level, more than 90 percent of respondents in each category felt sex education should be taught.</u>

As far back as 1948, the Minnesota Poll showed that 75 percent of adult Minnesotans thought high school students should receive sex education and 57 percent thought it should be taught in grade school. [18] It's time to give Minnesotans what they have wanted for more than 40 years — sex education in the schools.

Recommended Solutions:

- Require each school district to offer developmentally and socially appropriate sex education for grades K-12 taught by certified health educators, including information on male responsibility, decisionmaking and resistance to peer pressure.
- Develop programs to train parents to talk to their children about sex.
- Replace the term "family life" with "family life and sex education" in Minnesota statute. We must confront problems of teenage sexuality openly and honestly, without hiding behind euphemisms.

What Won't Work:

Listening to the vocal minority who insist, despite concrete evidence to the contrary, that providing teenagers with accurate information about sexuality and family planning will encourage sexual activity. Their vocal opposition is preventing schools from offering programs that could significantly reduce teenage pregnancies and abortions and that lead to a healthier teenage population.

The Problem:

Minnesota teenagers, especially in Greater Minnesota, can't get health care and birth control to prevent pregnancy and the spread of sexually transmitted diseases, including AIDS.

The Facts:

Here in Minnesota, we have a marvelous example of the benefit of school-based health clinics. The private, nonprofit HealthStart has operated school-based health clinics in the St. Paul Public Schools since 1973.

A follow-up study of more than 150 prenatal patients at the clinics who had babies between 1974 and 1981 showed that 80 percent completed high school.[19] Of those, the repeat birth rate was 1.3 percent. That compares to national data showing just 49.9 percent of teen mothers graduating and repeat birth rates within a year of the first birth of over 17 percent.

In addition to prenatal and family planning care, the clinics provide physicals, psychological counseling, weight control and nutrition counseling.

Yet school-based clinics are unavailable in most Minnesota school districts. Those who fear these clinics will become a conduit for abortion services and those who believe sexuality education fosters sexual activity are preventing the tremendous benefits these clinics could provide for thousands of Minnesota teenagers.

As of October 1, 1989, only the 16,121 teenagers in Minneapolis and St. Paul high schools had access to on-site school health clinics --- just 7.6 percent of the state's 210,986 high school students.

Increasingly, as students seek treatment in those clinics for sexually transmitted diseases, they are revealing histories of multiple sexual partners, according to Donna Zimmerman, executive director of HealthStart. That dramatically increases their risk for getting and spreading AIDS.

In 1989, 230 St. Paul high school students were treated at school clinics for sexually transmitted diseases. Once the clinics begin testing for viral venereal warts, that number is likely to jump considerably, Zimmerman said.

In the 1986 Search Institute survey for the City of Minneapolis, respondents were asked if junior and senior high school students should get information on birth control at school.[20] Eighty-eight percent of public officials agreed they should, 85 percent of community leaders agreed and 78 percent of the general public agreed.

This is an area where Minnesota can learn a lot from the experience of other countries. In the 1988 study "*Unintended Pregnancy, Contraceptive Practice and Family Planning Services in Developed Countries,*" researchers found that countries with the lowest abortion rates have the best accessibility to abortion, birth control services and sexuality education.[21]

Recommended Solutions:

- **Appropriate funds and require each school district or consortium of schools to establish a school-based health clinic.**
- **Require a minimum number of students necessary for each clinic to encourage districts to join in their efforts. In rural areas, consortiums could employ roving registered nurses and doctors, on the model of the old visiting nurse, to provide medical staffing for clinics.**
- **Require parental consent for use of clinics, within the parameters established in the Minnesota Minor Consent Law.**

What Won't Work:

Prohibiting school clinics from dispensing contraceptives in the false belief that will limit teenage sexual activity. Teenagers struggle to use birth control under the best, most supportive conditions. If they don't have access to it, they don't stop having sex, but they do get pregnant and contract diseases.

The Problem:

Minnesota teenagers lack adequate options for becoming informed about abortion under the current parental notification law.

The Facts:

Minnesota teenagers who want an abortion are required to inform BOTH biological parents or seek a judicial waiver of that notification by appearing before a judge. The state's goal: to foster family communication.

In reality, mandatory parental notification does little to foster family communication. Women who would tell their parents without a law will do so with a law, and the rest will seek a judicial bypass. But that final option intimidates young women from acting early, sometimes delaying abortions into the second trimester, when the risk of complications increases.

From 1981, (when the law was enacted), to 1986 (when a federal judge suspended it), 7,200 teenagers sought abortions. Of those, 3,600 appeared in court rather than inform their parents, with one-fourth of those teens appearing before the judge with one parent by their side.

In Minnesota, teens are required to notify both parents even though only half of the state's minors live with both biological parents and a third live with only one parent.

Recommended Solutions:

- **Enact a "Trusted Adult" statute to protect teenagers' privacy rights while ensuring their rights to and need for counseling. Teenagers could choose another adult relative, such as grandparents, aunts or uncles, or turn to a trained counseling professional, including the clergy, to fulfill the notification requirement in the law.**

The Problem:

Young men do not take equal responsibility for preventing pregnancy.

The Facts:

In 1985, 1,031,000 American teenagers became pregnant — 31,000 younger than age 15.

Young women facing tough decisions of becoming single teenage mothers, giving up their babies for adoption, or terminating the pregnancy did not become pregnant in a vacuum.

We do not teach young men responsible sexual behavior and ways to use contraception as protection against unintended pregnancy, sexually transmitted diseases, and the AIDS virus. We have neglected them, unfairly placing the burden of sexual responsibility on young women.

There are scattered programs that address male responsibility. But there is no comprehensive, consistent approach employed in Minnesota.

Young men need greater knowledge about their sexuality and responsibility, they need access to birth control, and they need to learn to communicate with young women about birth control. Most of all, they need a strong, unequivocal message from many directions that THEY ARE RESPONSIBLE FOR PREVENTING UNINTENDED PREGNANCIES.

Recommended Solutions:

- Appropriate funds to the Department of Education to provide challenge grants to develop male responsibility pilot programs, encouraging public-private partnerships and traditional men's and boys' service organizations to lead the way.

What Won't Work:

Fear that giving young men access to birth control and information will make them more sexually active. In the Minnesota Department of Education, Learner Support Systems survey of 91,175 public school students, of the 35% of 9th grade boys who reported having had sexual intercourse, just 37 percent of that group reported always using birth control. [23] Withholding information and services isn't stopping sexual activity, it is just making it more dangerous to Minnesota teens.

The Problem:

Further abortion restrictions would carry an enormous price tag.

The Facts:

In Minnesota, we require fiscal impact statements and environmental impact statements for many controversial projects. Unfortunately, Minnesota fails to require fiscal impact statements for abortions restrictions, which carry an economic impact that could be devastating.

A fiscal note prepared during the 1990 Legislative Session on S. F. 1688 (a bill that would ban up to 93 percent of all abortions) indicated that just the legal and administrative costs of implementing and defending the law would have totaled $296,000. [24]

That fiscal note did not include an estimate of AFDC and Medical Assistance costs, but the Senate Research staff prepared a conservative estimate of those costs if Minnesota adopted such a bill banning 90 percent of the 15,000 to 16,000 abortions women seek each year.

For the fiscal analysis, Senate researchers calculated how many women seeking abortions are single (85 percent) and what proportion would become AFDC recipients based on the current proportion of single women with children under age 6 who go on AFDC (67 percent).

They assumed that half the women presently obtaining abortions would go out of state for abortions. They assumed that half of the remainder would put their child up for adoption.

Even with their cautious estimating procedures, the researchers calculated that by Fiscal Year 1993, S.F. 1688 would have cost a total of $34,186,919 in additional AFDC and Medical Assistance. Of that total, $13,870,550 would be paid for by Minnesota taxpayers. [25]

Recommended Solutions:

- Require on any bill to limit access to abortion a full fiscal impact statement.

1. Minnesota cut family planning by $195,000 between 1979-91. Of the $2 million appropriated for family planning special projects in the 1988-89 biennium, $500,000 - 1 out of every 4 dollars - was not spent on medical methods of contraception.[40]

The Economics of Unintended Pregnancies

Beyond the human toll of unintended pregnancies and inadequate prenatal care, there is an economic cost.

3. Almost half of all Minnesota families on AFDC began with a teen birth. Teen parents stay on welfare longer than most families.[2]

5. In 1987, the U.S. spent $21.5 billion on families begun when the mother was a teenager. Minnesota spent $503 million that year on AFDC, Medicaid and Food Stamps for these families; that does not include housing, special education, child protection, foster care, daycare or other services.

Arguments Against Preventing Unintended Pregnancies:

Some argue society is not well served by preventing unintended pregnancies. They say we need more citizens to pay into Social Security, to keep the labor pool going, to ensure a supply of soldiers and to prevent consolidation of school districts. We value our children as more than that, and find those arguements short-sighted and offensive.

8. If the bill to ban 93% of MN abortions had passed the legislature last session, AFDC and Medical Assistance costs would have been $34,186,919 by 1993. MN's share would have been $13,879,559.[28]

2 Taxpayers save $4.40 for every dollar that the government spends on family planning, according to a 1990 study by Alan Guttmacher Institute.[39]

4 It costs $1600 per day during an average 23-day stay to care for a premature baby in the Neonatal Intensive Care Unit of St. Paul Children's Hospital. Low income women are at disproportionately high risk for preterm births.

6 $5,337.97 was one day's cost to St. Paul police for handling a demonstration by antiabortion activists and processing the illegal blockers of a Planned Parenthood clinic, June 22, 1990.[26]

7 If all first births to teenage mothers in 1986 alone could have been delayed past age 19, savings in public costs over 20 years would have been $2.2 billion in 1986 dollars.[41]

9 The cost of administering that same bill (to ban 93% of abortions) and defending it in court was estimated at $296,000 in a fiscal note prepared by the state.

The Problem:

Illegal blockades at medical facilities providing abortions prevent people from reaching legal medical care.

The Facts:

An elderly woman trying to reach her cardiologist is blocked by protesters trying to shut down Midwest Health Center for Women in the same building. A Planned Parenthood vasectomy clinic — an effective way to reduce the abortion rate — is delayed by anti-abortion protesters blocking the doors.

Certainly there is room in our society for everyone to express opinions without this dangerous infringement on the rights of others. Moving picket lines are a legal way to express an opinion. Blocking doors is not, but the penalties (in most cases a misdemeanor fine of $25) have not deterred illegal blockades.

The current penalties also aren't enough to cover the taxpayers' cost of numerous police officers working for hours to remove those who illegally blockade buildings, take them to the police station, book them and appear in court.

The following is an estimate by St. Paul police of the cost for policing service at a demonstration by anti-abortion activists at the Ford Parkway Planned Parenthood clinic in St. Paul on June 22, 1990.[26] The figures include staffing the demonstration site, processing and booking demonstrators and funds lost to the city because demonstrators injured an officer who was unable to work for five days.

THE COST OF ONE MORNING OF ILLEGAL BLOCKADING/ JUNE 22, 1990

Item	Cost
Cost in wages	$4,513.57
Cost in equipment	$30.00
Cost in lost wages due to officer injured by demonstrators	$800.40
TOTAL COST TO POLICE	$5,333.97

(Does not include court costs and some administrative costs.)

Recommended Solutions:

- Prohibit persons from interfering with access to medical facilities. Maryland passed such a law in 1989.
- Attach fines high enough to deter future violations and to cover the cost to police of arresting and prosecuting violators.

What Won't Work:

Assuming that all citizens have the restraint to use their First Amendment rights in a way that does not cause physical danger to their fellow citizens or seriously infringe on the rights of others to seek legal medical care.

The Problem:

Efforts to prevent unintended pregnancies lack the coordination needed to be effective.

The Facts:

Many people in Minnesota are trying to grapple with the immense problem of unintended pregnancies. But without central coordination, their efforts are piecemeal and ineffective.

The numbers speak for themselves: In 1987, 8,845 Minnesota teens became pregnant and 4,856 gave birth. Of those, 1,588 were to girls under age 17. [27]

Minnesota's very responsible corporate community needs to be drawn further into this complex issue, where their expertise and resources would be invaluable.

In April, 1990, the Interagency Adolescent Pregnancy and Parenting Team Prevention Project (operating through the Minnesota State Planning Agency) issued a proposal aimed at developing a comprehensive public/private approach to adolescent pregnancy and poor decision making skills among adolescents.

The data in that proposal provides a glimpse of how far-reaching the effects of adolescent pregnancy and decision-making can be for individual Minnesotans and for the state:

"In addition to being a major factor associated with adolescent pregnancy, poor decisions among adolescents are also related to other risk taking behaviors . . . Poor decision-making among adolescents has been cited as a major correlative with truancy, high school dropouts, behavior problems, substance abuse, and criminal activity. Moreover, adolescents' inability to make sound, long term decisions about life options have socioeconomic effects in adulthood."

Recommended Solutions:

- Establish, in accordance with the Interagency Adolescent Pregnancy and Parenting Team Prevention Project recommendations, a project to develop a common strategy for decreasing adolescent pregnancy and improving decision-making skills among teens. The project would be housed within the State Planning Agency for a five-year trial period while its effectiveness is monitored. After that, it would be appropriately placed in the Department of Human Services.

  Among the project's goals would be:

  1) To improve coordination and collaboration of state and local agencies and community groups on the issues of adolescent pregnancy and decision-making in Minnesota.
  2) To help communities in the implementation of innovative programs that increase problem-solving ability and improve life options of adolescents.
  3) Establish a Minnesota affiliate of the National Organization on Adolescent Pregnancy and Parenting.
  4) Establish a state clearinghouse on adolescent pregnancy prevention and decision-making approaches and programs.
  5) To establish adolescent pregnancy prevention and decision-making programs in ten targeted Minnesota communities.
  6) To adapt programs and strategies for use in areas with cultural differences.
  7) To provide technical assistance to communities seeking to develop their own program.

The Problem:

The number of low birth weight and premature babies remains high because many low-income women do not use prenatal care already available.

The Facts:

For women who choose to carry babies to term, good prenatal care is essential. Appropriate prenatal medical care and support often can allow babies at risk for pre-term birth or low birth weight to be born healthy, at full term. When that preventive care is not used, however, the cost of caring for premature babies — many with long-term disabilities — is high.

Many low income women are not informed of or urged to use programs already in place that could ensure better pregnancy outcomes. Many women with incomes between 100 percent and 185 percent of the federal poverty level are eligible for free prenatal care but never apply.

Of the approximately 67,000 births in Minnesota each year, as many as 25 percent are to low-income women. But a deeply disproportionate estimated 50 percent of the high risk births in Minnesota occur in that group, according to Dr. Carolyn McKay, director of Maternal Child Health for the Minnesota Department of Health.

Dr. McKay estimated that 50 percent of those high risk births could be predicted and steps could be taken to ensure better pregnancy outcomes if early, prenatal care was used.

She said the reasons for the disproportion among low-income women include age, socioeconomic status, lack of social support, inadequate education and barriers to continuity in medical care.

A recent study of low-income women and prenatal care in Minneapolis showed that women in the city's poorest neighborhoods were twice as likely to have low birthweight babies as women in affluent neighborhoods. [28]

The costs of the remarkable medical technology that can keep premature and low birthweight babies alive is staggering:

As of August, 1990, the average cost of caring for an "average" preemie (born at 29 weeks gestation) was $1,600 a day, according to data from the Neonatal Intensive Care Unit at St. Paul Children's Hospital. The average length of stay was 23 days. Some babies stay for a year. The more premature the baby, the longer the stay and the greater the cost. The most expensive case at Children's Hospital in 1989 was a premature infant whose care cost $290,428.

Increasingly common in Minnesota are so-called "million dollar babies": Those pre-term babies who require long term care that literally exceeds a million dollars -- affecting taxes and insurance rates.

Money spent on prenatal care will produce more healthy babies and avoid costs. The money saved could be used to provide better prenatal care.

Recommended Solutions:

- Support and expand outreach programs for low income preganant women at risk of delivering preterm or low birth weight babies, such as the fledgling media campaign being developed by the state Department of Human Services and the March of Dimes.
- In urban areas, target money to strengthen efforts of community clinics. Tailor outreach to special urban populations.
- In rural areas, provide money for a massive public awareness program. Printing a pamphlet to give to public assistance recipients isn't enough.
- Support development of sexuality and reproductive health education programs to educate Minnesotans about the risk of unintended pregnancy and steps they can take before becoming sexually active to ensure healthier babies.

What Won't Work:

County-by-county efforts that leave service gaps.

The Problem:

Low income women have no right to choose; their health and safety is in jeopardy because medical assistance does not fund abortion services.

The Facts:

In Minnesota, only victims of incest, victims of rape who report the crime within 48 hours, or women whose lives are in danger (as certified by two doctors) are eligible for abortion funded by Medical Assistance. Beyond the cruelty inflicted by those limitations, there are women who face permanent health problems if they cannot get an abortion.

Pregnancy can be extremely dangerous for women with many conditions such as uncontrolled diabetes, severe heart condition or pulmonary hypertension. For women with cancer diagnosed during pregnancy, the life-saving treatment she requires can severely deform the fetus. Pregnant women experiencing extreme physical trauma from an accident, crime or violence may find pregnancy a barrier to their recovery.

There is growing research suggesting that when HIV positive women become pregnant, the pregnancy accelerates development of AIDS because pregnancy depresses the immune system. [29] HIV positive women pass the deadly virus to their babies 50 percent of the time.

Some Medical Assistance eligible women who had second trimester abortions would have had safer first trimester procedures if funding had been available. [30] Much time is lost scrounging around for money outside the state system.

Even if a low-income woman's doctor advises her not to get pregnant because of illness or hereditary factors, no birth control methods are 100 percent effective. For Minnesota to abandon these women in crisis is morally inexcusable and fiscally irresponsible.

Recommended Solutions:

- To ensure equal treatment, restore Medicaid funding for abortion services.

The Problem:

State-by-state approaches to abortion rights threaten to keep our legislatures and communities divided far into the next century.

The Facts:

There are too many pressing, important issues facing Minnesota, and all states, to allow this extremely divisive issue to be debated and re-debated in every state, year after year. We need to reaffirm the reasonable, ethical standards set forth in Roe vs. Wade before they are picked apart, state by state.

If those standards are not preserved, the United States will become a country where there are states in which it is unsafe to be a poor woman, or a teenager. We will risk the re-emergence of an illegal abortion industry. Without action at the federal level, we will continue to pour scarce state resources into arguing and re-arguing the fine points of this endless debate.

Recommended Solutions:

- Memorialize the U. S. Congress to enact the Right To Choose Act [31], writing into federal statutes the standards put forth in Roe vs. Wade. Only then will the laws of this country represent the majority view of Americans that the abortion decision is a private decision for a woman to make, not the domain of government.

What Won't Work:

Hoping the issue will be settled on a state-by-state basis. Believing that outlawing abortion in one state will stop abortions. It will change their location to another state or into illegal, hidden rooms where the health of women will be in danger. But it will not stop them. The path to reducing abortions is by preventing unintended pregnancies.

The Problem:

The prochoice sentiments of a majority of Minnesotans are not represented in the state legislature.

The Facts:

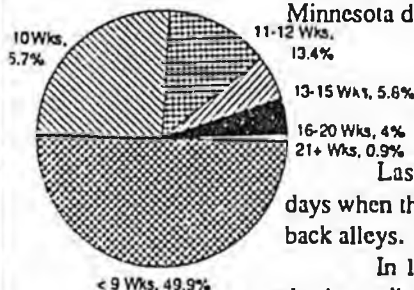
A July, 1989 Minnesota Poll showed 71 percent of Minnesotans believe women should be allowed to decide for themselves whether or not to have an abortion. [32]

In February, 1990, a Pioneer Press Dispatch/WCCO poll showed once again that nearly three in four Minnesotans believe abortion "is a decision every woman must make for herself. [33] Six of 10 Minnesotans said government should not interfere in personal matters like abortion.

That poll also showed that by a 55-39 percent margin, Minnesotans don't believe that making abortion illegal would reduce the number of abortions actually performed.

Recent U.S. Supreme Court decisions indicate that the rational, compassionate standards set by Roe vs. Wade could disappear. It is important for Minnesota to codify those standards.

The fact is, Minnesota women are limiting when abortions are performed through their own private, rational decision making. The great majority of Minnesotans do not seek abortions after 10 weeks of pregnancy and very rarely obtain abortions after 21 weeks — usually only in cases of severe fetal anomoly or threat to the life or health of the mother. Here is a look at when abortions were performed in Minnesota during 1987, according to the Minnesota Department of Health.



GESTATION AT TIME OF ABORTIONS IN MINNESOTA, 1987

Last year, the Legislature almost passed a bill that would have sent Minnesota women back to the days when the wealthy went elsewhere for safe, legal abortions while teenagers and poor women died in back alleys. This is what it was like:

In 1965, 193 deaths in the United States were attributed to illegal abortion — 17 percent of all deaths attributed to pregnancy and childbirth that year. [34] Those numbers do not include the "hidden" cases, where unclear reasons for death were listed because of shame, fear and ignorance.

In 1985, after legalization, that figure had dropped to 3 percent of all pregnancy-related deaths. The percentage would be even lower if deaths caused by illegal abortions that persisted after legalization were subtracted. [35]

Abortion is safe only if it's legal. Before abortion was legalized in 1973, abortion procedures were not taught or researched. Women seeking help after incomplete illegal abortions showed up at hospitals and faced further risk even from "trained" medical personnel not familiar with abortion procedures.

We believe the recommendations in this report can significantly reduce the abortion rate without compounding the crisis of unintended pregnancies with the deaths of desperate women.

Prohibition doesn't work. Prevention does.

Recommended Solutions:

- Enact positive legislation relating to abortion on the model of recent Connecticut legislation that follows the guidelines set by Roe vs. Wade. [36] Under such a law, the state cannot restrict a woman's decision to terminate her pregnancy during the first stage of pregnancy. In the second stage, up to the point of viability (about 24 weeks), the state could enact laws consistent with protecting the health of women. In the third stage, abortion could be restricted. Exceptions in the last stage would only allow for abortion in very rare, very tragic situations in which the life or health of the woman was at risk or fetal anomoly inconsistent with sustained life were present. In 1987, in Minnesota, just nine-tenths of 1 percent of abortions were performed after 21 weeks of pregnancy.

The Problem:

Family planning research is not funded.

The Facts:

Minnesota enjoys a proud reputation in most areas of medical research. With exceptional facilities at the University of Minnesota and the Mayo Clinic, it should be known throughout the world for contraceptive research.

It's not. There is almost no research into better, safer, more effective birth control being conducted by Minnesota researchers because there is no state support. To reduce the abortion rate and teen pregnancy rate, we must improve contraceptives.

Even when used properly, presently available birth control methods fail. The following are the number of pregnancies that will occur per 100 women using various forms of birth control over a one year period.[37]

METHOD	PREGNANCIES PER 100 WOMEN
Voluntary sterilization	Less than one
Birth Control Pill	2.5
Intra Uterine Device (IUD) with copper	2
IUD without copper	4
Condom with foam	10
Condom without foam, unmarried	11
Condom without foam, married	14
Diaphragm or cervical cap	18
Sponge	18
Contraceptive foams, creams, jellies and suppositories	20
Withdrawal	20
Fertility awareness	24
No method	60 to 80

That means for every 100 women who consistently use birth control pills — the most effective method — more than two will become pregnant anyway.

Recommended Solution:

- **Appropriate funds for the Commissioner of Health to contract for medical method birth control research, including research into male birth control methods, and research and testing of RU486 and Depo Provera.**

What Won't Work:

Offering only natural family planning or abstinence as alternatives, relying on current methods, allowing intimidation to prevent testing of RU486. In addition to providing safe, extremely early abortions in other countries, RU486 shows potential for successfully treating breast cancer, prostate cancer, endometriosis and Cushing Syndrome.[38] Americans who suffer from these conditions have this avenue of treatment blocked by anti-abortion forces who lobby against testing this drug in the United States. The American Medical Association has strongly endorsed testing of RU486.

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37) Planned Parenthood Federation, *"Facts About Birth Control,"* Sept. 1989, p. 5.
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40) Minnesota Department of Health, Maternal Child Health, *Family Planning Special Project Grants Appropriated Funds. " 1979-1991.*
41) The Center for Population Options, Washington, D. C., *"Estimates of Public Costs for Teenage Childbearing,"* 1987 Report.
42) *Ibid*.

MINNESOTA WOMEN'S CONSORTIUM

Abigail Center for Women For Women's Research, Resources & Scholarship
Abortion Rights Council
Abortion Rights Education & Referral
Administrative Women in Education-Twin Cities
AFSCME Council #14
Agassiz Women's Political Caucus
American Association of University Women - Minneapolis
American Association of University Women - Minnesota (AAUW)
American Association of University Women - St Paul
American Business Women's Association
Association for Children for Enforcement of Support (ACES)
Association For Women in Computing - Twin Cities
Association of Universalist Women
Austin Area Women's Political Caucus
BORN FREE
Business & Professional Women - St Paul Chapter
Business & Professional Women, Inc.
Center on Women & Public Policy, HHH Institute
CHART/WEDCO
Child Care Works
Children's Defense Fund - Minnesota
Chrysalis - A Center for Women
Chrysalis East, A Center for Women
Church Women United in Greater Minneapolis
Coalition of Labor Union Women - Twin Cities
Commission on the Economic Status of Women
Commission on the Status & Role of Women -United Methodist Church
Concerned United Birthparents - TC Metro Area Branch
Continuing Education for Women - U of M
Delta Kappa Gamma Society
DES Action Minnesota
DFL Feminist Caucus
Dudley Riggs/Brave New Productions
Education Dept - Equal Education Opportunity MN
Executive Women Internatl-St Paul Chapter
Face to Face Health & Counseling Service
Faculty Advisory Committee for Women
Family & Children's Service
Family Service of Greater St Paul
Family Tree Clinic
Fizgig Comedy Company
Genesis II for Women
Girl Scout Council of St Croix Valley
GOP Feminist Caucus of MN
Gray Panthers of the Twin Cities
Greater Minneapolis Day Care Association
Greater Minneapolis Girl Scout Council
Hennepin County Women's Political Caucus
Hennepin Technical Institute Job Training
Honeywell Women's Council
Jobs Now Coalition
Junior League of Minneapolis
Junior League of St Paul
League of Women Voters - Minneapolis
League of Women Voters - Minnesota
League of Women Voters - St Paul
Les Soeurs
Life-Work Planning Center
Lives in Transition
Local #879 UAW Women's Committee
Macalester Women's Collective
Mainstay Inc.
Meadowbrook Women's Clinic
Melpomene Institute for Women's Health Research
Metropolitan State University Women's Program
Midwest Health Center for Women
Minneapolis Federation of Teachers #59
Minnesota Agri-Women
Mississippi Valley Women's Cycling Association
MN Association for the Education of Young Children
MN Association for Women in Housing
MN Association of Women in Criminal Justice
MN Catholics for a Free Choice
MN Center Women in Government
MN Coalition for Battered Women
MN Coalition of Organizations for Sex Equity Education
MN Coalition of Sexual Assault Services
MN Conference - United Methodist Women
MN Dental Hygienists' Association
MN Dietetic Association
MN Displaced Homemaker Program
MN Education Association (MEA)
MN Education Association - Women's Caucus
MN Federation of Teachers
MN Home Economics Association
MN Nurses' Association
MN Nurses' Association - 3rd District
MN Pay Equity Coalition
MN Political Congress of Black Women
MN Society for Clinical Social Work
MN State University System
MN Valley Unitarian Universalist Women
MN Women Elected Officals
MN Women in Higher Education
MN Women Lawyers
MN Women of Today
MN Women Psychologists
MN Women's Campaign Fund
MN Women's Education Council
MN Women's Fund
MN Women's History Month
MN Women's Political Caucus
MN Working Women/9 to 5
MN Worldwide Women
Multicultural Education/Sex Equity - St Paul Schools
National Association of Women's Business Owners - MN
National Council of Jewish Women - Greater Minneapolis
National Council of Jewish Women - St Paul Section
National Network of Women's Funds
National Organization for Women - MN (NOW)
National Organization For Women - St Paul
National Organization for Women - Twin Cities
New Directions Displaced Homemaker Program
Northeast Community School
Older Women's League of Minnesota
Parents Anonymous of Minnesota
PAT - Putting it all Together
People Escaping Poverty Project
Planned Parenthood of Minnesota
Psyche Inc
Ramsey Co Opportunities Industrialization Center
Ramsey County Women's Political Caucus
Sagaris Inc
School Age Child Care Alliance
School Nurse Organization of Minnesota
Sexual Violence Center
Sigma Delta Epsilon - Graduate Women in Science
Society of Women Engineers
Soroptimist International of Minneapolis
Southside Child Care Committee
Southwest Women's Shelter
Steering Committee - United Church of Christ Women
Storefront/Youth Action
The Women's Office - Sisters of BVM
Twin Cities District Dietetic Association
U.S. West Women - Minnesota Chapter
University Community for Choice
University of Minnesota - MN Women's Center
University Women's Center - St. Cloud
Upper Midwest Women's History Center
Whisper Minnesota Project
WINGS
Women Against Military Madness
Women Candidate Development Coalition
Women Historians of the Midwest
Women in City Management
Women in Communications Inc - Twin Cities
Women in State Employment (WISE)
Women in the Trades
Women in Transition
Women's Advocates
Women's Center - Mankato State University
Women's Community Housing
Women's Enrichment Center
Women's Equity Action League (WEAL)
Women's Health Center of Duluth
Women's Health Leadership Trust
Women's Intercollegiate Athletics - U of M
Women's International League for Peace & Freedom
Women's Issues Task Force/United Handicapped Federation
Women's Network of Red River Valley
Women's Upward Bound - Minneapolis Community College
Working Opportunities for Women
YWCA - Minneapolis
YWCA - St Paul
Zonta Club of Minneapolis
Zonta Club of St Paul

- The Minnesota Women's Consortium sponsors discussion groups on any and all issues that the women's community wishes to explore. "Brown Bag" Legislative Lunches are held every Monday from Noon to 1:00 PM in Room 22B of the State Capitol during the Legislative Session. When the Legislature is not in session the group meets in the Minnesota Women's Building. Call 228-0338 for topic and speaker.
- "Brown Bag" Legislative Lunches are held every other Tuesday in the Hennepin County Government Center. Call 228-0338 for topic and room location.

Planned Parenthood of Minnesota
1965 Ford Parkway
Saint Paul, Minnesota 55116-1996
Telephone 612 698-2401

For more information, call: Thomas P. Webber, Executive Director, or Connie Perpich, Director of Public Affairs, 612/698-2401

EMBARGOED UNTIL 9:00 P.M., THURS., NOV. 15

PLANNED PARENTHOOD ANNOUNCES
MAJOR PREGNANCY PREVENTION PROGRAM

St. Paul, Nov. 15 -- Planned Parenthood of Minnesota (PPM) has announced it will launch an aggressive public education and advocacy campaign in 1991 aimed at preventing unplanned pregnancies. The announcement of **Prevention 1991** was made at the organization's annual meeting tonight by the newly elected president, Minneapolis resident Maureen Parkinson.

In her remarks, Parkinson said, "The public needs to be reminded of the urgent need for education and family planning services as the best real-world solution for preventing unplanned pregnancies. **Prevention 1991** is designed as that wake-up call.

"Half the nation's teens between the ages of 15 and 19 are sexually active. Teen-age pregnancies cost taxpayers $21.5 billion last year for welfare programs supporting teen-headed families. Here in Minnesota, a 1987 survey revealed that nearly half of all AFDC families began with teen-age mothers. That same year, teen-age pregnancies cost Minnesota $503 million in medical assistance and welfare programs. These figures are unnerving and unnecessary.

"**Prevention 1991** is intended to send a message about the need for understanding and prevention as a means of decreasing

(more)

unintended pregnancies and as the best way to reduce the need for abortion.

"In no way does this mean that Planned Parenthood will minimize its commitment to the right of every woman to secure a safe and legal abortion. It means simply that we also see an alarming need for expanded education and prevention programs at this time.

"Details concerning the timing and implementation of **Prevention 1991** will have to be worked out, but we envision such elements as:

1. Conducting a statewide advertising campaign which focuses on prevention and the availability of family planning care throughout the state.

2. Emphasizing the discussion and understanding of prevention with legislators through a variety of activities. We will aggressively seek an increase in Minnesota's financial appropriation for family planning care. We cannot point with pride to the current appropriation of only $1 million per year for service grants when that level of commitment has remained essentially flat since 1978.

3. Expanding the platform for clergy who support family planning and prevention to participate more actively in the public dialogue. We will call upon our friends in the religious community to help us develop an effective forum for this discussion.

4. Conducting grass-roots round table discussions in

(more)

communities around the state to address factors contributing to unintended pregnancies and the availability and funding of pregnancy prevention programs.

5. Inaugurating an ongoing forum sponsored by Planned Parenthood of Minnesota for public policy and family planning professionals to discuss long-range strategies and solutions for preventing and reducing unwanted pregnancies.

6. Working with other organizations to strengthen speakers' bureaus statewide on the need for all women, but especially low-income and teen-age women, to have access to effective birth control.

"The mission of Planned Parenthood of Minnesota when it was founded nearly 63 years ago was to enable couples to have children if and when they so desired, and that remains our mission today. Nearly 95% of all our patients come to us for birth control services.

"We would like to invite other organizations, including those opposed to abortion, to join with us in our efforts. If we can work together to prevent unplanned pregnancies, we can significantly reduce the need for abortions and ensure that every child is a wanted child."

Planned Parenthood of Minnesota is the state's oldest and largest provider of reproductive health care services. PPM operates 26 clinics in Minnesota and South Dakota, annually serving nearly 65,000 Minnesotans through medical, educational and training programs.

Star Tribune

Established 1867

Roger Parkinson Publisher and President
Joel R. Kramer Executive Editor
Tim J. McGuire Managing Editor
Robert J. White Editorial Editor

Friday/January 25/1991

Get agreement on pregnancy prevention

The 18th anniversary of the Supreme Court decision legalizing abortion was marked by familiar antiabortion marches and speeches, by the usual abortion-rights counterpoint. The battle need not go on this way forever, however. In Minnesota, conditions are ripe for something better.

For a new prochoice governor and the revived abortion-rights movement, the task is to break down legal and financial obstacles to abortion that have been thrown in the way of women, especially the young and the poor. But Gov. Arne Carlson and his allies also must reach across the abortion divide to recruit support for a far-reaching plan to combat the unplanned pregnancies that make abortion necessary.

The most notorious target for early repair is Minnesota's law requiring that pregnant minors notify both parents, regardless of the family's situation, before obtaining an abortion. A compassionate modification would allow minors to satisfy the notification requirement by consulting with any "trusted adult," such as a relative or doctor. Another target for reform was identified by Gov. Rudy Perpich, an abortion opponent, in the last months of his term: the state's refusal to help poor women pay for abortions. The job of correcting that unfairness falls to Carlson.

Those changes are sure to anger many abortion opponents; some prefer to counterattack with further restrictions, as in Utah. But both sides should agree on the importance of preventing unplanned pregnancies, particularly among teenagers, which so often result in abortion. The need is to improve and extend sex education in schools, to provide birth control through school health clinics statewide and to put more money into family planning.

Unfortunately, sex education and birth control also are fodder for tired disputes over whether they encourage promiscuity. High teen-pregnancy and abortion rates are grim testimony that not enough is being done to educate young people about sexual responsibility. Nor is the state doing enough when its family-planning spending has remained at just over $1 million a year for more than a decade. There is no better antidote to abortion than prevention of unwanted pregnancies. There can be no prevention without education and access to birth control. Prevention should be the bridge that brings together good people from both sides of the abortion divide.

MNA CLIPPING SERVICE

HOUSTON GAZETTE
& COUNTRY JOURNAL
Houston Co.
NOV 29 1990

Planned parenthood announces major pregnancy prevention program

St. Paul – Planned Parenthood of Minnesota (PPM) has announced it will launch an aggressive public education and advocacy campaign in 1991 aimed at preventing unplanned pregnancies. The announcement of Prevention 1991 was made at the organization's annual meeting by the newly elected president, Minneapolis resident Maureen Parkinson.

In her remarks, Parkinson said, "The public needs to be reminded of the urgent need for education and family planning services as the best real-world solution for preventing unplanned pregnancies. Prevention 1991 is designed as that wake-up call.

"Half the nation's teens between the ages of 15 and 19 are sexually active. Teen-age pregnancies cost taxpayers $21.5 billion last year for welfare programs supporting teen-headed families. Here in Minnesota, a 1987 survey revealed that nearly half of all AFDC families began with teen-age mothers. That same year, teen-age pregnancies cost Minnesota $503 million in medical assistance and welfare programs. These figures are unnerving and unnecessary.

"Prevention 1991 is intended to send a message about the need for understanding and prevention as a means of decreasing unintended pregnancies and as the best way to reduce the need for abortion.

"In no way does this mean that Planned Parenthood will minimize its commitment to the right of every woman to secure a safe and legal abortion. It means simply that we also see an alarming need for expanded education and prevention programs at this time.

"Details concerning the timing and implementation of Prevention 1991 will have to be worked out, but we envision such elements as:

1) Conducting statewide advertising campaign which focuses on prevention and the availability of family planning care throughout the state.

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3) Expanding the platform for clergy who support family planning and prevention to participate more actively in the public dialogue. We will call upon our friends in the religious community to help us develop an effective forum for this discussion.

4) Conducting grass-roots round table discussions in communities around the state to address factors contributing to unintended pregnancies and the availability and funding of pregnancy prevention programs.

5) Inaugurating an ongoing forum sponsored by Planned Parenthood of Minnesota for public policy and family planning professionals to discuss long-range strategies and solutions for preventing and reducing unwanted pregnancies.

6) Working with other organizations to strengthen speakers' bureaus statewide on the need for all women, but especially low-income and teen-age women, to have access to effective birth control.

"The mission of Planned Parenthood of Minnesota when it was founded nearly 63 years ago was to enable couples to have children if and when they so desired, and that remains our mission today. Nearly 95% of all our patients come to us for birth control services.

"We would like to invite other organizations, including those opposed to abortion, to join with us in our efforts. If we can work together to prevent unplanned pregnancies, we can significantly reduce the need for abortions and ensure that every child is a wanted child."

Planned Parenthood of Minnesota is the state's oldest and largest provider of reproductive health care services PPM operates 26 clinics in Minnesota and South Dakota, annually serving nearly 65,000 Minnesotans through medical, educational and training programs.

MNA - CLIPPING SERVICE

OSSEO-MAPLE
GROVE PRESS
Hennepin Co.

Planned Parenthood launches pregnancy prevention program

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WOMEN'S LEGAL DEFENSE FUND

SCHOOL-BASED CLINICS AND PREVENTION OF ADOLESCENT PREGNANCY

EXECUTIVE SUMMARY

Facts and Figures on Teen Pregnancy

* Each year more than one million teenage girls in the United States become pregnant.

* Seventy-five percent of teen pregnancies occur to teens who do not use contraceptives.

* Patterns of sexual activity among teens in most developed countries are comparable, but the teen pregnancy rate in the U.S. is considerably higher.

The Risks and Consequences of Teen Childbearing

* Teens have higher rates of pregnancy-related complications and are at greater risk of having premature and\or low birthweight babies (weighing under 5-1\2 pounds). Although these health risks can be reduced significantly with proper prenatal care, only 53 percent of teen mothers in the United States receive early prenatal care.

* Teen mothers are disproportionately poor and dependent on public assistance.

* Teen parents, on average, complete fewer years of school and earn less than men and women who delay childbearing until their 20s.

Goals Set By the National Research Council

* The Panel on Adolescent Pregnancy and Childbearing of the National Research Council concluded in 1987 that the major strategy for reducing unintended teen pregnancies must be the encouragement of diligent contraceptive use by all sexually active teens. The Panel endorsed school-based clinics as a "promising intervention" for preventing teen pregnancies.

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recycled paper

Support For School-Based Clinics

* The U.S. Department of Health & Human Services and many research, educational and public health organizations have issued statements supportive of school-based clinics.

A Profile of School-Based Clinics

* Now in at least 33 states, school-based clinics provide comprehensive care to adolescents. By placing clinics in the school, the logistical and financial barriers that impede minors' access to health care are lifted.

* Nearly all clinics provide some type of family planning services. Approximately 10 to 25 percent of visits to school-based clinics are for reproductive health care, with the overwhelming majority of visits for other health reasons.

* Studies of school-based clinics show that carefully designed programs can result in delays in initiation of sexual activity, increases in effective use of contraceptives among sexually active teens and decreases in pregnancy rates.

State Initiatives on School-Based Clinics

* Recent state-level activity on school-based clinics has included a variety of initiatives: enacting laws to study health services provided in schools (Maine, Wisconsin and California); setting up councils to develop model programs (Massachusetts, Rhode Island); providing authority and funding for demonstration or small-scale projects (Oregon, Iowa, Wisconsin); and providing authority and funding for major state-wide programs (Michigan, Florida, New Jersey, New York, Kentucky).

Prepared by Joanne L. Hustead
January 1991

NATIONAL
BLACK WOMEN'S
HEALTH PROJECT

175 Trinity Avenue, S.W.
Second Floor
Atlanta, Georgia 30303
(404) 681-4554

6/21/91

RESOLUTION #1

REPRODUCTIVE HEALTH

Whereas: individual state legislatures are hurriedly introducing the most restrictive anti-choice legislation that bans abortions except to save the life of the mother, or in the case of rape or incest, and sends physicians to jail for performing the abortion. (More than 200 bills restricting the right to abortion have been introduced in 45 legislatures this session.);

Whereas: Louisiana, Utah, Pennsylvania, and Guam have all enacted restrictive legislation providing a strong potential challenge to the 1973 Supreme Court decision, Roe v. Wade, that legalized abortion;

Whereas: increasingly all women's rights to abortion are being whittled away, first poor women's, next young women;

Whereas: RU-486, the "new" French pill which induces abortion, was tested only on consenting white, middle-class women and assumes an availability of services that is not available for women of color and poor women in this country;

Whereas: African-American women are 3 times as likely to rely on Medicaid or other government programs as a source of family planning and obstetric care and Congress has required states to increase Medicaid coverage for pre-natal care and services to children while the proportion of pediatricians willing to treat Medicaid patients is declining, effectively limiting the access of poor women and children to medical treatment;

Whereas: fibroids and cervical cancer are more common in African-American women and sterilization by hysterectomy is so common among African-American women in the South that it is referred to as "a Mississippi appendectomy";

Whereas: women of color, the majority of whom are African-American, constitute over 30% of Title X patients using family planning clinics that are funded totally or in part by the federal government;

Whereas: Title X clinics are frequently their only sources of health care providing preventative services that include pelvic and breast examinations, cancer screening, testing for sexually transmitted diseases and education about all methods of contraception;

Whereas: the Supreme Court's decision on Rust v. Sullivan ("gag rule") denies these women crucial information regarding their medical condition and effectively mandates many African-American women to either bear children (whether or not they are wanted) or to seek back alley abortions;

Whereas: the Rust v. Sullivan decision re-establishes separate and unequal justice in America - quality health care for those who can afford it; second class care for those who cannot;

Whereas: as with the Hyde Amendment, which prohibits the use of federal funds for poor women's abortions, women of color and low-income women have been denied the right of choice in their lives and are forced to bear the brunt of these decisions which limit the options and possibilities for improving the quality of their life;

We resolve that the National Black Women's Health Project commits its resources and energies and directs its members, chapters, and self-help groups, both national and international, to commit their energies and resources for the next 3 years to overturn the "gag rule" and work to secure the right to reproductive choice and self-determination for all African-American women.

National Black Women's Health Project

175 Trinity Avenue, S.W.
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Atlanta, Georgia 30303
(404) 681-4554

6/21/91

RESOLUTION #2

WOMEN AND HIV/AIDS

Whereas: African-American women are suffering from AIDS at a rate far in disproportion to their numbers in the population. (Although African-American and Hispanic females constitute 19% of all women in the United States, they represent 72% of all U.S. women diagnosed with AIDS.);

Whereas: 52% of all women with AIDS are African-American and 80% of pediatric AIDS cases are babies born to women of color;

Whereas: The Centers for Disease Control Surveillance Definition of AIDS excludes a considerable number of people who clearly have AIDS - particularly women and intravenous drug users, the fastest growing populations with AIDS;

Whereas: the current outdated definition:

* leaves many individuals and health care providers uninformed, tragically affecting education, prevention, diagnoses and treatment;

* undercounts the total number of cases and distorts the epidemiology vital to providing health care, investigating treatments and determining funding levels;

* restricts access to treatment, services, benefits, trials and housing services so many public and private agencies rely on the CDC definition;

* improperly allocates funds as certain affected populations are more undercounted than others;

Be it resolved that the National Black Women's Health Project commits its resources and energies and directs its members, chapters, and self-help groups, both national and international, to commit their resources and energies to address critical issues regarding African-American women and HIV/AIDS.

National Black Women's Health Project

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6/21/91

RESOLUTION #3

NESTLE INC./CARNATION INFANT FORMULA MONITORING CAMPAIGN

Whereas: The World Health Organization (WHO) Code of Marketing of Breast Milk Substitutes states: "There should be no advertising or other form of promotion to the general public of products within the scope of this code.";

Whereas: Nestles Inc. (and its subsidiary, Carnation) executives agreed to follow the Code in all countries when the agreement to end the first boycott was signed and now claims that the Code does not apply in the United States;

Whereas: The United States is currently facing the highest infant mortality rate of all industrialized nations with 40,000 babies dying before their first birthday each year and infants of color are disproportionately represented in this group;

Whereas: poor, uneducated women are now being subjected to Nestle Inc.'s marketing campaigns without adequate information on the superiority of breast feeding, the negative effect of partial bottle feeding, the difficulty of reverting back to breast feeding and the financial implications and health hazards of unnecessary and improper use of infant formula and other breast milk substitutes;

Be it resolved that the National Black Women's Health Project will commit its resources and energies and direct its membership, chapters, and self-help groups, both national and international, to commit its resources and energies to closely monitor and publicize these activities and demand that Nestle reverse this marketing strategy.

REPRODUCTIVE RIGHTS FOR A MORE HUMANE WORLD

Anatomists tell us that it takes forty-three muscles to frown but only seventeen to smile. Tonight, we have something to smile about because we are adding Faye Wattleton's name to the list of names of feminine recipients of the Humanist of the Year Award: Margaret Sanger, Mary Calderone, Betty Friedan, Maggie Kuhn, and Helen Caldicott.

Faye Wattleton was born in St. Louis, Missouri, on July 8, 1943, which makes her the youngest person ever to receive the Humanist of the Year Award. She was reared by fundamentalist parents who believed in community service. This background helped to shape her decision to enter the nursing profession and, later, to become actively involved with family planning.

Faye graduated from high school at the age of sixteen. She worked her way through Ohio State University Nursing School. At that time, birth control and family planning issues were of no concern to her as she concentrated on her goal to become the first member of her family to earn a college degree. After graduating in 1964, she taught maternity nursing for two years in Dayton, Ohio. It was there that Faye first encountered and treated women who had had life-threatening abortions.

In 1966, she enrolled in Columbia University in New York, where she earned a master's degree in maternal, infant, and health care and a certificate in nurse-midwifery. During her internship at a Harlem hospital, she became keenly aware of the great need for birth control and for life-saving abortions. Faye became a Planned Parenthood volunteer.

In 1971, Faye was selected to be executive director of Planned Parenthood in Dayton. She exhibited remarkable leadership, tripling the number of clients and increasing the budget from $400,000 to $1 million. She dramatically reaffirmed our motto, "Every Child a Wanted Child," when her well-planned daughter, Felicia, was born. Faye also dramatically refuted the antichoice critics who alleged that Planned Parenthood opposed childbirth and child care. After a short maternity leave, Faye returned, bringing her daughter to work every day, where Felicia attended all office, staff, and board meetings. No child ever had so many loving surrogate mothers!

In 1978, Faye was chosen to be president of the Planned Parenthood Federation of America, marking a departure from the succession of white, middle-aged, male executives. The first time I saw Faye at the national Planned Parenthood convention in 1978 in New York City, I was struck by her elegance, her charisma, and her skill as an accomplished speaker. Faye has improved immeasurably the public image of Planned Parenthood.

Founded in 1916 by Margaret Sanger, Planned Parenthood is the nation's oldest and most respected family planning organization. It serves more than three million clients a year and is also a founding member and the largest contributing member of International Family Planning. As president of the Planned Parenthood Federation of America, Faye is also in charge of a large international program which reaches 120 countries.

The most important function of Planned Parenthood is to educate. The task is gargantuan. Planned Parenthood has a favorite slogan, "Think education is expensive? Price ignorance!" Ignorance regarding human reproduction is worldwide. The overwhelming numbers of teenage pregnancies are stark evidence. But Planned Parenthood's educational program is becoming more successful under Faye Wattleton's leadership.

Increasing overpopulation, according to Dr. Stephen Mumford, is the single, most elemental, universal problem facing humans today. Faye, as leader of Planned Parenthood, is actively confronting that problem. She is dedicated to the proposition that women have the right to reproductive freedom, she exudes optimism, and she is confident that her efforts will prevail. The heart of every humanist, Faye, beats in applause to you for your commitment, your optimism, and your confidence.

—Barbara Tabler, from her remarks introducing Faye Wattleton, 1986 Humanist of the Year, at the Forty-Fifth Annual AHA Conference

The 1986 Humanist of the Year on the continuing challenges for reproductive freedom

FAYE WATTLETON

I am truly honored to receive the Humanist of the Year Award. It means that I have one more thing in common with a woman who was a sister nurse and the first leader of Planned Parenthood—Margaret Sanger, the founder of the family planning movement in this country and the recipient of the Humanist of the Year Award in 1957.

In her acceptance remarks, Mrs. Sanger said:

> I have discovered—indeed, I have always known—that it is not enough just to know one great truth. Truth must be lived —not merely passively accepted. Truth must be lived, even though your truth makes you a minority of one.

Margaret Sanger, we know, never was a minority of one. Her great truth —that every child should be a wanted child—has been accepted and adopted by many millions the world over. It is deeply gratifying to share with her, twenty-nine years later, the distinction of receiving the Humanist of the Year Award.

Another reason I am so honored today is because your movement and mine have a great deal in common. There are a number of similarities in our goals. We share a deep respect for reason and for realism, for human life and for human rights. As a result, there are similarities in those who oppose us. In fact, there's probably a great deal of controversy over which of our organizations Jerry Falwell would like to abolish first.

And speaking of Jerry Falwell, it is a pleasure, I must admit, to share with you opposition to him and others of his ilk—those who are opposed to what we consider fundamental needs and fundamental rights for all individuals on this earth—those who would impose upon us all their bigoted views, their moralistic codes, and their inhumane policies.

The thrust of their attacks is to destroy the delicate balance we have achieved in this country between church and state and to destroy the principles, strengthened over the past two hundred years, of tolerance, justice, and individual freedom. They are the apostles of ignorance. They represent the kind of fanaticism that once caused people to hang witches and to burn books. They are, as Abraham Lincoln described them, "people who believe the realm of truth always lies within *their* own vision."

We are thus confronted by a political force that is waging an all-out war against civil and human rights and is giving sanctimonious support for the historic patterns of sex and race discrimination. This is a vigorous movement determined to destroy much of what we have achieved in regard to just laws and humane national policies. As a result, in 1984, the head of the Episcopal Diocese of New York, Bishop Paul Moore, Jr., said, "I see a nation ceasing to be compassionate, ceasing to use its mind in considering the issues before it."

And nowhere is a lack of compassion more apparent than in the controversy over reproductive rights. In the name of morality and religion, these extremists have taken it upon themselves to return us to the days when the poor were expected to practice *self*-control while the rich practiced *birth*-control—or they were encouraged not to, in order to propagate a superior race.

In the name of morality, these extremists also have made clear their full agenda: to ban not only abortion but also sexuality education and contraception—the only means to *prevent* abortion. Again, in the name of morality, their first line of offense is against those with the least defense—the weakest and poorest of us all, both here and abroad.

America's children are one of their targets. The United States already leads all other developed countries in rates of teenage pregnancy, abortion, and childbirth. If the extremists have their way, it will get even worse.

The threat of teenage pregnancy hits home the hardest if you have children and particularly if you have a daughter. My daughter is ten, and, like other ten-year-olds, she has got the world on a string. My solace in confronting her sexual maturation is the knowledge that she attends an all-girl school. And that's exactly where I intend to keep her for as long as I can.

We have a teen pregnancy epidemic in this country: 1.2 million teenage girls become pregnant every year, and half a million decide to have their babies. The consequences are staggering. Their health is endangered because they are physically immature. And their future is endangered. Teenage mothers and their children are seven times more likely to be poor than other families. Saddest of all, this tragedy is compounded with each new generation. The younger the mother, the more likely that she had a teenage parent.

This is a problem none of us can ignore, even for purely selfish reasons. It's literally costing us a fortune! In 1985 alone, health and welfare programs for teenagers and their children cost the government—the taxpayer—more than $16.65 *billion*.

The media have begun to pay attention to this problem. But the attention is focused almost entirely upon the black community. There is no denying that the consequences of teen pregnancy and childbearing disproportionately affect blacks, but it's because blacks are more likely to be disenfranchised.

The reality is that the pregnancy rate among black teenagers is leveling off, while the rate for white teens continues to increase. Clearly, the problem is symptomatic of a larger failing—one that needs to be addressed by the larger society.

And what is that larger society doing? Where is the national commitment to reduce teen pregnancy? What will guide our children away from the destructive landmine of teenage pregnancy which is guaranteed to leave them disabled for the rest of their lives?

Our children need a good basic education, a foundation upon which they can grow. The Reagan administration, though, is opposed to the programs which in the past two decades have given so many children the hope for real opportunities. The Reagan administration does not care much whether or not our children *learn* in school, so long as they *pray* in school.

Our children need food and clothes and medical care and a decent place to live. President Reagan, however, says people sleep on sidewalks by choice. And Attorney General Meese says people go to soup kitchens because soup is free and it's easier than paying for it.

As a result of this mean-spirited, counterproductive mentality, we saw cuts this past year in virtually every program designed to protect the health and welfare of America's children. For example, while the appropriations for

the Defense Department in 1985 reached $295 billion, the budget for all federal family planning programs—both domestic and international—was $622 million, a mere two-tenths of one percent of the defense budget. And for the two hundred dollars they spend on a toilet seat, a young woman could buy a year-and-a-half-long supply of birth control services.

Another aspect of the problem is the role played by society's inability to deal with sex and sexuality. Young people see and hear messages that say "do it" everywhere they turn. Yet, at the same time, they're warned not to do it. It's no wonder they're confused. Too many of us are focused upon stopping teenage sexual activity rather than stopping teenage pregnancy.

Parents have to be helped to answer their children's questions comfortably and to pass on their family's values. And, because many parents just can't do that, sexuality education must be a fundamental part of the school curricula from kindergarten through twelfth grade in every school district in the country.

We must also focus upon the mass media, particularly television. By the time teenagers graduate from high school, they've spent more hours in front of the television set than in the classroom! But, when do they see responsible representations of sexual decisions? And when do they hear about contraception—the dreaded "C-word"?

Easier access to contraception must be another priority—access without any barriers. We must establish many more school-based health clinics that provide contraceptives as part of general health care. There are only about forty of these clinics now, but they work in reducing pregnancy rates and school drop-out rates.

While the appropriations for the Defense Department in 1985 reached $295 billion, the budget for all federal family planning programs was $622 million, a mere two-tenths of one percent of the defense budget.

President Reagan has consistently opposed federal funding for contraceptive programs. His opposition even extends overseas to the developing world, where the most impoverished peoples on the globe are suffering the misery and desolation that result from rapid population growth.

I recently visited Southeast Asia and Africa, where I saw a growing mirror image of what is happening in this country. I saw the breakup of extended families because of mobility—people move to the cities seeking opportunities and find none—generating a sense of frustration, anger, and hopelessness. I saw the creation of a subculture of society that will certainly challenge the resources of developing countries struggling to build a better life for their citizens. At the same time, increases in the rates of pregnancy and childbearing among young unmarried people are beginning to emerge in the developing world.

It is encouraging that, since the late 1960s, more than one hundred countries have instituted national family planning programs, encompassing 94 percent of the developing world. And, in some countries, the success has been amazing. In Thailand, for instance, in less than two decades, the annual population growth rate was reduced from over 3 percent to less than 1.9 percent.

But we face a terrible irony. Just when so much of the world has come to accept family planning—espoused by the United States government for more than twenty years—the U.S. government has completely reversed itself.

Now, says our administration, population growth is *not* a significant factor in the world's development problems. Now, says our administration, free enterprise is the panacea. Our leaders point to countries like Singapore and South Korea as shining examples of how a growth in capitalism results in population declines. But they fail to mention that, at the same time these countries invested in economic programs, they also invested in family planning programs.

So, why the preference for blind rhetoric over fact? Why the decision to eliminate U.S. funding for international family planning agencies that serve 81 percent of the developing world's population, excluding China—agencies that use their own private funds for abortion-related activities?

The answer has nothing to do with the use of federal funds for abortion. Since 1974, the law has pre-

CONTINUED ON PAGE 30

LEARN THE WHOLE STORY!

"Scientific" creationists are abandoning the Paluxy River footprints. Here's why:

The latest issue of **Creation/Evolution**, the only journal devoted to answering the arguments of "scientific" creationists, tells the exciting story of how leading creationists finally were made to realize that some of their conclusions were in error.

Until recently, creationists had claimed that human and dinosaur footprints could be found side by side along the Paluxy River in Texas. But in the light of a devastating analysis of the evidence by AHA-financed researchers, published this past summer in **Creation/Evolution**, and extensive work done by independent researcher Glen Kuban, leading creationists took a second look at their own evidence and began to retract some of their claims.

In this latest issue of **Creation/Evolution** (number 17), Glen Kuban explains the facts that convinced creationists they were wrong. Dr. Ronnie Hastings tells how the change of heart came about. And Robert Schadewald shows how much more retracting the creationists have yet to do!

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REPRODUCTIVE RIGHTS

CONTINUED FROM PAGE 7

vented that, and no violations have ever been found. The answer, instead, has to do with appeasing the radical extremists who callously ignore Americans' fundamental rights and the world's fundamental needs.

That callousness is most obvious in the domestic abortion controversy. The extremists' long-term goal is to ban abortion nationwide. But they fail—time and again—in the courts, in Congress, and—most importantly—in the hearts and minds of the people. In their frustration, however, extremists have resorted to scare tactics designed to frighten us into surrendering our civil rights and our constitutional right to privacy.

The terrorism we see overseas is matched by terrorism right here at home. Since January 1985, family planning and abortion clinics have been subjected to more than twenty-five incidents of actual or attempted bombings and arson. And they have escalated to the level of direct attempts to commit murder. Yet President Reagan, the man who swore to uphold the Constitution of the United States, is reported to have discussed pardons for abortion clinic bombers.

Clearly, the flames of fanaticism have not been extinguished in this country. One man who helped bomb three clinics on Christmas day in 1984 said that his actions were "a gift to baby Jesus on his birthday." Clinic violence and harassment are the direct descendants of the religious discrimination that once was as common as powdered wigs in Colonial America.

We have come too far to return to those days. It is true that tolerance taxes our patience and strains our sense of fairness. But, accommodating differences was never meant to be easy. Those who think it's too difficult, those who think the rest of us should be protected from ourselves, be comforted by the words of Thomas Jefferson:

> I know of no safe repository of the ultimate powers of society but the people themselves; and if we think them not enlightened enough to exercise their control with a wholesome discretion, the remedy is not to take it from them but to inform their discretion by education.

We must trust the people. We must trust each other. We must recognize that private morality should be taught in the home and preached from the pulpit, but it must *never* by legislated by politicians. We must protect our own basic rights by protecting those of others. Most importantly, we must never be so convinced of the rightness of our position that we blind ourselves to the possibility that the realm of truth may lie in another person's vision.

The legendary jurist Learned Hand, in the dark days of World War II, made an observation that will hold true until the end of time. He said, "The spirit of liberty is the spirit that's not too sure it's right."

With such a philosophy, we can preserve the principles of justice, pluralism, and democracy that are cherished by so many millions on planet Earth. We can continue our heroic journey toward full freedom of thought and expression for all. And we can look forward to the day when tolerance, reason, and justice will be the bedrock of our churches, our courts, and our Congress.

In 1957, when Margaret Sanger received her Humanist of the Year Award, she said that reproductive rights "should be the humanist spearhead in the endless battle against entrenched complacency, against mass conformity, against the glacierlike menace of prejudice." Today, in 1986, I do not ask that you adopt reproductive rights as your spearhead. I ask only that you help preserve those rights in your continuing struggle to preserve the humanity of our world.

APR 12 '91 07:05 VISITING SENATORS OFFICE P.4

x-ref w/ SB 249

Bill attempts to check abortion funding cuts

By MATT KOHLMAN

ASSOCIATED PRESS

4-12-91

JUNEAU — Legislation designed to prevent government interference with a woman's right to an abortion has been introduced in reaction to fears the Hickel administration will try to restrict abortion funding.

Legislators are worried that Dr. Ted Mala, health and social services commissioner, might try to restrict the use of state welfare money to provide abortions for poor women, Rep. Niilo Koponen said Thursday.

Speaking this week before a House committee, Mala said he would soon present a list of options to Gov. Walter J. Hickel for dealing with the abortion issue.

"It did seem to be clear that when the Legislature leaves, the administration was going to do a great deal by regulation and executive order," said Koponen, D-Fairbanks.

"Outlawing abortion is a law that can be only enforced against women. If we allow abortions and then prohibit it against poor women, then we would be further discriminating against women not only on sex but on wealth."

But Mala said it was all speculation until the governor makes a decision. "No policy decision has been made," he said. "We're just weighing this action."

He also said it was "silly" to believe the department had a hidden agenda it would pursue once the Legislature adjourned. "It's not as if the Legislature [illegible] going away and never coming back."

Koponen said the Reproductive Privacy Act would allow the Department of Health and Social Services to adopt abortion regulations only if they do not delay, increase the cost of or limit the availability of an abortion.

Also, the department would pay for abortion procedures as permitted under federal law.

Koponen and 10 co-sponsors introduced House Bill 268 Wednesday. Identical legislation is expected to be submitted Friday by Sen. Bettye Fahrenkamp, D-Fairbanks.

The bill is modeled after an Iowa law. Iowa is one of six states with such a law, Koponen said.

"Reproductive privacy, including abortion, is a matter of individual conscience, not governmental coercion," Koponen said in a sponsor statement. "Reproductive choices of Alaskans must be protected by law."

Hickel spokesman John Manly said Hickel, a Catholic, opposes the legislation.

"His position on abortion is very well known," Manley said.

Mala said the legislation amounts to a mandate that the state pay for abortions. The state paid about $370,000 to 626 women for abortions during fiscal 1990.

Mala said the state has the option of paying for abortions for those people who meet Medicaid eligibility guidelines. He said the federal government has elected not to [illegible] for abortions for poor wo[illegible]

LEGISLATIVE CALENDAR

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Senate

Finance

Today, 9 a.m.: Finance Room 518
Subcommittee reports to the full committee.

Health, Education & Social Services

Today, 9 a.m.: Butrovich Room 205
SB 170 Teen Pregnancy Prevention; SB 172 Peer Counseling Program/Teen Health; SB 173 Grants to Schools for Day Care; SB 174 State Aid for School Health Clinics; SB 175 Teen Health Care Services; SB 176 Health Education Programs; SCR 13 Teen Focus by Children/Youth Commission; SCR 14 Research Reports on Teen Pregnancy.
Transportation & Public Facilities Finance Subcommittee

Senate Finance [illegible]

April 13, 10 a.m. to 4 p.m.
Statewide teleconference for continuation of public testimony.

Labor & Commerce

Today, 1:30 p.m.: Beltz Room 211
SB 4 Establish Alaska Gaming Commission; SB 6 Multiple Permittee Gaming, Prize Amounts; SB 162 Allow Off-Track Parimutuel Wagering; SB 207 Games of Chance, Licensed Operators.

Resources

Today, 1:30 p.m.: Butrovich Room 205
SB [illegible] Delta Clearwater Special Use Area; bills previously heard.

Natural Resources

Today, 9 a.m.: Finance 518
Department of Natural Resources Budget Closeout.

Oil Spill Committee

Today, 10 a.m.: Capitol Room 17
Testimony by federal representatives (Continued).

House

Finance

Today, 1:30 p.m.: Finance Room 519
HB 37 Shore Fisheries Land Classification; HB [illegible] Approp: Kachemak Bay State Park Timber Rights; HB 134 Applicability of VET Land Discount; HB 143 Municipal Land Grant selections (Pending referral); HB 136 Approp: Vets' land Discount Refund; HB 180 Anchorage Coastal Wildlife Refuge.

Judiciary

Today, 1:30 p.m.: Capitol Room 120
HB4 Legislative Ethics Act. Bills Held from April 8.

State Affairs

Today, 8 a.m.: Capitol Room 102
HB 91 Jurisdiction of District Court; HB 234 Assignment of Right to Permanent Fund Dividend; SCR 21 Kodiak Island: Bicentennial Community (Pending Referral); Bills Previously Heard.

Senate ponders funding bone-marrow donor drive

TIMES CAPITAL BUREAU

JUNEAU — Senators will today consider a measure appropriating $222,000 to the department of Health and Social Services to finance a bone-marrow donor drive.

> The bill would pay for a grant to the Blood Bank of Alaska Inc. to finance the drive.

The bill would pay for a grant to the Blood Bank of Alaska Inc. to finance the drive. The Senate meets at 11 a.m. Senators will also consider a bill relating to loans for half-time students and repealing the student financial aid committee.

Representatives are set to consider a bill that allows judicial officers to send search warrants by facsimile machines to remote locations in Alaska. The House will also consider a measure changing the timing of the state's compilation of potential jury lists.

Two resolutions are up in the House, which meets at 10 a.m. today. One would create a special committee to identify social and health barriers in education. The other asks President Bush to ratify international standards of training, certification and watchkeeping for seafarers.

The Senate will also take up a resolution supporting Anchorage's bid to host the 1994 World Trade Centers Association General Assembly and international trade show.

Cole offers to donate oil interests to Boy Scouts

4-12-91

TIMES STAFF

Attorney General Charlie Cole says he will donate his fractional interests in three North Slope oil fields to Fairbanks-area Boy Scouts.

"If these lease interests have any value, I would like the Boy Scouts to have them," said Cole, a former Eagle Scout who has made financial contributions before to the Midnight Sun Council in his hometown.

Cole reported fractional interests in three North Slope oil leases and two in Cook Inlet on his conflict-of-interest report to the Alaska Public Offices Commission, the state's political watchdog agency.

ARCO Alaska Inc. is a majority holder in the North Slope leases; Exxon owns a quarter of one percent of one of them.

He said he hopes the donation will "immunize" him from any conflict of interest with major oil companies.

Cole's oil lease interests represent fractions of 1 percent. None of the leases is producing oil and Cole said he does not expect them to while he is attorney general. He said he has received no money from them.

Cole recently helped negotiate the $1.1 billion Exxon Valdez oil spill settlement.

He said he plans to retain his interests in the Cook Inlet leases of Stewart Petroleum Co. "It's not any oil company with which the state has major litigation," Cole said.

Mike Johns, scout executive for Midnight Sun, called the donation "unusual" but said the council's board would consider it.

"We get a variety of donations from time to time," Johns said. "I don't know if we've ever received an oil lease before. We might turn down a donation that had no benefit for boy scouts."

Johns said the council has about 1,900 scouts in communities north of the Alaska Range.