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We Affirm

NATIONAL
RELIGIOUS
ORGANIZATIONS'
STATEMENTS
ON
ABORTION
RIGHTS



RELIGIOUS COALITION FOR ABORTION RIGHTS

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INTRODUCTION

For communities of faith, reproductive rights issues are difficult ones. People with equally committed religious convictions differ greatly in their opinions on these sensitive issues.

Widespread denominational support exists for the right of women to choose safe and legal abortion, but the public has been falsely led to believe that all religions are opposed to abortion rights. The religious pro-choice community has a deep respect for the value of potential human life and an equally deep commitment to women as responsible, moral decision makers.

National denominations and faith groups compassionately support the right of women to choose abortion as one among a whole range of options, including childbirth and adoption. This support is documented by the official resolutions and statements contained in the pages of *We Affirm*.

The Religious Coalition for Abortion Rights is a national nonprofit, nonpartisan coalition of 35 Protestant, Jewish, and other denominations and faith groups. While religiously and theologically diverse, we are unified in our commitment to preserve reproductive freedom.

The Coalition believes that the right of reproductive freedom is intrinsically tied to religious liberty. We oppose any attempts to enact into secular law restrictions on abortion based on one particular theological definition of when the fetus becomes a person. Those who do not share that theology would be denied the right to make decisions regarding abortion according to the teachings of their faith.

Because of the range of religious beliefs on this sensitive issue, the abortion decision must remain free from government interference. The decision must remain with the woman, to be made in accordance with her conscience and personal religious principles and in conjunction with her family, her clergy and her doctors.

Many of the religious organizations contained in *We Affirm* are members of the Religious Coalition for Abortion Rights. Some of these denominations are represented in the Coalition by their agencies that address reproductive freedom issues. The member groups of the Religious Coalition for Abortion Rights are listed on page 31.

American Baptist Churches, USA

General Board, 1988

As American Baptists, members of a covenant community of believers in Jesus Christ, we acknowledge life as a sacred and gracious gift of God. We affirm that God is the Creator of all life, that human beings are created in the image of God, and that Christ is Lord of life. Recognizing this gift of life, we find ourselves struggling with the painful and difficult issue of abortion. Genuine diversity of opinion threatens the unity of our fellowship, but the nature of covenant demands mutual love and respect. Together we must seek the mind of Christ.

As American Baptists we oppose abortion

- *as a means of avoiding responsibility for conception,*
- *as a primary means of birth control, without regard for the far-reaching consequences of the act.*

We denounce irresponsible sexual behavior and acts of sexual violence that contribute to the large number of abortions each year.

We grieve with all who struggle with the difficult circumstances that lead them to consider abortion. Recognizing that each person is ultimately responsible to God, we encourage women and men in these circumstances to seek spiritual counsel as they prayerfully and conscientiously consider their decision.

We condemn violence and harassment directed against abortion clinics, their staff and clients, as well as sanctions and discrimination against medical professionals whose consciences prevent them from being involved in abortions.

We also recognize that we are divided as to the proper witness of the church to the state regarding abortion. Many of our membership seek legal safeguards to protect unborn life. Many others advocate for and support family planning legislation, including legalized abortion as in the best interest of women in particular and society in general. Again, we have many points of view between these two positions. Consequently, we acknowledge the freedom of each individual to advocate for a public policy on abortion that reflects his or her beliefs.

... We Call Upon American Baptist Congregations

- *to challenge members to live in a way that models responsible sexuality in accordance with biblical teaching,*

- to expend efforts and funds for teaching responsible sexuality,
- to provide opportunities for intergenerational dialogue on responsible sexuality and Christian life,
- to provide relevant ministries to adolescents and parents of adolescents in and outside the church.

American Ethical Union

Annual Assembly, 1973 (reaffirmed 1979)

The American Ethical Union wishes to express its disapproval of efforts to amend or circumvent the United States Constitution in such manner as would nullify or impede the decision of the United States Supreme Court regarding abortion.

We further believe that denial of Federal or State funds for abortion where they are provided for other medical services discriminates against poor women and abridges their freedom to act according to their conscience. The American Ethical Union supports the expansion of governmental family planning services as a means of reducing the need for abortion. (1979)

American Ethical Union, National Service Conference

1976 (reaffirmed 1979)

We believe in the right of each individual to exercise his or her conscience; every woman has a civil and human right to determine whether or not to continue her pregnancy. We support the decision of the United States Supreme Court of January 22, 1973 regarding abortion.

We believe that no religious belief should be legislated into the legal structure of our country; the state must be neutral in all matters relating to religious concepts. (1976)

American Friends Service Committee

1970 (reaffirmed 1989)

For two decades the AFSC has taken a consistent position supporting a

woman's right to follow her own conscience concerning child-bearing, abortion and sterilization. AFSC is deeply aware that the decision to terminate a pregnancy is seldom an easy one. That choice must be made free of coercion, including the coercion of poverty, racial discrimination and unavailability of services to those who cannot pay. (1989)

American Humanist Association

Annual Conference, 1977

We affirm the moral right of women to become pregnant by choice and to become mothers by choice. We affirm the moral right of women to freely choose a termination of unwanted pregnancies. We oppose actions by individuals, organizations and governmental bodies that attempt to restrict and limit the woman's moral right and obligation of responsible parenthood.

American Jewish Committee

1989

Abortion is an intensely complex and personal decision, one which raises profound moral and religious questions which the government cannot and should not attempt to answer for every individual. Furthermore, the decision to terminate a pregnancy must remain a private one because of the unique physical, emotional, and psychological effects on a pregnant woman and her family.

Jewish tradition, as well as this country's constitutionally mandated separation of church and state, affirms the validity of this approach. While Jewish tradition on this issue is complex, it allows for various options depending on individual cases and circumstances. The obvious lack of religious and civic consensus on this subject only underscores the importance of government not imposing one particular view of abortion on those of diverse religious and ethnic backgrounds. Such a position is consistent with not only Jewish tradition but also pro-family values and the rights and dignity of women.

In light of recent developments in the Supreme Court and elsewhere, AJC has adopted the following principles to guide us in the area of reproductive rights:

1) A pregnant woman has the right to make her own decision regarding whether to terminate or continue a pregnancy, free from any coercion or restrictions on her access to abortion.

2) AJC supports voluntary counseling programs that foster serious consideration of abortion decisions and family communication about these decisions, and supports programs and policies that limit the need for abortion including adequate family planning, sex education, and programs designed to prevent teen pregnancy.

3) AJC will oppose restrictions on access to abortion clinics or burdensome licensing regulations on clinics which provide abortion. AJC supports public funding for abortions, as for other medical procedures, and medical insurance that covers abortion in order to protect health and promote equity.

4) AJC will also oppose restrictions on United States funding for family planning assistance abroad that are imposed when any counseling or service related to abortion is provided. AJC will oppose any legal requirement for parental or spousal consent or notification, whether or not they include judicial bypass procedures.

5) AJC endorses private and government sector programs that support women who choose to continue their pregnancies including good prenatal care, adoption services, maternal and child health programs, quality child care and other efforts to ensure the health and welfare of women and families.

American Jewish Congress

Biennial Convention, 1989

The American Jewish Congress has long recognized that reproductive freedom is a fundamental right, grounded in the most basic notions of personal privacy, individual integrity and religious liberty. Jewish religious traditions hold that a woman must be left to her own conscience and God to decide for herself what is morally correct. The fundamental right to privacy applies to contraception to avoid unintended pregnancy as well as to freedom of choice on abortion to prevent an unwanted birth.

In a climate of intensified efforts by the present Administration and by certain members of Congress to inject the government into these most personal decisions, we restate our opposition to any vehicle that would threaten a woman's access to abortion. We also reiterate our support for

public funding of abortions so that the economically disadvantaged can exercise their right of choice along with the more affluent.

... The American Jewish Congress, therefore,

- *Affirms its support for a national commitment to federally subsidized national family planning services including abortion counseling and referrals;*
- *While encouraging parental involvement concerning family planning services for minors, opposes any efforts that would require parental notification or consent;*
- *Reaffirms its unwavering support for the Supreme Court decisions, including Roe v. Wade and Doe v. Bolton, which recognize that the Constitution guarantees women freedom of choice with respect to abortion;*
- *Reaffirms its opposition to all efforts—whether through Constitutional amendment, simple legislative fiat, or attacks on the jurisdiction of the courts—that would restrict or burden a woman's right to choose to terminate a pregnancy or that would compromise a physician's choice of treatment in the care of a pregnant woman for medical or surgical conditions which have no relationship to the pregnancy but which could adversely affect the fetus;*
- *Rejects all efforts to undermine the role of the judiciary and violate the principle of separation of powers with respect to reproductive freedom;*
- *Rejects efforts that would deny individual religious liberty to either clergy or lay people who, by virtue of their sincerely-held religious beliefs, may differ in interpreting when to attribute "personhood" to prenatal life; and*
- *Rejects efforts to impose restrictions on international family planning initiatives that include abortion.*

B'nai B'rith Women

Biennial Convention, 1976 (reaffirmed 1978)

Although we recognize there is a great diversity of opinion on the issue of abortion, we also underscore the fact that every woman should have the legal choice with respect to abortion consistent with sound medical practice and in accordance with her conscience.

We wholeheartedly support the concepts of individual freedom of conscience and choice in the matter of abortion. Any Constitutional amend-

ment prohibiting abortion would deny to the population at large their basic rights to follow their own teachings and attitudes on the subject which would threaten First Amendment rights. Additionally, legislation designed to ban federal funding for health facilities for abortions is discriminatory, since it would affect disadvantaged women, who have no access to expensive private institutions.

Central Conference of American Rabbis

Annual Convention, 1980

In 1967 the Conference stated: "We strongly urge the broad liberalization of abortion laws in various states, and call upon our members to work toward this end."

The conference reaffirms this position with the following comments:

- *Jewish legal literature permits therapeutic abortion.*
- *The decision concerning any abortion must be made by the woman and not by the state or any other external agency.*
- *We oppose all constitutional amendments and legislation which would abridge or circumscribe this right.*
- *We call upon our rabbis and upon the Union of American Hebrew Congregations to strengthen their support of the Religious Coalition for Abortion Rights on national, state and local levels.*

Annual Convention, 1984

WHEREAS the so-called Hyde Amendment restricts the use of Medicaid funds for abortion; and other amendments have had a similar effect in other federal programs, so that a woman dependent on government health care cannot obtain a medically necessary abortion even if she is the victim of rape or incest or if her health is seriously jeopardized by continuation of the pregnancy; and

WHEREAS these restrictions have created greater health risks for poor women who have conscientiously chosen abortion but must delay the procedure while seeking private funds to pay for it;

THEREFORE BE IT RESOLVED that:

- *The Central Conference of American Rabbis calls upon the Congress to defeat the Hyde Amendment this year, and*

- *The Central Conference of American Rabbis supports the Fazio-Green legislation which would eliminate such restrictions in the authorization for all federal governmental programs.*

Christian Church (Disciples of Christ)

General Assembly, 1975 (reaffirmed 1989)

WHEREAS, the Christian Church (Disciples of Christ) has proclaimed that in Christ, God affirms freedom and responsibility for individuals, and

WHEREAS, legislation is being introduced into the U.S. Congress which would embody in law one particular opinion concerning the morality of abortion . . .

THEREFORE BE IT RESOLVED, that the General Assembly of the Christian Church (Disciples of Christ) . . .

- *Affirm the principle of individual liberty, freedom of individual conscience, and sacredness of life for all persons.*
- *Respect differences in religious beliefs concerning abortion and oppose, in accord with the principle of religious liberty, and attempt to legislate a specific religious opinion or belief concerning abortion upon all Americans.*
- *Provide through ministry of the local congregation, pastoral concern, and nurture of persons faced with the responsibility and trauma surrounding undesired pregnancy.*

Council of Jewish Federations

General Assembly, 1989

The question of abortion is a sensitive one on which there are divergent opinions within the Jewish community. Rabbis of the major branches of Judaism in the United States may counsel members of their own congregations in accordance with their views of Jewish law. Such decisions must be made without intrusion by the government into what is essentially a right of individual and religious conscience, protected by the First Amendment to the United States Constitution.

Accordingly, we oppose any attempts by government to restrict the making of personal decisions in accordance with the individual's own religious

and moral views whether through administrative regulation, legislation or the courts.

CJF also supports efforts to foster better understanding by the Jewish and non-Jewish community of the traditional Jewish reverence for the sanctity of life while reiterating its support for the freedom of reproductive choice. CJF urges its member Federations to take individual and collective action to protect this basic right.

Episcopal Church

General Convention, 1988

All human life is sacred. Hence, it is sacred from inception until death. The Church takes seriously its obligation to help form the conscience of its members concerning this sacredness. Human life, therefore, should be initiated only advisedly and in full accord with this understanding of the power to conceive and give birth which is bestowed by God.

It is the responsibility of our congregations to assist their members in becoming informed concerning the spiritual, physiological and psychological aspects of sex and sexuality.

The Book of Common Prayer affirms that "the birth of a child is a joyous and solemn occasion in the life of a family. It is also an occasion for rejoicing in the Christian community" (p. 440). As Christians we also affirm responsible family planning.

We regard all abortion as having a tragic dimension, calling for the concern and compassion of all the Christian community.

While we acknowledge that in this country it is the legal right of every woman to have a medically safe abortion, as Christians we believe strongly that if this right is exercised, it should be used only in extreme situations. We emphatically oppose abortion as a means of birth control, family planning, sex selection or any reason of mere convenience.

In those cases where an abortion is being considered, members of this Church are urged to seek the dictates of their conscience in prayer, to seek the advice and counsel of members of the Christian community, and, where appropriate, the sacramental life of this Church.

Whenever members of this Church are consulted with regard to a problem pregnancy, they are to explore, with grave seriousness, with the person or

persons seeking advice and counsel, as alternatives to abortion, other positive courses of action, including, but not limited to, the following possibilities: the parents raising the child; another family member raising the child; making the child available for adoption.

It is the responsibility of members of this Church, especially the clergy, to become aware of local agencies and resources which will assist those faced with problem pregnancies.

We believe that legislation concerning abortions will not address the root of the problem. We therefore express our deep conviction that any proposed legislation on the part of national or state governments regarding abortions must take special care to see that individual conscience is respected and that the responsibility of individuals to reach informed decisions in this matter is acknowledged and honored.

Episcopal Women's Caucus

Annual Meeting, 1978

We are deeply disturbed over the increasingly bitter and divisive battle being waged in legislative bodies to force continuance of unwanted pregnancies and to limit an American woman's right to abortion.

We believe that all should be free to exercise their own consciences on this matter and that where widely differing views are held by substantial sections of the American religious community, the particular belief of one religious body should not be forced on those who believe otherwise.

To prohibit or severely limit the use of public funds to pay for abortions abridges and denies the right to an abortion and discriminates especially against low income, young and minority women.

Federation of Reconstructionist Congregations and Havurot

1981

Although the Jewish tradition regards children as a blessing, a gift of life itself, the tradition permits the abortion of an unborn child in order to safeguard the life and physical and mental health of the mother. The rabbis did not take a consistent stand on the question of whether a fetus re-

seems "a person." They did not think it possible to arrive at a final theoretical answer to the question of abortion, for that would mean nothing less than to be able to define convincingly what it means to be human.

We recognize that abortion is a tragic choice. Any prospective parent must make an agonizing decision between competing claims—the fetus, health, the need to support oneself and one's family, the need for time for a marriage to stabilize, responsibility for other children and the like. Some of us consider abortion to be immoral except under the most extraordinary circumstances. Yet we all empathize with the anguish of those who must make the decision to abort or not to abort.

Lutheran Women's Caucus

Convocation Gathering, 1990

WHEREAS Christ showed compassion and grace towards women and men in all circumstances of life; and

WHEREAS abortion has become the symbol for ambivalent feelings about female sexuality and female self-determination; and

WHEREAS women are responsible moral decision makers with respect to their own needs and the needs of others; and

WHEREAS a woman who has an abortion is often judged harshly as if the entire responsibility for the situation were hers; and

WHEREAS the incidence of abortion could be greatly reduced with social and cultural changes for which we all have responsibility, including complete and accurate sex education, adequate and available contraception, responsible non-coercive sexuality, health care, child care, parental leave, and other social support; and

THEREFORE BE IT RESOLVED that the Lutheran Women's Caucus affirm that a woman with an unintended pregnancy deserves the compassionate support of those closest to her, regardless of whether she terminates or continues her pregnancy; and

BE IT FURTHER RESOLVED that the Lutheran Women's Caucus become a part of the Religious Coalition for Abortion Rights (RCAR), a coalition of religious groups whose members hold diverse views about abortion and value the religious freedom that allows this diversity; and

BE IT FURTHER RESOLVED that the Lutheran Women's Caucus call

upon our various church bodies to work actively for the social and cultural changes that will reduce the incidence of abortion and stop scapegoating women who have abortions.

Moravian Church in America, Northern Province

1974

WHEREAS: the Moravian Church believes in the sacredness of life and in the quality of life, and

WHEREAS: we believe that abortion should not be used as a method of birth control nor as a means of controlling population, and

WHEREAS: Christian faith calls us to affirm the freedom of persons as well as the sanctity of life, therefore be it

RESOLVED: (9) that abortion should be a matter of responsible personal decision, with continuing counseling provided if desired, and be it further

RESOLVED: (10) that alternatives to abortion be given careful consideration in the perspective of possibly bringing mercy to a difficult situation. These alternatives include: (a) adoption, (b) single parenthood, (c) continued pregnancy for a married couple confronted with an unplanned pregnancy, (d) marriage for a single woman, or (e) temporary foster care, and be it further

RESOLVED: (11) that abortion be accepted as an option only where all other possible alternatives will lead to greater destruction of human life and spirit.

WHEREAS: neither science nor religion has claimed to fully understand the mystery of life or reached a decision as to when the life of an individual begins, and

WHEREAS: the Bible does not speak directly to the matter of abortion and the Moravian Church has refrained from being dogmatic when a biblical position was not clear, and

WHEREAS: there are circumstances under which the completion of an unwanted pregnancy may bring physical and/or emotional problems to the child and/or its parent(s), therefore be it

RESOLVED: (12) that members of the Moravian Church view abortion in the perspective of possibly bringing mercy to a difficult situation, and be it further

RESOLVED: (13) that this synod recommend that any person(s) considering abortion as a possible solution seek qualified medical and spiritual counsel, and be it further

RESOLVED: (14) that the individual(s) who chooses an alternative to abortion be offered adequate counseling during pregnancy and following delivery.

WHEREAS: it is the mission of the church to minister to persons in need, therefore be it

RESOLVED: (15) that the Moravian Church encourage its members to accept with empathy persons who are dealing with an unwanted pregnancy, and in accord with conviction assist in all possible tangible ways.

WHEREAS: "the Supreme Court decisions in January, 1973, clarified the legal context. The Court's action does not lessen, but increases, the responsibility of the churches to understand the circumstances in which the need for abortion arises; to make serious efforts to find solutions to the problems which have created this need; to struggle with the conflicting moral issues which this unique situation presents; and to become better equipped to counsel adequately those who are faced with a decision about abortion," therefore be it

RESOLVED: (16) that Moravian pastors keep abreast of current developments in this field, and be it further

RESOLVED: (17) that Moravian pastors be alert and responsive to opportunities for counseling with persons considering abortion, and be it further

RESOLVED: (18) that Moravian pastors support individual(s) in their decision by making referral to qualified agencies and/or physicians if needed, and be it further

RESOLVED: (19) that the Provincial Elders' Conference arrange for seminars on unwanted pregnancy counseling for pastors and other counselors.

WHEREAS: we recognize the freedom of the pastor not to counsel because of personal feelings or bias, and

WHEREAS: we should not fail to minister where ministry is needed and requested, therefore be it

RESOLVED: (20) that pastors who choose not to counsel refer the individual(s) to a qualified colleague or competent counseling service.

WHEREAS: education alone cannot be considered as a panacea for manag-

ing behaviors that may lead to problem pregnancy but may reduce the need for abortions, therefore be it

RESOLVED: (21) that the members of the Moravian Church support the Division of Educational Ministries implementation of programs of Family Life and Human Development and Human Sexuality that include information on birth control at appropriate levels of maturity.

NA'AMAT USA

Biennial Convention, 1983

Reproductive choice must be recognized as a matter of individual conscience outside the realm of government intrusion. We oppose attempts—whether by Constitutional amendment, legislation, judicial review or government regulation—to restrict women's access to safe and legal abortion, to bar financial assistance to women seeking abortion or to violate the confidentiality of family planning services.

We welcome decisions of the Supreme Court and other branches of the federal judiciary upholding women's rights: particularly opinions barring restrictions on women's right to abortion, and rulings against sex discrimination in employer-sponsored retirement plans and upholding the privacy of federally-funded family planning centers.

We must remain alert to defeat efforts in Congress to undermine the jurisdiction of federal courts on Constitutional matters relating to moral and social questions.

National Council of Jewish Women

National Convention, 1969 (reaffirmed 1979, 1982, 1987)

The members of NCJW reaffirm the strong commitment "to work to protect every woman's individual right to choose abortion and to eliminate any obstacles that would limit her reproductive freedom."

We believe that those who would legislate to deny freedom of choice compound the problems confronting women who are already condemned by poverty. It is therefore essential that federal and state funding be made available to women in need who choose abortion just as such funding is available for other medical procedures.

We decry the fact that poor and young women must bear the major brunt of anti-abortion rights measures, and call upon all public officials to support and protect the right of every American woman to choose or reject the act of childbearing. (1979)

National Federation of Temple Sisterhoods

Biennial Assembly, 1975 (reaffirmed 1977, 1981, 1989)

NFTS affirms our strong support for the right of a woman to obtain a legal abortion, under conditions now outlined in the 1973 decision of the United States Supreme Court. The Court's position established that during the first two trimesters, the private and personal decision of whether or not to continue to term an unwanted pregnancy should remain a matter of choice for the woman; she alone can exercise her ethical and religious judgement in this decision. Only by vigorously supporting this individual right to choose can we also ensure that every woman may act according to the religious and ethical tenets to which she adheres.

North American Federation of Temple Youth

1981

BE IT RESOLVED

- *That NFTY continue to strongly support the right of a woman to choose to obtain a safe, legal abortion, and*
- *That NFTY oppose any Constitutional amendment that could lead to the restriction of that right.*

Presbyterian Church (U.S.A.)

General Assembly, 1983 (reaffirmed 1985, 1987, 1988, 1989)

Any decision for an abortion should be made as early as possible, generally within the first trimester of pregnancy, for reasons of the woman's health and safety. Abortions later in pregnancy are an option particularly in the case of women of menopausal age who do not discover they are pregnant until the second trimester, women who discover through fetal diagnosis that they are carrying a fetus with a grave genetic disorder, or women who

did not seek or have access to medical care during the first trimester. At the point of fetal viability the responsibilities set before us in regard to the fetus begin to shift. Prior to viability, human responsibility is stewardship of life-in-development under the guidance of the Holy Spirit. Once the fetus is viable, its potential for physically autonomous human life means that the principle of inviolability can be applied.

... It is a tragic sign of the church's sinfulness that our propensity to judge rather than stand with persons making such decisions too often means that persons in need must bear the additional burden of isolation. It would be far better if the person concerned could experience the strength that comes from shared sensitivity and caring. The church is called to be the loving and supportive community within whose life persons can best make decisions in conformity with God's purposes revealed in Jesus Christ.

... The church's position on public policy concerning abortion should reflect respect for other religious traditions and advocacy for full exercise of religious liberty. The Presbyterian Church exists within a very pluralistic environment. Its own members hold a variety of views. It is exactly this pluralism of beliefs which leads us to the conviction that the decision regarding abortion must remain with the individual, to be made on the basis of conscience and personal religious principles, and free from governmental interference.

Consequently, we have a responsibility to work to maintain a public policy of elective abortion, regulated by the health code, not the criminal code. The legal right to have an abortion is a necessary prerequisite to the exercise of conscience in abortion decisions. Legally speaking, abortion should be a woman's right because, theologically speaking, making a decision about abortion is, above all, her responsibility.

As Presbyterians and U.S. citizens we have a responsibility to guarantee every woman the freedom of reproductive choice. We affirm the intent of existing law in the United States regarding abortion; protecting the pregnant woman. Medical intervention should be made available to all who desire and qualify for it, not just those who can afford preferential treatment.

... Thus the 195th General Assembly (1983):

• *Urges Presbyterian congregations and their individual members to:*

Provide a supportive community in which such decisions can be made in a setting of care and concern.

Respect the difficulty of making such decisions.

Affirm women's ability to make responsible decisions, whether the choice be to abort or to carry the pregnancy to term.

Protect the privacy of individuals involved in contraception and abortion decisions.

- *Affirms the church's commitment to minimize the incidence of abortion and encourages sexuality education and the use of contraception to avoid unintentional pregnancies, while recognizing that contraceptives are not absolutely effective . . .*
- *Recognizes that negative social attitudes toward women cast doubt on women's ability to make moral decisions and urges ministers and congregations to work to counter these underlying social attitudes and affirm the dignity of women.*
- *Recognizes that children may be born who are either unwanted or seriously handicapped and affirms the church's ongoing responsibility to provide supportive services to families in these situations and to help find appropriate institutional care and adoptive services where needed.*
- *Affirms the 1973 Roe v. Wade decision of the Supreme Court which decriminalized abortion during the first two trimesters of pregnancy . . .*
- *Urges the Presbyterian Church . . . to model the just and compassionate community by:*

Opposing adoption of all measures which would serve to restrict full and equal access to contraception and abortion services to all women, regardless of race, age, and economic standing.

Working actively to restore public funding by federal, state, and local governments for the availability of a full range of reproductive health services for the medically indigent . . .

Providing continuing support for women who, having made an abortion decision, may have doubts as to the wisdom of their choice, or having delivered a child are not able to cope with the separation of adoption or the responsibilities of child care.

. . . The 197th General Assembly (1985):

- *Reaffirms the position taken by the 195th General Assembly (1983);*
- *We affirm that abortion should not be used as a method of birth control;*
- *We affirm our support for the Religious Coalition for Abortion Rights as*

the most effective means for making our concern about keeping the availability of abortion services safe and legal;

- *We are in agreement (with) the protest against violence at abortion clinics and harassment of persons staffing clinics and persons seeking abortions.*

... The 199th General Assembly (1987):

- *Reaffirm(s) its freedom of choice position in relation to reproductive rights.*

... The 200th General Assembly (1988):

- *Directs the Moderator to select a task force to conduct a study, to be completed within two years of the National Conference on Abortion Perspectives, designed to give forum to each different theological position in debate of the issues related to problem pregnancies and abortion, and that the members of the commission represent the broadest spectrum of theological positions within the church . . .*

... The 201st General Assembly (1989):

- *Opposes abortion elected for the sole purpose of gender selection.*
- *Supports Operation Respect [of RCAR] which includes: "Clergy for Choice" campaign which encourages concerned clergy to sign a pledge of support for freedom of choice; deplors harassment of women seeking abortions or counseling; encourages presbyteries and sessions to study tactics used by groups such as "Operation Rescue."*
- *Encourages synods, presbyteries, local churches and individuals to reach out to those in crisis pregnancy situations giving resources, time and love.*

Reorganized Church of Jesus Christ of Latter Day Saints

1974 (reaffirmed 1980)

We affirm that parenthood is partnership with God in the creative processes of the universe.

We affirm the necessity of parents to make responsible decisions regarding the conception and nurture of their children.

We affirm a profound regard for the personhood of the woman in her

emotional, mental, and physical health; we also affirm a profound regard and concern for the potential of the unborn fetus.

We affirm the inadequacy of simplistic answers that regard all abortions as murder, or, on the other hand, regard abortion only as a medical procedure without moral significance.

We affirm the right of the woman to make her own decision regarding the continuation or termination of problem pregnancies. Preferably, this decision should be made in cooperation with her companion and in consultation with a physician, qualified minister, or professional counselor . . .

We affirm the need for skilled counselors being accessible to the membership of the church to assist persons in their struggle with issues centering in human sexuality, responsible parenthood, and wholeness of family life.

Union of American Hebrew Congregations

Biennial Convention, 1975 (reaffirmed 1981, 1990)

The UAHC has long been committed to the right of a woman to choose an abortion. We reaffirm the position of the 56th General Assembly in 1981, and we endorse the following resolution, adopted by the National Federation of Temple Sisterhoods in New Orleans in 1989:

“1. Affirm our unwavering commitment to the protection and preservation of the reproductive rights of women; pledge our presence and support wherever, whenever, and for however long our goal may require it at the federal, state and local levels of government; further, we affirm our commitment to work in coalition with compatible pro-choice groups, especially the Religious Coalition for Abortion Rights, for the attainment of our common goal.

2. Endorse the 1973 United States Supreme Court decision on *Roe vs. Wade* and deplore all attempts, legislative and judicial, to dismantle it.

3. Support non-restrictive federal and state funding of reproductive services, including abortion, and non-restrictive private insurer coverage.

4. Support minors' access to reproductive health services, including contraceptives and abortion, unrestricted by parental notification, parental permission, or court order requirements.

5. Support the use of public hospitals and clinics, however defined, for the performance of abortions, with unrestricted access and funding for women

who need it; affirm the right of health professionals, those publicly employed and those in private practice, to provide reproductive service counseling and advice, including information about family planning, contraception and abortion, and to perform abortions; oppose the criminalization of either the health professionals who perform or assist at abortions or the women who receive them and affirm the obligation of local governments to protect physically the clients, staff, and premises of reproductive care facilities against the actions of anti-choice persons and groups.

Further,

1. We applaud those decisions of the Supreme Court of Canada that have assured Canadian women their reproductive freedom;
2. We urge the NFTS world-wide constituents to work toward securing or retaining reproductive rights for all women."
3. In conjunction with the above, we urge our UAHC congregations to work toward securing or retaining reproductive rights for all women. (1990)

Unitarian Universalist Association

General Assembly, 1963

(reaffirmed 1968, 1973, 1975, 1977, 1978, 1980, 1987)

RIGHT TO CHOOSE

BECAUSE Unitarian Universalists believe that the inherent worth and dignity of every person, the right of individual conscience, and respect for human life are inalienable rights due every person; and that the personal right to choose in regard to contraception and abortion is an important aspect of these rights; and

BECAUSE we believe in tolerance and compassion for persons whose choices may differ from our own; and

BECAUSE we believe not only in the value of life itself but also in the quality of life; and

WHEREAS pain, suffering, and loss of life were widespread prior to the legalization of abortion in 1973 by the U.S. Supreme Court (*Roe v. Wade*) and the 1969 amendments to the Criminal Code of Canada; and

WHEREAS the issue of abortion is morally complex, abortion must remain a legal option; and

WHEREAS attempts are now being made to restrict access to birth control and abortion by overriding individual decisions of conscience, and attacks in legislatures, courts, and the streets often result in depriving poor women of their right to medical care; and such legislation is an infringement of the principle of separation of church and state in that it tries to enact private morality into public law; and

WHEREAS there is movement to re-criminalize abortion both for women and their health-care providers which could bring back dangerous alternatives to clinically safe abortions;

THEREFORE BE IT RESOLVED that the 1987 General Assembly of the Unitarian Universalist Association reaffirms its historic position, supporting the right to choose contraception and abortion as legitimate aspects of the right to privacy; and

BE IT FURTHER RESOLVED that:

1. Individual Unitarian Universalists educate themselves, their congregation, and the public about the new moral understandings emergent in the works of feminist theologians and social ethicists; and
2. Unitarian Universalists oppose any move to deny or restrict the distribution of government funds as a means of restricting access to full contraceptive and abortion counseling and/or services, at home or abroad; and
3. Unitarian Universalists actively oppose all legislation, regulations and administrative action, at any level of government intended to undermine or circumvent the *Roe v. Wade* decision; and
4. Unitarian Universalists communicate their opposition to such attempts to their legislative representatives and to the electorate; and
5. Unitarian Universalists expose and oppose bogus clinics and other tactics that infringe on the free exercise of the right to choose; and
6. Unitarian Universalists promote legislation funding safe abortions for low-income women; and
7. Individual Unitarian Universalists, congregations, and the Unitarian Universalist Association open discussion with those of different mind, and seek opportunities to work productively from shared values to promote family planning and education for responsible sex; and

BE IT FINALLY RESOLVED that we affirm the right to choose contraception and abortion as a legitimate expression of our constitutional rights. (1987)

Unitarian Universalist Women's Federation

Biennial Convention, 1975 (reaffirmed 1979, 1981)

The Unitarian Universalist Women's Federation reaffirm(s) the right of any woman of any age or marital or economic status to have an abortion at her own request upon consultation with her physician and urges all Unitarian Universalists in the United States and all Unitarian Universalist societies in the United States to resist through their elected representatives the efforts now under way by some members of the Congress of the United States to curtail their right by means of a Constitutional amendment or other means.

United Church of Christ

General Synod 16, 1987

(Additional statements regarding freedom of choice were passed in 1971, 1973, 1977, 1979, 1981, and 1989.)

SEXUALITY AND ABORTION: A FAITHFUL RESPONSE

WHEREAS, Scripture teaches us that all human life is precious in God's sight and teaches the importance of personal moral freedom; and

WHEREAS, previous General Synods, beginning in 1971, have considered the theological and ethical implications of abortion, and have supported its legal availability, while recognizing its moral ambiguity and urging that alternatives to abortion always be fully and carefully considered; and

WHEREAS, women and men must make decisions about unplanned or unwanted pregnancies that involve their physical, emotional, and spiritual well-being; and

WHEREAS, the United States leads nearly all other developed nations of the world in pregnancy, abortion, and childbearing rates for teen-agers; and

WHEREAS, access to birth control is being jeopardized by decreases in funding for human services, including family planning programs, and certain groups continue their efforts to reverse the *Roe v. Wade* decision of 1973, which affirms the right to choose a safe and legal abortion; and

WHEREAS, abortion is a social justice issue, both for parents dealing with pregnancy and parenting under highly stressed circumstances, as well as for our society as a whole; and

WHEREAS, previous General Synods have called upon the church to provide programs of counseling and education about the meaning and nature of human life, sexuality, responsible parenthood, population control, and family life;

THEREFORE, BE IT RESOLVED, that the Sixteenth General Synod:

1. affirms the sacredness of all life, and the need to protect and defend human life in particular;
2. encourages persons facing unplanned pregnancies to consider giving birth and parenting the child, or releasing the child for adoption, before abortion;
3. upholds the right of men and women to have access to adequately funded family planning services, and to safe, legal abortions as one option among others;
4. affirms the need for adequately funded support systems, including health and day care services, for those who choose to raise children;
5. urges that resources on human sexuality being prepared by the Board for Homeland Ministries be used widely in the churches, and that the resolutions of previous General Synods on sexuality issues be distributed and studied as part of these resources;
6. urges the United Church of Christ, at all levels, to provide support, resources, and information to persons facing unplanned pregnancies, including counseling of persons who choose to have abortions;
7. urges the United Church of Christ, at all levels, to provide educational resources and programs to persons, especially young persons, to help reduce the incidence of unplanned and unwanted pregnancies, and to encourage responsible approaches to sexual behavior;
8. urges pastors, members, local churches, conferences, and instrumentalities to oppose actively legislation and amendments which seek to revoke or limit access to safe and legal abortions.

United Methodist Church

General Conference, 1988

The beginning of life and the ending of life are the God-given boundaries of human existence. While individuals have always had some degree of

control over when they would die, they now have the awesome power to determine when, and even whether, new individuals will be born. Our belief in the sanctity of unborn human life makes us reluctant to approve abortion. But we are equally bound to respect the sacredness of life and well-being of the mother for whom devastating damage may result from an unacceptable pregnancy. In continuity with past Christian teaching, we recognize tragic conflicts of life with life that may justify abortion, and in such cases support the legal option of abortion under proper medical procedures. We cannot affirm abortion as an acceptable means of birth control, and we unconditionally reject it as a means of gender selection. We call all Christians to a searching and prayerful inquiry into the sorts of conditions that may warrant abortion. Governmental laws and regulations do not provide all the guidance required by the informed Christian conscience. Therefore a decision concerning abortion should be made only after thoughtful and prayerful consideration by the parties involved, with medical, pastoral, and other appropriate counsel.—*Social Principles*, 1988

When, through contraceptive or human failure, an unacceptable pregnancy occurs, we believe that a profound regard for unborn human life must be weighed alongside an equally profound regard for fully developed personhood, particularly when the physical, mental, and emotional health of the pregnant woman and her family show reason to be seriously threatened by the new life just forming. We reject the simplistic answers to the problem of abortion which, on the one hand, regard all abortions as murders, or, on the other hand, regard all abortions as procedures without moral significance.

When an unacceptable pregnancy occurs, a family, and most of all the pregnant woman, is confronted with the need to make a difficult decision. We believe that continuance of a pregnancy which endangers the life or health of the mother, or poses other serious problems concerning the life, health, or mental capability of the child to be, is not a moral necessity. In such a case, we believe the path of mature Christian judgement may indicate the advisability of abortion. We support the legal right to abortion as established by the 1973 Supreme Court decisions. We encourage women in counsel with husbands, doctors, and pastors to make their own responsible decisions concerning the personal or moral questions surrounding the issue of abortion.—*Resolution on Responsible Parenthood*, 1988

United Synagogue of America

Biennial Convention, 1975 (reaffirmed 1989)

Jewish tradition cherishes the sanctity of life, even the potential of life which a pregnant woman carries within her. Under certain unfortunate circumstances, such as when the life or health of the mother are in jeopardy, Judaism sanctions, even mandates, abortion. Judaism does not, however, condone or permit abortion for contraceptive purposes; and

Judaism does not believe that personhood and human rights begin with conception. The premise that personhood begins with conception is founded on a religious position which is not identical with Jewish tradition. Therefore, under special circumstances, Judaism chooses and requires abortion as an act which affirms and protects the life, well being and health of the mother. To deny a Jewish woman and her family the ability to obtain a safe, legal abortion when so mandated by Jewish tradition, is to deprive Jews of their fundamental right of religious freedom;

NOW, THEREFORE, BE IT RESOLVED that the United Synagogue of America continues to affirm its strong support for the 1973 Supreme Court decision of *Roe v. Wade*. Any weakening, limitation, or withdrawal of the *Roe v. Wade* decision is sure to produce tragic consequences. In light of the recent Supreme Court decision, we must be diligent in our efforts to safeguard and preserve the full personal and religious freedom given to the American people.

NOW, THEREFORE, BE IT FURTHER RESOLVED that the United Synagogue of America opposes any legislative attempt through constitutional amendments, the deprivation of medicaid, family services and/or other current welfare services, to weaken the force of the United States Supreme Court's decision permitting abortions. (1989)

Women's American ORT

1989

Women's American ORT reaffirms its long-held position that when and whether to bear a child is a woman's private decision, and should not be subject to intervention through legislation, Constitutional amendment or judicial decree. The sole determinants for a woman making such a decision should be her own personal convictions, needs and capacities. We deplore any measures which erode these fundamental rights of choice and

privacy. An added concern is that such measures frequently victimize society's most vulnerable women—the poor and disadvantaged. We regard such requirements as parental consent or notification, and unnecessarily burdensome licensing criteria for clinics, to be thinly disguised methods of restricting women's access to abortion. Further, we deem unconscionable the militant tactics of some anti-choice protestors, including harassment and intimidation of reproductive health care patients. Undeniably, they have the right to express their views, but they do not have the right to blockade clinic entrances or destroy clinic property. Women's American ORT will stand firm in its opposition to any attempts to narrow the opportunity for women to control their own lives.

Women's League for Conservative Judaism

Biennial Convention, 1974 (reaffirmed 1982)

Reverence for life is the cornerstone of our Jewish heritage. Since abortion in Jewish law is primarily for the mother's physical or mental welfare, we deplore the burgeoning casual use of abortion. Abortion should be "legally available, but ethically restricted. Though the abortion of a fetus is not equivalent to taking an *actual* life, it does represent the destruction of *potential* life and must not be undertaken lightly"

However, Women's League also believes that the practice of the principle of the separation of Church and State guaranteed by our Constitution has kept our nation strong and preserved full freedom for the individual. Women's League believes that transmitting religious values is the responsibility of the religious sector.

Women's League for Conservative Judaism urges its Sisterhoods to oppose any legislative attempts through Constitutional amendments, the deprivation of Medicaid, family services and/or other current welfare services, to weaken the force of the Supreme Court's decision permitting abortions. (1982)

*from *Love and Sex: A Modern Jewish Perspective* by Dr. Robert Gordis

Young Women's Christian Association of the U.S.A.

National Convention, 1970, 1973, 1988

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As an organization rooted in the Christian faith, the YWCA is deeply conscious of the difficult personal and ethical choices raised by the issue of abortion. The YWCA's position on this issue has been developed during almost two decades of study and action by the official representatives of our Associations across the country assembled in Convention. Eight successive Conventions, 1967, 1970, 1973, 1976, 1979, 1982, 1985, and 1988 have addressed this issue.

The position of the YWCA is not "pro-abortion." It is a position supporting a woman's right to make an individual decision based upon her own religious and ethical beliefs and her physician's guidance. This is the position taken by the Supreme Court on January 22, 1973, in the case of *Roe v. Wade*. The Court recognized that science cannot tell us "when life begins," for to science, all life is continuum. The answer to the question, "When does personhood begin?" must remain in the ethical and religious realm.

Since there is a wide variation of opinion among religious groups and individuals in our pluralistic society as to when personhood begins and what an ethical decision on abortion may be in different circumstances, the YWCA holds that no *one* religious belief should be mandated by law. Our government is expressly commanded to make no law establishing any one religion or prohibiting free expression of religion. Our position is supported by many of our members who would not themselves seek an abortion, but who are concerned to safeguard for all citizens the freedom of religion and conscience guaranteed by our Constitution.

Legal restrictions and prohibition of abortions affect primarily poor women, depriving them of safe, medically-approved abortions, while women of means can travel to locations where abortion is legal and safe. The problem of unwanted pregnancies cannot be solved by outlawing abortions, and the denial of public funding for abortions prevents some women from exercising a Constitutional right guaranteed to all.

For these reasons the YWCA supports "the repeal of all laws restricting or prohibiting abortions performed by a duly licensed physician and supports public funding for abortions and pre- and post-abortion counseling."

Members of the Religious Coalition for Abortion Rights

American Ethical Union	Committee of Women of Color Presbyterian Church (U.S.A.)
National Service Conference American Ethical Union	Social Justice and Peacemaking Ministry Unit Presbyterian Church (U.S.A.)
American Humanist Association	Women's Ministry Unit Presbyterian Church (U.S.A.)
American Jewish Committee	Union of American Hebrew Congregations
American Jewish Congress	Unitarian Universalist Association
B'nai B'rith Women	Unitarian Universalist Women's Federation
Division of Homeland Ministries Christian Church (Disciples of Christ)	Board for Homeland Ministries United Church of Christ
Womaen's Caucus Church of the Brethren	Coordinating Center for Women United Church of Christ
Episcopal Urban Caucus	Office for Church in Society United Church of Chris'
Episcopal Women's Caucus	General Board of Church and Society United Methodist Church
Women in Mission and Ministry The Episcopal Church	Women's Division General Board of Global Ministries United Methodist Church
Women for Social Witness (Episcopal)	United Synagogue of America
Federation of Reconstructionist Congregations and Havurot	Women's American ORT
Lutheran Women's Caucus	Women's League for Conservative Judaism
Committee on Church and Society Moravian Church in America Northern Province	Women's Rabbinic Network
NA'AMAT USA	YWCA National Board
National Council of Jewish Women	
National Federation of Temple Sisterhoods	
North American Federation of Temple Youth	

The logo of the Religious Coalition for Abortion Rights combines the symbols of two great religions. The Christian cross is made up of many branches rather than two strokes to represent the many sects of Christianity. Its lower branch is part of the menorah, symbol of the Old Testament, representing both the Jewish faith and the roots of Christianity. Resting on the base of three vertical bars (ancient symbol of an active intellect), the cross and menorah are intertwined to demonstrate the unity of purpose of the Coalition.



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WORDS OF CHOICE

Religious Coalition for Abortion Rights

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Religious Coalition for Abortion Rights
Washington, D.C.

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President

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Editor

Foreword

The richness of the English language allows tremendous breadth of description. Our choice of words and our willingness to be open to new ideas and information are important in any controversy, especially one related to the sensitive decisions women make about birth control and abortion. No one wants to be misled by words that convey a false image or impression.

All organizations utilize persuasive language, but some are not content with using words to convey their true or precise meanings. It is essential, therefore, that words and texts in the abortion debate be examined carefully for their meanings, as well as for the images they convey so that a real and lasting understanding of the issues in the debate may be promoted.

The Religious Coalition for Abortion Rights is well suited to prepare this guide to terminology and imagery because the Coalition operates within the religious and moral tradition of freedom as well as respect for persons. The Coalition asserts that women, as well as men, have the capability and the right to make moral choices regarding their lives, their health, their family security, and their future.

John M. Swomley, Ph.D.
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St. Paul School of Theology
Kansas City, Missouri

The Power of Language

When advocating for a cause, especially a controversial one, nothing is as powerful as the language we use. Whoever defines the debate has the battle half won. Words are chosen deliberately and carefully to persuade, but persuasive speech becomes propaganda when half-truths and inaccuracies are deliberately used to mislead.

The foundation of the carefully chosen language used by opponents of abortion rights is a theological assertion that human life or personhood begins at conception—a belief not shared by all faith groups. Although theologians have addressed the question of the beginning of life for centuries without reaching a single answer, abortion rights opponents promote their theological belief as the one and only truth.

To them, “baby” is interpreted as a synonym for the fetus and women who choose abortion are characterized as callous and irresponsible “baby killers.” Terms such as “abortion as birth control,” “abortion for convenience,” and “abortion on demand” imply that women who have abortions do so lightly and without thought.

Further, opponents of abortion rights select pictures and images that trivialize and devalue women. Pictures of late-term fetuses and abortions are used to stir our emotions and to evoke images of babies, but the images ignore the pregnant woman. Focusing on late-term fetuses diverts our attention from the pregnant woman and the small number of abortions performed after the first twelve weeks of pregnancy. Only nine percent of abortions are performed after the first trimester of pregnancy and only 0.01 percent after 24 weeks of pregnancy, the approximate time of viability—the point when a fetus has the capacity to survive outside the womb.¹

Words such as “baby killer” and “death chambers” clearly reflect an anti-choice point of view. Yet more subtle, equally dangerous terms find their way into journalism and public discourse. Individuals often use the misleading language, unaware of the terms’ half-truths and inaccuracies. How does this happen? The National Right to Life Committee and other anti-choice groups work with anti-choice legislators to write legislation using their carefully chosen, misleading language. The media then report on this legislation, using the words essentially as they appear in the bills. The media assumes that legislative language is neutral. Thus, the deceptive words are passed on to the public, which accepts them as neutral and begins to use them, often unaware of these words’ subtle manipulations.

Newspapers carry such misleading headlines as “Mother’s Right Upheld Over Fetus’s” and “Bill Would Ban Use of Abortion as Birth Control.” A woman is labeled a “mother” whether she has—or wants—children. Calling a pregnant woman “mother” also lacks respect for those pregnant women who, according to the teachings of their faith or their conscience, do not consider themselves mothers until they give birth, the moment when they believe that human life or personhood begins. Calling abortion a “method of birth control” legitimizes the implication that women in general are irresponsible and that those who decide upon abortion do so for trivial reasons.

These deceptive phrases are also reported on radio and television. We hear on the evening news that “the Supreme Court handed down a decision today on a matter of life and death.” By equating abortion with “a matter of life and death,” the position that human life begins at conception is reinforced.

All who discuss abortion rights must be held accountable for their words. To mislead and manipulate the public is dishonest. There is no room for dishonesty in the sensitive discussion of abortion.

Words of Choice is intended to review the dishonest language of abortion rights opponents and to reveal the false impressions these words convey. Readers are encouraged to use *Words of Choice* as a resource for factual information concerning reproductive freedom and as a basis to inform and educate those who use misleading language, whether they do so purposefully or not.

Glossary of Terms Used by Opponents of Abortion Rights

ABORTION AS BIRTH CONTROL

Opponents of abortion rights claim that over 90 percent of all abortions are used as a substitute for contraception.² Abortions excluded from this definition are only some of those performed because a woman's life is in danger, there is severe fetal deformity, or the pregnancy was a result of rape or incest.

Referring to abortion as a primary method of contraception implies that women in general are irresponsible and immoral. Further, it implies that those who choose abortion do so arrogantly, without carefully considering the impact of their decisions upon themselves and their families.

Contraceptive methods currently available in the United States do not meet the health, economic, and social needs of many women. In 1987, 51 percent of women who obtained abortions in 1987 were using a contraceptive method the month they became pregnant.³

According to a 1990 National Academy of Sciences report, wider choices of contraceptive methods and greater access to these methods exists in Western Europe and some less developed countries than in the United States. Problems of unintended pregnancy, unwanted children, excessive rates of abortion, and sterilizations are the result of the United States falling far behind many other countries in the development and availability of safe, effective contraceptive methods.⁴

Many organizations opposing abortion state they have no policy on contraception. Yet pressure from anti-abortion groups serves as an obstacle in the contraceptive development process.⁵

ABORTION FOR CONVENIENCE

Anti-abortion activists define abortion as a matter of convenience, depicting women who choose abortion as impulsive and careless.

What is dismissed as a "convenience" is in truth a judicious, wise choice for many women. The fact that many women endure shouting, harassing anti-abortionists at clinics is evidence not of convenience but what they consider a necessity.

Many pregnant women face great difficulty obtaining an abortion due to lack of access. More than 80 percent of U.S. counties, where 31 percent of women of reproductive age live, have no identified abortion providers. (See Waiting Period.)

ABORTION FOR GENDER SELECTION

Legislation barring abortion for the purpose of gender selection is often advocated by opponents of abortion rights.

Such legislation serves to promote the image that women are immorally choosing abortion. Neither statistics nor records exist to document the occurrence of gender selection abortions in the United States. The idea of gender selection abortions is a myth.

ABORTION ON DEMAND

Opponents of abortion rights assert that "abortion on demand" up until the moment of birth is available in the United States. This claim implies that a pregnant woman can walk into an abortion provider's office at any time in her pregnancy and demand an abortion. This is not true.

The Supreme Court's 1973 *Roe v. Wade* decision legalizing abortion did not authorize "abortion on demand" up until birth. The Supreme Court ruled that during the first 12–14 weeks—the first trimester—of pregnancy, the decision about an abortion is a private, medical one to be made by the woman in consultation with her doctor. During the second trimester, the Court ruled, the State may impose such restrictions as are necessary to safeguard the woman's health, but may not ban the procedure.

During the third trimester, as the point of viability approaches—the point when a fetus has the capacity to survive outside the womb—the Court ruled that the state's interest in protecting "potential life" becomes compelling and that the State may prohibit all abortions except those necessary to preserve the life or health of a woman. Opponents assert that the point of viability has moved to as early as 19 weeks of fetal development, but scientific evidence indicates that viability has not changed significantly since the 1973 decision.⁷

Few women obtain abortions late in their pregnancies. More than half of all abortions occur at or before the eighth week; 91 percent are performed in the first trimester; and just over 96 percent take place during the first 15 weeks of pregnancy. Only one half of one percent are performed past 20 weeks of gestation with most of these at 21 or 22 weeks. A mere 0.01 percent of all abortions, only about 100–200 procedures, are performed each year after 24 weeks of pregnancy.⁸

ABORTION PILL

Opponents of abortion rights label RU-486 the "death drug" and a "human pesticide" and are committed to fight any attempts to test the drug or bring it into the United States. They claim that RU-486 is medically harmful to women and argue that if it were available here, it would be casually obtainable over the counter.

RU-486 is a synthetic hormone that terminates a pregnancy in the early stages of the first trimester when taken with the hormone prostaglandin. By replacing surgical abortion, RU-486 promises to make the termination of an unplanned pregnancy private, non-invasive, and free of the harassing environment at many reproductive health care clinics, but RU-486 is not currently available in the United States.

"The American Medical Association and the American Psychological Association have endorsed testing and possible use of the pill." Studies conducted in France and Great Britain attest to the safety and effectiveness of RU-486 when taken in conjunction with prostaglandin.¹⁰ Studies also reveal that RU-486 shows promise as a treatment for endometriosis, breast cancer, Cushings disease, certain brain cancers, and viral infections.¹¹

Currently in France where RU-486 was developed, the pill is distributed under careful controls. Each pill is registered and dispensed only by designated clinics. The United States' strict drug safety standards could require similarly strict control.

ADOPTION

To opponents of abortion rights there are only two options for pregnant women: adoption or keeping the child.

Adoption is a well-chosen, wise option for some women faced with unplanned or problem pregnancies. However, adoption cannot stand in the place of abortion for all women. The physical risks and emotional and social burdens of carrying a pregnancy to term and then giving up the baby for adoption eliminate such a choice for many women.

Although abortion, pregnancy, and childbirth are relatively safe, pregnancy and childbirth are seven to 25 times more likely to result in the death of a pregnant woman than is an abortion.¹² More than half of all women who go through pregnancy and childbirth are treated for some medical complication and 30 percent are treated for major complications.¹³ In contrast, the rate of major complications from abortion, with no preexisting complications or concurrent sterilizations, was 0.5 percent from 1975 to 1978.¹⁴

In addition, statistics show that not all children are adoptable. While 100 adoptive couples or singles are waiting for every healthy white baby, they are less willing to adopt minority and disabled children.¹⁵ African American children comprise 25 percent of the children adopted or placed in adoptive homes but represent 38 percent of the children free for adoption and awaiting placement.¹⁶

AMERICAN HOLOCAUST

Abortion and the Nazi Holocaust are frequently equated by opponents of abortion rights. They refer to reproductive health care clinics as "death chambers" and title the professionals who perform abortions "Nazi butchers."

The comparison is unconscionable; it trivializes the immensity of the Hitler government's deliberate and systematic attempt to annihilate the entire Jewish population and other groups deemed "undesirable."

Governmental murder of entire populations cannot be equated with the thoughtful, individual decision of whether or not to carry a pregnancy to term. (See Genocide.)

BABY, OR UNBORN CHILD

Abortion rights opponents consistently refer to a fetus as a "baby," "unborn child," or "preborn." The use of humanizing terms such as "this little guy" is also encouraged.¹⁷

These words manipulate the public to perceive a fetus, from the moment of conception, as a cute and cuddly baby. Potential human life is equated with an actual human being.

BEGINNING OF LIFE

Abortion rights opponents claim the moral high ground by defining the moment of conception as the beginning of human life or personhood.

For centuries, theologians and scientists have argued the question of the beginning of life without reaching consensus. The position of the National Academy of Sciences is that "defining the time at which the developing embryo becomes a person must remain a matter of moral or religious value."¹⁸

Placing into law only one theory concerning the beginning of human life or personhood imposes a single theological perspective on all individuals, regardless of the teachings of their own faiths and violates the constitutional guarantee of freedom of religion. However, at least three states have declarations of legislative intent which clearly state that life begins at conception, thereby implying a fetus is a legal person. The states are Illinois, Louisiana, and Missouri.¹⁹

CLINIC RESCUES

To "rescue the babies," demonstrators from anti-abortion groups such as "Operation Rescue" physically block the doors of reproductive health care facilities to prevent abortions from taking place.

While these demonstrators harass women seeking abortions and medical personnel performing the procedure, they also prevent clinic

access to individuals seeking contraceptives and basic reproductive health care. In 1985, 47 percent of abortion providers, serving 83 percent of all abortion patients, were harassed.²⁰

These so called "rescuers" try to equate their activities with the non-violent protests of the Civil Rights Movement but many are arrested for assault, trespassing and invasion. The comparison is invalid. The aim of the Civil Rights Movement was to provide equal opportunities to persons denied opportunities because of race, ethnicity and/or sex but "rescuers" try to rescind and restrict rights.

When brought to trial, "rescuers" attempt to use the "necessity" or "choice of evils" defense, excusing their violence as necessary to prevent the "murder of unborn children." While most judges are not influenced by such, they have acquitted trespassers using this defense in at least two states.²¹

Demonstrators continue to blockade clinic doors despite Federal injunctions preventing them from doing so. Randall Terry, founder of Operation Rescue, has stated, "We have our own injunction. God's injunction."²²

FETAL TISSUE RESEARCH

Opponents of abortion rights are opposed to research using fetal tissue despite its possible success in treating Parkinson's disease, spinal cord injuries, epilepsy, diabetes, and Alzheimer's disease.²³ They contend that this research will encourage women to have abortions in order to profit from the procedure. They argue that these women will choose to become "baby machines," supplying the necessary fetal tissue as a way of increasing their income to provide for their families.

Abortion is a sometimes painful but necessary choice that women must make. Women will not become pregnant in order to profit from the sale of aborted fetal tissue, and responsible clinics will not engage in such practice.

In addition, women facing unplanned pregnancies are not interested in reading research which shows that fetal tissue can be used in the treatment of certain diseases. That is simply not a factor in a woman's decision to terminate a problem pregnancy.

GENOCIDE

Opponents of abortion rights claim that abortion is genocide of people of color. They contend that people of color are coerced into obtaining abortions at inner-city reproductive health care clinics by medical personnel, many of whom are white.

Webster's Dictionary defines genocide as "the deliberate and systematic destruction of a national, political, or cultural group."²⁴ This argument of abortion rights opponents is intended to make a pregnant woman of color believe that if she chooses abortion, she is guilty of participating in the annihilation of her race. Women of color and their families are denied the right to make wise, judicious, and responsible decisions. (See American Holocaust.)

HUMAN BEING

From the moment of conception, human cells are referred to as a human being by anti-abortion rights activists.

Such terminology is known as prolepsis, defined as "an anticipating, especially the describing of an event as if it had already happened," when in fact it may be months away or it may never happen.²⁵ Just as stepping on and crushing an acorn is not the destruction of an oak tree, human cells from the moment of conception are not human beings. (See Person.)

INNOCENT HUMAN LIFE

Opponents of abortion rights describe all fetuses as "innocent human life," thus implying that women who choose abortion defile innocence and are guilty, sinful murderers as well.

The term "innocent human life" was originally used by various popes to refer to fetal life that has committed no sin. The word "innocent" comes from two Latin words, *in* (not) and *nocere* (to harm) and therefore means not harmful or not dangerous. Some fetuses, though, are harmful to the life or health of the pregnant woman.

MEDICAL NECESSITY

Some abortion rights opponents will accept abortion when the life of a pregnant woman is at risk but not when danger to her health makes the procedure medically necessary.

A number of health conditions are exacerbated by pregnancy such as epilepsy, diabetes, malignant tumors, hypertension, kidney disease, sickle cell anemia, and heart disease. Pregnancy in these cases increases the severity of the disease and can lead to permanent damage.²⁶

MOTHER

Abortion rights opponents refer to all pregnant women, even the 11-year-old pregnant girl, as "mother" without knowing whether the women have or want children. They define motherhood by the nine months of pregnancy and the genetic tie between the woman and the fetus.

Labeling pregnant women "mother" creates images of babies, again defining the decision to terminate a pregnancy as negative. The Dictionary defines "mother" as "a woman who has borne a child; . . . (one who) nurtures in the manner of a mother."²⁷ Motherhood and parenting, when chosen, can be experiences filled with joy. But the label of "mother" promoted by opponents of abortion rights disregards the responsibilities of nurturing, loving, feeding and clothing children.

MURDER

Based on their position that a fetus is a human being, opponents of abortion rights describe abortion as "murder" and label women who choose to terminate their pregnancies "murderers."

If this assumption were more than misleading rhetoric and were carried to its logical conclusion, then women who choose abortion would be charged with murder and would face the death penalty or life imprisonment. Under these circumstances, the partner who participates in the decision, the clergy who counsels, or the health professional who performs the abortion would be charged as accessories to the "murder."

In addition, using false language such as "murder" creates the impression that abortion—a legal medical practice—is not only immoral but also illegal.

PARENTAL RIGHTS

Anti-abortion rights advocates, asserting the right of all parents to be involved in their children's decisions regarding abortion, have been proposing laws which dictate parental involvement and parent-child communication.

Many teenagers voluntarily seek out the love, support, and guidance of their parents when faced with such a difficult decision. More than 50 percent of abortion patients 17-years-old and younger involved at least one parent in their decision.²⁸

Legally mandating parent-child communication endangers those teenagers who feel they cannot talk with their parents for legitimate reasons, including a fear of abuse, loss of parental love, or because their pregnancy is a result of incest. Consequently, these teenagers are more likely to seek abortions in unsafe environments. Judicial bypass procedures, although often established to serve pregnant teenagers, are discriminatory, burdensome, and often ineffective.

Those proposing parental notification and consent legislation note that even ear piercing requires parental involvement. This trivializes the seriousness of an unwanted pregnancy. How many teenagers have died from a back-alley ear piercing?

PERSON

The anti-abortion rights movement defines a fertilized egg from the moment of conception as a person because it contains 46 chromosomes, the full genetic blueprint for a human body.

Just as a blueprint for a house is not a house, a genetic blueprint for a human body is not a person. A person is the cumulative result of a process, not merely a collection of genes. Scientists have estimated that only one-third to one-half of all fertilized eggs develop beyond conception even in the most favorable medical circumstances.²⁹

The U.S. Constitution defines a person as one who is "born." The Supreme Court ruled in *Roe v. Wade* that in the Constitution "the use of the word (person) is such that it has application only postnatally. None indicates, with any assurance, that it has any possible pre-natal application."³⁰ The Bible defines a person as "nefesh," one who breathes.³¹

POST ABORTION SYNDROME (PAS)

Opponents of abortion rights define Post Abortion Syndrome (PAS) as a form of post-traumatic stress disorder with long-term chronic symptoms which include nightmares, feelings of guilt, and attempted suicide.³² They claim that PAS is widespread not only among women who have had abortions but also among the men and parents involved in the decision.

While opponents claim post-traumatic stress disorder exists following abortion, abortion does not meet the American Psychiatric Association's definition of trauma.³³ Women may feel normal psychological reactions similar to postpartum depression for a few weeks because of hormonal changes following abortion.

The American Psychological Association convened an expert panel to examine 19 studies on the psychological impact of abortion. In April 1990, the panel unanimously concluded: "Although there may be sensations of regret, sadness or guilt, the weight of the evidence from scientific studies indicates that legal abortion of an unwanted pregnancy in the first trimester does not pose a psychological hazard for most women. . . . After first trimester abortion, most women most frequently report feeling relief and happiness. . . . Severe negative reactions after abortion are rare and can best be understood in the framework of coping with a normal life stress."³⁴

The American Psychiatric Association also recently studied the psychological impact of abortion on women. A panel of six leading psychiatrists concluded in May 1990 that based on their research, "government restrictions on abortion are more likely to cause women lasting harm than the procedure itself."³⁵

PRO-ABORTION

The anti-abortion rights movement refers to supporters of a woman's right to choose abortion as "pro-abortion."

This label is misrepresentative and dishonest. The term "pro-abortion" obscures the support of the reproductive rights movement for a woman's right to choose as one among a whole range of options, including parenthood and adoption. It also ignores the movement's emphasis on family planning—the prevention of unwanted pregnancy—and its affirmation of women as responsible, judicious, and moral decision makers.

To be pro-choice is not to be "pro-abortion." One can consider many abortions immoral but believe that abortion must remain a legal choice and oppose any government interference in that choice.

PRO-LIFE

The opponents of abortion rights, in promoting themselves as "pro-life," imply that those in support of a woman's right to choose abortion are "anti-life."

Activists in support of a woman's right to choose abortion also define themselves as "pro-life." "Life" encompasses both the physical life of the woman and the quality of life of her family and child should she choose to carry the pregnancy to term.

RAPE AND INCEST

Some who oppose abortion rights are willing to make exceptions in cases of rape or incest.

Exceptions for victims of rape or incest are necessary. Unfortunately, these exceptions are often only appearances of compassion because of strict requirements which mandate reporting within hours of the crime to law enforcement or public health agencies. Without fulfilling these often unrealistic requirements, victims may be deprived of access to abortion services.

Opponents of abortion rights walk a fine line within their own movement when they condone any abortion. Based on their own definition, they are guilty of being accessories to "murder" in certain circumstances by accepting rape and incest exceptions.

Rape and incest exceptions are only a first step in keeping the abortion right safe. However, abortion rights opponents promote these exceptions as a moderate solution to the abortion controversy. Making abortion acceptable only when the pregnancy is a result of abuse or a woman's powerlessness is neither moderate nor a solution.

SACREDNESS OR SANCTITY OF LIFE

Opponents of abortion rights try to claim the moral high ground by asserting the "sacredness or sanctity of human life" to defend their position. By implication then, supporters of abortion rights become immoral, irreligious and unconcerned about human life.

This concern for the "sacredness of human life" is, however, somewhat limited: it ignores the life of the pregnant woman and her existing family. The terms "sacredness of life" or "sanctity of life" do not appear in the Bible. Instead, there is an emphasis on "love of neighbor" in the sense of caring, concern and respect for persons.³⁶

"THE SILENT SCREAM"

This 1985 anti-abortion film depicts the movement of a 12-week-old fetus as purposeful and interprets these reflexes during abortion as indicative of pain.

The film distorts the truth. It attempts to engage the viewer's empathy for the fetus without reference to the pregnant woman. According to medical experts from the American College of Obstetrics and Gynecologists, a 12-week-old fetus cannot feel pain because there is no conscious awareness prior to the seventh month of pregnancy when the cerebral cortex is ready to function continuously.³⁷

WAITING PERIODS

Anti-abortion advocates frequently attempt to impose a waiting period between a pregnant woman's visit to her doctor or reproductive health care clinic and when she obtains an abortion.

This waiting period requirement again implies that women make decisions concerning abortion casually and will take the time to thoughtfully consider their decisions only if it is legally mandated. Waiting period requirements impose a great emotional burden on pregnant women by increasing the time, the health risks, and the cost involved in obtaining an abortion.

The health risk to pregnant women from legal abortion rises as gestational age increases. More than half of all abortions are performed at or before eight weeks of pregnancy. At 11 or 12 weeks of pregnancy, abortion is three times more dangerous. Abortions performed after the first trimester involve greater risk than those performed during the first trimester.³⁴

More than 90 percent of nonmetropolitan counties are without abortion providers. This leaves the 83 percent of women who live outside metropolitan areas without immediate access to abortion services.³⁵ Requiring a second trip to an abortion provider can increase transportation and lodging costs and may also involve additional time missed from work or school.

Conclusion

For many years, our nation has been enmeshed in a controversy over the freedom of women to choose safe and legal abortion. Opponents of abortion rights assert that human life or personhood begins at conception. A fetus is thus viewed as a "person" and abortion is the equivalent of "murder." The foundation of their argument rests not on biological fact but on religious beliefs that all faith groups do not share. This shows most clearly that abortion is largely a religious issue.

Abortion rights opponents are attempting to place into secular law restrictions on abortion rights based on their theological belief that human life or personhood begins at conception. Such laws prohibit people who do not share that theological belief from making decisions concerning unplanned pregnancies according to the teachings of their faiths. These laws also violate the religious freedom of those people who believe abortion may be a moral alternative to a problem pregnancy.

Because some churches made abortion a religious issue, other religious groups have responded by defending reproductive freedom as a matter of religious liberty. The diversity of religious views in this country on the sensitive issue of abortion requires that the abortion decision must remain with the individual, to be made on the basis of conscience and personal religious principles and free from government interference.

The issue of abortion continues to be discussed, debated, and even, unfortunately, sensationalized. In hopes of keeping the controversy honest, we ask opponents of abortion rights to commit to a common

linguistic ground where terms and imagery reflect the truth. To settle this controversy, we must also commit to a compromise which is considerate of each side's legitimate beliefs.

Just such a compromise was constructed by the 1973 Supreme Court decision in the matter of *Roe v. Wade*. The Court carefully mediated between (1) a woman's fundamental interest in personal privacy which includes the decision to terminate a pregnancy; (2) every state's interest in promoting the health of its female citizens; and (3) a state's interest in the potential life of a fetus that is viable.

The language and efforts of abortion rights opponents dismantle this compromise and demonstrate no respect for women's fundamental rights and their ability to make wise, judicious, and moral decisions. Their actions also interject government involvement into the middle of family decision-making.

As this controversy continues, the entire nation loses.

- The United States lags far behind many other countries in the development of new methods of contraception and, as a result, the number of unintended pregnancies, unwanted children, and abortions is higher than necessary.⁴⁰
- Teenage pregnancy, birth, and abortion rates in the United States are among the highest of developed countries.⁴¹
- The number of pregnant women who received no prenatal care increased fifty percent from 1980 to 1987.⁴²
- The United States ranks behind nineteen other industrialized nations in the rate of infant mortality.⁴³ Infant mortality rates in cities such as Washington, D.C., Detroit, and Philadelphia are higher than in some third world countries. The situation is especially tragic for African American infants who are more than twice as likely to die as white infants.⁴⁴

While our nation struggles endlessly with the divisive issue of abortion, vital reproductive health care needs go unmet. Not until a woman's constitutional right to reproductive freedom is secure—facing no threats, requiring no defense—can we work solely and aggressively to solve the numerous reproductive health care problems that trouble our nation.

Without respect for reproductive freedom, our nation's overwhelming reproductive health care problems will persist.

The Religious Coalition for Abortion Rights

The Religious Coalition for Abortion Rights is a national nonprofit, nonpartisan coalition of 35 Protestant, Jewish, and other denominations and faith groups. While religiously and theologically diverse, we are unified in our commitment to preserve reproductive freedom.

The Coalition believes that the right of reproductive freedom is intrinsically tied to religious liberty. We oppose any attempts to enact into secular law restrictions on abortion based on one particular theological definition of when the fetus becomes a person.

Because of the range of religious beliefs on this sensitive issue, the abortion decision must remain free from government interference. The decision must remain with the woman, to be made in accordance with her conscience and personal religious principles and in conjunction with her family, her clergy and her doctors.

The Religious Coalition for Abortion Rights was formed by ten denominations and faith groups in 1973 as a response to religiously-based efforts aimed at overturning the landmark Supreme Court decision, *Roe v. Wade*. Most of our member groups have held pro-choice positions for a number of years—and worked for the reform of restrictive state laws prior to 1973.

Based in Washington, D.C., we have affiliates and active groups across the country. Our Clergy for Choice and Voices for Choice networks effectively educate and mobilize people in the pews. The Religious Coalition for Abortion Rights is the only national pro-choice organization with an initiative targeted toward women of color. Our

Women of Color Partnership Program serves as a vehicle through which African American, Latin American, Asian/Pacific Islander American, and Native American women can become actively involved as decision makers in the reproductive rights movement.



For additional information, call or write:

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NOTES

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4. L. Mastroianni, Jr., P.J. Donaldson, and T.T. Kane, eds., *Developing New Contraceptives: Obstacles and Opportunities*, (Washington, D.C.: National Academy Press, 1990) 37, 12, 14.

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6. S.K. Henshaw and J. Van Vort, "Abortion Services in the United States, 1987 and 1988," *Family Planning Perspectives*, 22:1990, 102.

7. Amici Curiae Brief of 167 Distinguished Scientists and Physicians, Including 11 Nobel Laureates, in Support of Appellees, *Webster v. Reproductive Health Services*, 109 S. Ct. 3040 (1989) (No. 88-605) 8-14.

8. R.B. Gold, *Abortion and Women's Health*, *op. cit.* (see note 1).

9. "AMA Endorses Testing, Use of French Abortion Pill," *Washington Post*, 29 June 1990; M. Allukian, Jr., statement (on behalf of the American Public Health Association), before the Regulation, Business Opportunities and Energy Subcommittee of the Committee on Small Business, U.S. House of Representatives, 19 November, 1990.

10. I. Silvestre, et. al., "Voluntary Interruption of Pregnancy with Mifepristone (RU 486) and a Prostaglandin Analogue: A Large-Scale French Experience," *New England Journal of Medicine*, 322:1990, 645; A. Templeton, "The Efficacy and Tolerance of Mifepristone and Prostaglandin in First Trimester Termination of Pregnancy," *British Journal of Obstetrics and Gynaecology*, 97:1990, 480.

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12. Human Resources and Intergovernmental Relations Subcommittee on Government Operations, *The Federal Role in Determining the Medical and Psychological Impact of Abortion on Women*, 101st Cong., 1st sess., 1989, H. Rept. 101-392, 6.
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14. C. Tietze and S.K. Henshaw, *Induced Abortion: A World Review, 1986*, (New York, NY: Alan Guttmacher Institute, 1986) 104.
15. Lord, "Desperately Seeking Baby: Ten Million Americans Are Struggling to Have Children," *U.S. News & World Report*, 5 October, 1987, 64.
16. National Committee for Adoption, *Adoption Factbook*, (Washington, D.C.: National Committee for Adoption, 1989) 191.
17. J.C. Wilke and B. Wilke, *Abortion Questions and Answers*, (Cincinnati: Hayes Publishing, 1989) 240.
18. *The Human Life Bill: Hearings Before the Subcommittee on Separation of Powers of the Senate Committee on the Judiciary*, 97th Cong., 1st sess., 1981.
19. National Abortion Rights Action League (NARAL), *Who Decides? A State by State Review of Abortion Rights*, (Washington, D.C.: National Abortion Rights Action League, 1989) 28, 38, 53.
20. J. Forrest and S.K. Henshaw, "The Harassment of U.S. Abortion Providers," *Family Planning Perspectives*, 19:1987, 9.
21. "Nebraska Rescuers Acquitted, Use Necessity Defense," *Rescue Report*, August/September 1990; A. Jackson, "Abortion Protesters Acquitted in City," *St. Louis Post-Dispatch*, 25 August, 1989.

The preamble of the Missouri abortion law states that "the life of each human begins at conception" and "unborn children have protectable interests in life, health, and well-being." In *Webster v. Reproductive Health Services*, the Supreme Court upheld this declaration by reasoning that it is merely a "value judgement favoring childbirth over abortion." However, in acquitting protestors of trespass charges, St. Louis Circuit Judge Arthur F. Miorelli noted that Missouri law states life begins at conception. He said from the bench, "I'm satisfied that Missouri law provides for the protection of these children."

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30. *Roe v. Wade*, 410 U.S. 113 (1973).
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36. Exodus 22:21, Leviticus 19:18, Mark 12:33.

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"We know that the cerebellum attains its final configuration in the seventh month and that myelinization (or covering) of the spinal cord and the brain begins between the 20th and 40th weeks of pregnancy. These, as well as other neurological developments would have to be in place for the fetus to perceive pain. To feel pain, a fetus needs neurotransmitted hormones. In animals, these complex chemicals develop in the last third of gestation. We know of no evidence that humans are different."

38. R.B. Gold, *Abortion and Women's Health*, op. cit. (see note 1) 30-31.

39. S.K. Henshaw and J. Van Vort, "Abortion Services," op. cit. (see note 6).

40. L. Mastroianni, Jr., P.J. Donaldson, and T.T. Kane, eds., *Developing New Contraceptives*, op. cit. (see note 4).

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To: Alaska State House
From: Jamie Bollenbach, Executive Director, AKCLU
Date: April 25, 1991

COMMENTS ON HB 268

The ACLU commends the representatives of the Alaska House who sponsored this courageous legislation protecting a woman's right to choose. This laudable stand in favor of women's rights appears in the midst of a national political climate where ten state legislatures have already attempted to criminalize abortion. HB 268 properly recognizes that abortion is a debate that must be decided on the level of individual conscience, and not in the frantic halls of government.

HB 268 also establishes that reproductive choice must not become a choice only for the wealthy. The provisions protecting existing funding are critical to maintaining equal protection for impoverished women.

There is no doubt that the great majority of Alaskans also support the right of reproductive choice. The people of the state voted to maintain public funding of abortions for impoverished women who sought them. Alaska is known nationally as one of the most progressive states in protecting women's right to choose, and this legislation will help maintain this tradition.

As with any regulation or legislation affecting reproductive rights, there are a number of complex legal considerations that must be taken into account in passing this type of protective legislation. New language must be carefully scrutinized to ensure that it does not accidentally weaken existing statutory and constitutional protections. Although the U.S. Supreme Court has recently cast some doubt on federal constitutional protection for reproductive rights, cases such as Planned Parenthood v. Danforth (governing the rights of minors) and Roe v. Wade are considered the existing legal standard for Alaska under the privacy provision of the state constitution. Some time should be allowed for careful evaluation to make certain that this legislation does not unintentionally interfere with existing constitutional law.

The debate over abortion can be painful, emotional, and draining. What has become clear over the years is that the great majority of Alaskans believe that government should not decide this issue for the women facing the difficult choices that arise from an unwanted pregnancy. The responsibility of government, recognized in this legislation, is to see that the option of abortion remains safe, legal, and accessible.



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POSITION PAPER
SB 249, REPRODUCTIVE PRIVACY ACT

The Alaska Chapter of the National Association of Social Workers (NASW) strongly supports the passage of SB 249, Reproductive Privacy Act. On a national basis, NASW's Delegate Assembly established a policy affirming a woman's right to choose whether to have an abortion. NASW's position on abortion is to support self-determination, or a woman's right to make her own choice about abortion.

The Honorable Justice Blackmun wrote, "... Every year many women, especially poor and minority women, would die or suffer debilitating physical trauma, all in the name of enforced morality or religious dictates or lack of compassion, as it may be..." He warned of the danger of overturning "a constitutional decision that secured a fundamental personal liberty to millions of persons."

The Alaska Chapter of NASW believes that this bill will continue to guarantee women their rights. We support SB249 in its entirety. Reproductive privacy, including abortion, is a matter of individual conscience, not governmental coercion. Reproductive choices of Alaskans must be protected by law.

Respectfully submitted,

Nina Kinney, MSW, LCSW
President, Alaska Chapter

AMERICAN MEDICAL ASSOCIATION

Resolutions

No. 49 RIGHT TO PRIVACY IN TERMINATION OF PREGNANCY Introduced by California Delegation

HOUSE ACTION: FOLLOWING EXISTING POLICY, WITH ADDITION OF THIRD PARAGRAPH, REAFFIRMED IN LIEU OF RESOLUTION 49:

Abortion is a medical procedure and should be performed only by a duly licensed physician in conformance with standards of good medical practice and the laws of the state.

No physician or other professional personnel shall be required to perform an act violative of good medical judgment or personally held moral principles. In these circumstances good medical practice requires only that the physician or other professional withdraw from the case so long as the withdrawal is consistent with good medical practice.

The American Medical Association supports the position that the early termination of pregnancy is a medical matter between the patient and the physician, subject to the physician's clinical judgment, the patient's informed consent and the availability of appropriate facilities.

RESOLVED, That the American Medical Association support the position that no government nor governmental agency should be interposed between a patient and her physician with regard to the termination of a pregnancy.

No. 50 UNITED NATIONS CONVENTION ON THE RIGHTS OF THE CHILD Introduced by Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island and Vermont Delegations

HOUSE ACTION: REFERRED TO BOARD OF TRUSTEES FOR DECISION

RESOLVED, That the American Medical Association Board of Trustees monitor the United Nations Convention on the Rights of the Child; and be it further

RESOLVED, That the AMA lend its support to the treaty if the policy and articles of the treaty remain consistent with AMA policy, and/or if there are particular articles that are not consistent with AMA policy, the AMA voice its concern to the United States government which can exercise its right to request a reservation.

No. 51 STATE MEDICAL PRACTICE ACT - COMMUNITY-BASED MEDICAL SERVICES Introduced by American Academy of Pediatrics

HOUSE ACTION: REFERRED TO BOARD OF TRUSTEES FOR REPORT BACK TO THE HOUSE OF DELEGATES

RESOLVED, That the American Medical Association develop state model legislation pursuant to incorporating the performance of community-based medical services, both health care delivery and consultative in nature, when performing outside of office, hospital and home settings as standard elements of the state medical practice act; and be it further

RESOLVED, That the AMA encourage each state medical society to urge the enactment of such legislation in their respective states.

- AMA Position on Abortion -

12. RESOLUTION 158 -- POLICY ON ABORTION

Resolution 158 called upon the AMA to adopt the position that the issue of support or opposition to abortion is a matter for members of the AMA to decide individually, to take no action which may be

construed as an attempt to alter or influence the personal views of individual physicians regarding abortion procedures, and to neither promote nor oppose legislative proposals relating to the legality of abortion procedures.

The House of Delegates amended Resolution 158 to read as follows (deletion of third Resolve):

Resolved That it is the position of the American Medical Association that the issue of support of or opposition to abortion is a matter for members of the AMA to decide individually, based on personal values or beliefs; and be it further

Resolved, That the AMA take no action which may be construed as an attempt to alter or influence the personal views of individual physicians regarding abortion procedures.

RESOLUTION 158 ADOPTED AS AMENDED

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- incentives for employers to establish quality child care programs at or near the work site.

HEALTH AND SAFETY

NEA supports-

- establishment and funding of programs and standards to protect children from physical, sexual, or emotional abuse and/or neglect;
- legislation to assist communities in developing programs to help parents protect children from danger, ill health, or hunger;
- federal requirements that manufacturers add a bittering agent to all poisonous household products;
- federal funding for local development and delivery of curriculum about the human immunodeficiency virus (HIV) to empower students to protect themselves from acquired immunodeficiency syndrome (AIDS);
- cooperative public and private efforts for the identification, location, and return of missing children;
- establishment and funding of support programs for homeless or abandoned children;
- strong, effectively enforced laws governing the employment of minors in order to protect young people's health and safety as well as their time for education;
- federal assistance to schools and communities for the establishment and funding of education programs which address prevention of substance abuse and rehabilitation of victims;
- federal assistance to schools and communities for implementation of effective youth suicide prevention programs;
- federal support for school meal programs to provide adequate, appealing, and nutritious foods;
- provision of nutrition assistance to families unable to meet basic nutrition needs;

- minimum standards for youth camps and school bus safety;
- court-assured payment of designated child support.

YOUTH SERVICES

NEA supports-

- collaborative community efforts including programs to increase citizen and business group involvement in assisting and reclaiming youth who have dropped out of school;
- pregnancy-related counseling and support services, including prenatal care, for youth;
- joint ventures by public education and leaders, business, labor, and the community at large to establish at the local level appropriate policies and incentives and to implement exemplary and competitive programs, including expansion of in-school and school-related work experiences, to prepare in-school and out-of-school youth for meaningful and rewarding employment.

NEA opposes-

- a subminimum wage for youth.

II. Comprehensive National Health Policy

POPULATION AT LARGE

NEA supports-

- a comprehensive, universal national health insurance system provided by public and private agencies to assure health care, including preventive services, to all;
- provision of employer-paid health insurance for all employees and their dependents;
- a national health care plan including improved access to a full range of health services for all, including children, the elderly, the mentally and/or chronically ill, pregnant women and girls and mothers of infants, the mentally and

physically abused, substance abusers, and the unemployed;

- a national program of long-term care for the chronically ill, including those with cognitive or mental impairments;
- containment of health care cost increases;
- a major federal commitment to HIV research leading to development of a preventive agent and the discovery of effective treatments;
- strict federal standards for staffing, safety, health care, and nutrition services provided by nursing homes;
- strengthened occupational health and safety standards and programs with diligent enforcement;
- tax exemption for employer-paid health insurance.

NEA opposes-

- taxation of health insurance or health benefits;
- shifting of health care costs to the insured.

MEDICARE/MEDICAID POPULATIONS

NEA supports-

- a strong Medicare/Medicaid system with protected benefits;
- Medicare as a social insurance program available to eligible school employee groups where initiated by those groups in states in which public school employees are not covered by Medicare.

NEA opposes-

- any means test for Medicare;
- any shift of the cost of health care under Medicare/Medicaid to the beneficiary and/or his or her family;
- any new barrier to eligibility for benefits under Medicare;
- mandatory coverage of public employees under Medicare for employee groups that have declined coverage.

III. Constitutional, Civil, and Human Rights Protection

NEA supports-

- preserving and strengthening basic civil and human rights under law;
- eliminating barriers restricting the individual exercise of rights;
- guaranteeing the right to a free and appropriate public education to all children including the homeless;
- vigorous enforcement of civil rights laws, including desegregation activities and programs for American Indians/Alaska Natives, through full funding and appropriate administration actions;
- full equality and opportunity—economic and educational—for all, including the addition of the Equal Rights Amendment to the Constitution;

- the use of affirmative action to address historical patterns of discrimination;
- academic freedom.

NEA opposes-

- infringement of due process rights;
- infringement of the principles of religious freedom through the introduction of sectarian practices in the public schools;
- efforts to restrict or ead federal court jurisdiction in civil rights matters, including restrictions on the use of busing as an available option to achieve desegregation;
- a constitutional amendment designating English as the official language of the U.S.;
- arbitrary restrictions on the civil rights of persons who test positive for the HIV;
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NEA Position on Abortion

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The National Education Association shall work through the political process to attempt to establish rural policy development as a national priority, with emphasis on promoting rural education through whichever agencies or departments are most appropriate. (1990-6)

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As a fitting tribute to Nelson Mandela's visit to our country, the NEA continues to maintain its support for United States and international sanctions against South Africa until such time as the struggle to end apartheid has become irreversible. The NEA will communicate its support for sanctions in writing to the U.S. president and Congress. (1990-46)

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Amendment of Offset Provisions

The NEA shall take the lead in initiating renewed campaign to amend the employer earned and spousal offset provisions of the Social Security Act through increased communication (*NEA Today*) and government relations activities. (1990-70)

Census Count

The NEA shall actively seek to coordinate efforts with other interested organizations to pressure the U.S. Census Bureau to ensure complete count of all residents in the 1990 census. (1990-71)

CORRECTION

**THIS DOCUMENT
HAS BEEN REPHOTOGRAPHED
TO ASSURE LEGIBILITY**

- incentives for employers to establish quality child care programs at or near the work site.

HEALTH AND SAFETY

NEA supports-

- establishment and funding of programs and standards to protect children from physical, sexual, or emotional abuse and/or neglect;
- legislation to assist communities in developing programs to help parents protect children from danger, ill health, or hunger;
- federal requirements that manufacturers add a blistering agent to all poisonous household products;
- federal funding for local development and delivery of curriculum about the human immunodeficiency virus (HIV) to empower students to protect themselves from acquired immunodeficiency syndrome (AIDS);
- cooperative public and private efforts for the identification, location, and return of missing children;
- establishment and funding of support programs for homeless or abandoned children;
- strong, effectively enforced laws governing the employment of minors in order to protect young people's health and safety as well as their time for education;
- federal assistance to schools and communities for the establishment and funding of education programs which address prevention of substance abuse and rehabilitation of victims;
- federal assistance to schools and communities for implementation of effective youth suicide prevention programs;
- federal support for school meal programs to provide adequate, appealing, and nutritious foods;
- provision of nutrition assistance to families unable to meet basic nutrition needs;

- minimum standards for youth camps and school bus safety;
- court-assured payment of designated child support.

YOUTH SERVICES

NEA supports-

- collaborative community efforts including programs to increase citizen and business group involvement in assisting and reclaiming youth who have dropped out of school;
- pregnancy-related counseling and support services, including prenatal care, for youth;
- joint ventures by public education and its leaders, business, labor, and the community at large to establish at the local level appropriate policies and incentives and to implement exemplary and competitive programs, including expansion of in-school and school-related work experiences, to prepare in-school and out-of-school youth for meaningful and rewarding employment.

NEA opposes-

- a subminimum wage for youth.

ii. Comprehensive National Health Policy

POPULATION AT LARGE

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- NEA Position on Abortion -

adult students and educators may establish personal relationships. However, such relationships should be voluntary and not be used to coerce or influence others for personal advantage. Thus, the Association believes that sexual relationships between a faculty member and a student currently enrolled in the faculty member's course, or under the supervision or direction of the faculty member, are unprofessional. The Association urges its affiliates in institutions of higher education to establish strong policies declaring such relationships unprofessional. (89)

I-21. Family Planning

The National Education Association supports family planning, including the right to reproductive freedom.

The Association urges the government to give high priority to making available all methods of family planning to women and men unable to take advantage of private facilities.

The Association further urges the implementation of community-operated, school-based family planning clinics that will provide intensive counseling by trained personnel. (85, 86)

I-22. Sexual Assault

The National Education Association supports efforts that will prevent and protect members of our society from becoming victims of sexual assault. The Association urges states to develop a systematic process for gathering evidence when such assault occurs. Further, the Association supports fair and equitable treatment by health, hospital, and law enforcement agencies for sexual assault victims. The Association believes that it is a violation of the victims' right to privacy to have their past sexual history admitted as

evidence in assault cases. The Association recognizes the importance of and urges the rehabilitation of the assailant and the protection of due process rights for both the victim and the assailant. (81, 85)

I-23. Victims of a Crime

The National Education Association believes that victims of a crime should be treated with dignity and compassion, without the fear of intimidation.

The Association believes that it is essential that victims be notified of and have the right to be present/represented at all legal proceedings of the accused, including parole hearings.

Victims and their families must have access to free counseling and support services. They must also be made aware of available services and programs. The Association further believes that such programs should be funded by the appropriate governmental agencies. (87, 90)

I-24. Invasion of Privacy

The National Education Association believes that every individual has a right to privacy. The Association continues to be concerned about the indiscriminate surveillance of citizens or groups by private and public agencies. The Association condemns the use of information gathered and stored and the exchange of such information without explicit release from the person or persons involved.

The Association recognizes that such rights to privacy and confidentiality must be guaranteed through federal and state legislation. The Association urges its affiliates to seek legislation that will guarantee these rights. (70, 86)

I-25. Military Veterans

The National Education Association believes that many veterans of military conflicts are suffering physical, social, and psychological problems because of their involvement in combat and related military activities, the full effects of which are still not known. The Association urges that federal and state legislation continue to be enacted to increase benefits and programs, including retirement benefits, for these military veterans to meet their needs now and in the future. (81, 87)

I-26. Highway Safety

The National Education Association believes that people should be protected from death and injury that result from the operation of motor vehicles by drivers under the influence of alcohol, drugs, or other mind-altering substances. To this end, the Association urges its members and affiliates to —

- a. Support enactment and enforcement of effective and equitable legislation regulating driving while under the influence
- b. Advocate appropriate educational experiences for students regarding the effects of driving while under the influence
- c. Support recognized community and school groups in their efforts to reduce death and injury from accidents caused by drivers under the influence
- d. Support legislation requiring mandatory restraint of all passengers in motor vehicles, excluding school buses
- e. Advocate for the continued research and development of safety features and passive restraint systems for passengers in school buses and for the inclusion of those features shown to be effective. (82, 88)

I-27. Control of Guns and Other Deadly Weapons

The National Education Association believes that stricter legislation is needed to control guns and other deadly weapons. The Association supports legislation that provides for prescriptive controls on the manufacture, distribution, and sale of handguns, with particular efforts to eliminate easily obtained, low-cost handguns — commonly described as Saturday Night Specials.

The Association further believes that the sale and possession by the private sector of automatic and semiautomatic paramilitary weapons, such as UZI submachine guns and AK-47 assault rifles, should be illegal.

The Association believes that severe penalties should be enacted and strenuously enforced for criminal actions involving guns and other deadly weapons, especially in school settings, and for those who profit from the illegal sale and distribution of these weapons. (82, 89)

I-28. Nuclear Power Plants and Radioactive/Chemical Pollutants

The National Education Association believes that strict monitoring of nuclear power plants and radioactive/chemical pollutants should be required. The Association urges the development and implementation of new technologies for the safe transport and recycling of nuclear and chemical wastes. It further urges regulation of the U.S. Department of Energy by an independent agency to reduce the further accidental radioactive pollution of our environment.

The Association supports programs that would educate the public to the dangers and

bers when in the appropriate best interest of the Association. When this is not in the appropriate best interest of the Association, unionized labor will be given employment preference before nonunion labor for the next two years. Reevaluation of this new business item will take place at the 1992 NEA Representative Assembly. (1990-52)

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Census Count

The NEA shall actively seek to coordinate efforts with other interested organizations to pressure the U.S. Census Bureau to ensure complete count of all residents in the 1990 census. (1990-71)

The Association urges its state affiliates to become involved in the promotion, expansion, and implementation of a fine arts program in the curriculum. (80, 90)

C-28. Conflict Resolution Education

The National Education Association believes that many television programs, movies, computer games, and other cultural influences condition children and youth to accept interpersonal and societal violence as a means of resolving conflicts.

The Association further believes that such conditioning has a negative impact on the attitudes and behavior of many young people and offers them a socially unacceptable response to conflicts.

The Association supports the development of strategies, instructional materials, and activities that will encourage nonviolent resolution of interpersonal and societal conflicts. (86)

C-29. Law-Related Education

The National Education Association supports law-related education as an integral part of the curriculum within the public schools.

The Association encourages teachers, lawyers, court personnel, and others to work together to develop appropriate materials, including information about the justice system and constitutional issues, in order to teach students to be responsible citizens. (84, 87)

C-30. Family Life Education

The National Education Association believes that the developing child's sexuality is continual-

ly and inevitably influenced by daily contacts, including experiences in the school environment. The Association recognizes that sensitive sex education can be a positive force in promoting physical, mental, and social health and that the public school must assume an increasingly important role in providing the instruction. Teachers must be qualified to teach in this area and must be legally protected from censorship and lawsuits.

The Association urges that formal sex education should include parent orientation and be planned and implemented with careful attention to developmental needs, appropriateness to community settings and values, and respect for individual differences.

The Association urges its affiliates and members to support appropriately established sex education programs, including information on sexual abstinence, birth control and family planning, diversity of sexual orientation, parenting skills, prenatal care, sexually transmitted diseases, incest, sexual abuse, sexual harassment, the effects of substance abuse during pregnancy, and problems associated with and resulting from preteen and teenage pregnancies.

To facilitate the realization of human potential, it is the right of every individual to live in an environment of freely available information, knowledge, and wisdom about sexuality. (69, 89)

C-31. Alternative Programs for At-Risk and/or Special Needs Students

The National Education Association recognizes that there must be increased development and maintenance of alternative programs to meet the needs of at-risk and/or special needs students. The Association urges increased support for the identification of these students.

Programs should emphasize a broad range of activities for responding to students' differing behavioral patterns, interests, needs, and learning styles. These programs must be evaluated on stated objectives. Teachers in these programs must have a major role in designing the objectives and evaluations and working with appropriate school and community personnel to execute these objectives and evaluations.

The Association urges its affiliates to seek adequate compensation, planning time, materials, and facilities for teachers and counselors in these programs.

The Association supports the efforts of its affiliates to negotiate and legislate for the training of teachers seeking additional certification and hiring of an increased number of teachers with education in special areas.

The Association encourages its state affiliates to seek legislation that would require any person offering services to remediate, correct, or ameliorate reading, speech, language, learning disabilities, or related problems to be licensed under regulations of each state's department of public instruction or other appropriate agency. (77, 89)

C-32. Discriminatory Academic Tracking

The National Education Association believes that the use of discriminatory academic tracking based on socioeconomic status, race, or sex must be eliminated in all public school settings. The Association urges its affiliates to oppose these practices. (88)

C-33. Gifted, Talented, and Creative Students

The National Education Association believes there must be increased development of fully

funded educational programs for gifted, talented, and creative students.

The Association recognizes its responsibility to aid educators in selecting reliable methods of identifying and teaching these students. Such identification shall not discriminate on the basis of gender, socioeconomic status, or ethnicity. The Association also believes that training programs in gifted and talented education must be provided for appropriate school employees.

The Association urges local and state affiliates to encourage such programs and methods to ensure that these special need areas are met. (80, 89)

C-34. Educational Programs for Limited English Proficiency Students

The National Education Association believes that limited English proficiency (LEP) students must have available to them programs that address their unique needs and that are committed to providing equal opportunity to all students, regardless of their primary language.

The Association urges that the programs for LEP students emphasize proficiency (the ability to speak, read, write, and reason in English) as a primary goal to enable these students to reach their full potential in an English-speaking society. At the same time, meaningful instruction should be provided in all other curriculum areas.

The Association urges that those students whose primary language is other than English be placed in bilingual education programs to receive instruction in their native language from qualified teachers until such time as English proficiency is achieved. If no bilingual programs are available, these students should be taught in

MALA: Backed

Continued from Page B-1

age, which has initiated several research exchanges between Alaska and northern nations. He said he would like to encourage exchanges on the state level so the department can benefit from seeing how health and social problems are handled elsewhere.



Lincoln said she is worried that Mala may spend too much time working on international concerns and ignoring rural health matters back home.

"I don't believe we have the time or the money to be sending groups of people out of the country," she said.

Rep. Mark Boyer, D-Fairbanks, urged Mala to take a larger role in the controversy over the state's mental-health lands trust. Boyer said he is troubled by the lack of progress Hickel's task force has made on the issue. It has only met once.

Mala, 44, was one of Hickel's first appointees and is one of two Natives in the governor's Cabinet.

Mala backed for commissioner Committee questions stand on abortion, service to villages

By BRIAN S. AKRE
The Associated Press

JUNEAU — A House committee on Monday recommended the legislature confirm Dr. Ted Mala as commissioner of the state Department of Health and Social Services, despite reservations about his stand against abortion.

Mala noted there are waiting lists of couples who want to adopt babies, and he implied the department might consider encouraging women with unwanted pregnancies to give birth and put their babies up for adoption.

"That didn't sit very well with some of the members on the committee and some others who were there," said Rep. Georgianna Lincoln, R-Rampart and co-chairwoman of the Health, Education and Social Services Committee.

Mala said the Hickel administration has not taken a position on abortion. He told the committee he is preparing a report for Gov. Wally Hickel that will outline options in dealing with the abortion issue. Hickel, a Catholic, opposes abortion.

Mala said he considers abortion a last resort.

Lincoln said she and other lawmakers are worried that Mala, with Hickel's consent, might try to restrict the use of state welfare money to provide abortions for poor women.

"If there are options being put together for the governor, I would assume those options are going to go in an anti-abortion vein," she said.

Mala also told the committee he wants to establish a state health plan and encourage people not to turn to govern-



Ted Mala

ment to solve every social problem.

"People have to start taking more responsibility for their own lives," he said. "We're not going to take the attitude that social services should do everything for us."

Government sometimes has made problems worse "by trying to fix everything with money," especially in Native villages, said Mala, an Eskimo.

Mala is former director and founder of the Institute of Circumpolar Health Studies at the University of Alaska Anchorage.

Please see Page B-3, MALA

Study details who gets abortions

The Associated Press

WASHINGTON — Hispanic and black women, women with low incomes, those living with someone they are not married to, and those in school are statistically more likely to undergo abortions than women in general, according to a private survey.

Firm statistics are not available on the number of abortions performed each year nor on who has them. Moreover, the survey by The Alan Guttmacher Institute confirms that most abortions are performed on white, middle-class women because they make up the bulk of the population of women of childbearing age.

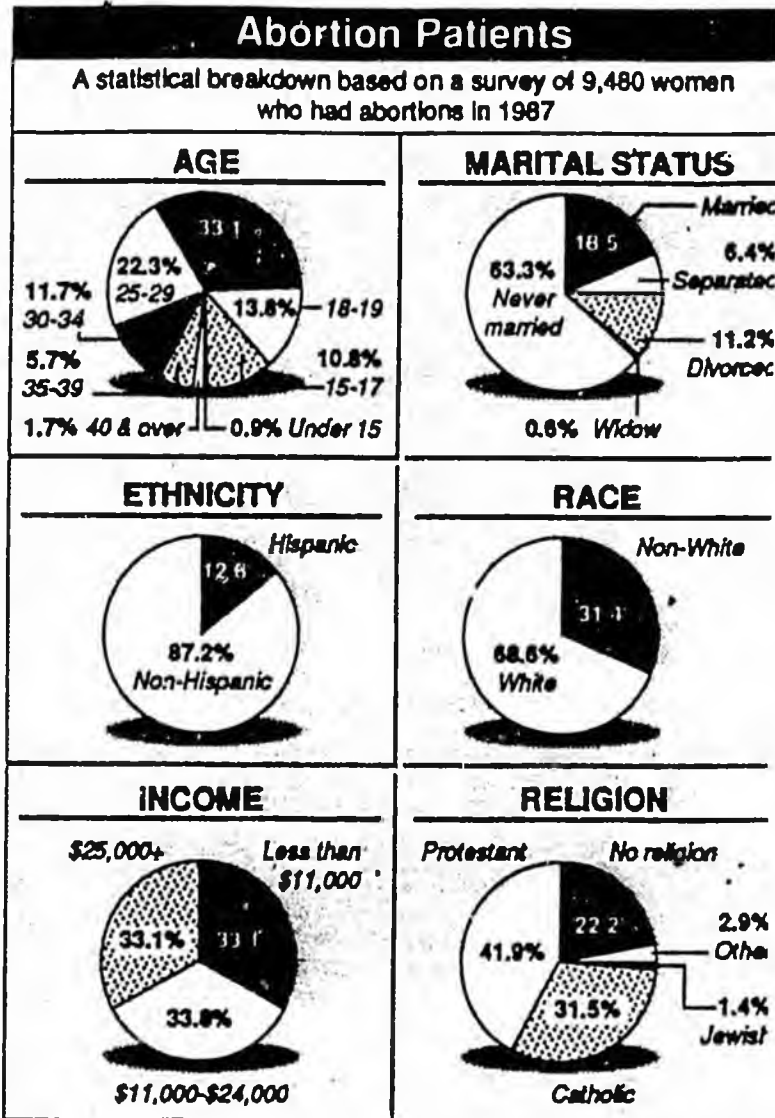
However, the extensive survey by the New York-based, non-profit group that studies reproductive issues suggests that women in various categories have a statistically disproportionate share of abortions relative to their raw numbers.

For example, it found that non-white women make up 16.7 percent of the childbearing-age population, but accounted for 31.4 percent of the abortions.

White women accounted for 88.6 percent of those seeking abortions, but 83.3 percent of the childbearing-age population, considered 15-to-44 for purposes of the survey.

And it found that women with family incomes below \$11,000 accounted for 33.1 percent of those receiving abortions although they made up only 29.2 percent of all women of childbearing age.

The federal Centers for Disease Control in Atlanta estimates there were 1,328,000 abortions in the United States in 1985, the most recent year for which it has numbers. The Guttmacher



The Associated Press

er Institute estimates 1,588,550 that year.

No one questions that the number has increased since the Supreme Court legalized abortion in 1973. The court is hearing arguments April 26 in a Missouri case that both sides agree could result in the reversal, or weakening of that landmark Roe vs. Wade decision.

The Guttmacher Institute surveyed 9,480 women who obtained abortions at hospitals, clinics or doctors offices during 1987 in an effort to find out who was obtaining the services.

It selected 103 facilities in what was intended as a statistically valid national sample base — 21 hospitals and 82 clinics and physicians' offices — and arranged for questionnaires to be given to the 11,313 women who showed up for abortions during a 12-day period.

Filling out and mailing in

the questionnaire was voluntary and done anonymously and privately by the woman and a large number — 9,480 — returned completed questionnaires.

Unmarried women living with a man constituted 17 percent of the abortion clients although they made up only 3.4 of all childbearing age women.

Women attending school constituted 31.1 percent of those seeking abortions, but 20.5 percent of all women childbearing age.

Most women cited more than one factor in their decision to have an abortion. Among the reasons were concerns about how motherhood would change the lives, financial problems, single parenthood, the responsibility of parenthood, others knowing they were pregnant, maturity and how many children they already had.

Facts on Reproductive Rights

Fact Sheet #3

ABORTION: COST, FUNDING AND ACCESS

The Problem

America's health care system deprives poor women, particularly women of color and rural women, of not only the right to basic health care, but also the access to reproductive choice. This is because access to health care, including reproductive health care, is generally dependent on one's ability to pay for it.¹ In contrast to citizens of other developed countries, a significant number of Americans must rely solely on their own resources to pay for health care.² Nearly 18% of all Americans have no health insurance and millions of others have coverage so limited that they may as well be uninsured.³ The figures are even worse for Americans of color.⁴ Safety net coverage for those without insurance is inadequate. Medicaid covers less than half of those below the poverty level.⁵ Almost 88% of the uninsured are working poor and their families, those who make too much to qualify for Medicaid yet not enough to live above the poverty level.⁶

Increasingly, poverty and the consequent lack of adequate health care are suffered primarily by women and children. Poverty is disproportionately prevalent among women and children of color⁷ and among rural women and children.⁸ Two out of three adults living below the poverty level are women and more than half of poor families are headed by women.⁹ Of all women aged 18-24, 30% have no insurance coverage.¹⁰ Of women aged 15-44 living below the poverty level, 36% are uninsured.¹¹ Among women in the same age group living at 100-149% of the poverty level, 30% are uninsured.¹² A woman's lack of insurance affects her children's health as well. Babies born to women without insurance are 30% more likely to die or be seriously ill at birth.¹³

Funding Limitations

Poor women must thus deal with inadequate health care funding for all their health problems. In the area of reproductive health, additional hardships have been imposed. Obstetricians and gynecologists do not participate in Medicaid to as great an extent as other types of physicians.¹⁴ The greatest impediment to poor women receiving proper reproductive care is that even where they have access to an "ob-gyn" who does accept Medicaid payment, the federal government still bars Medicaid funding of abortions except in cases where the woman's life is in danger. (In October 1989, President Bush vetoed a bill passed by Congress that would have permitted Medicaid funding of abortions in cases of promptly reported rape or incest.) Although the states are free to pay for abortions that do not meet the federal standards, 30 states provide funding only when the woman's life is endangered,¹⁵ 8 states provide funding in certain additional circumstances (rape, incest or grave fetal abnormalities),¹⁶ and only 12 states fund all abortions necessary to preserve or protect a woman's health.¹⁷ Ironically, 44 states and the District of Columbia extend Medicaid coverage to all pregnant women and infants living in families with incomes below the poverty level; the only non-covered health care is pregnancy termination, except in limited circumstances.¹⁸

In 1987, \$64 million in public funds went to abortions, but the federal government contributed less than 1% of that.¹⁹ Nearly all of the state-funded abortions were performed in states that fund all medically necessary abortions,²⁰ and none of the states that provide funding only when a woman's life is endangered used state revenues for abortion services.²¹ Such restrictions on funding are a major cause for Medicaid-eligible women either to delay their abortions while they save for the fee²² or to bear unwanted children.²³

The lack of federal abortion funding is especially disquieting when compared to federal funding of sterilization. In 1987, \$65 million in government money went to fund sterilization procedures.²⁴ The federal government provided 97% of these funds (compared to less than 1% for abortions, see above), 91% through Medicaid.²⁵ The government's willingness to fund sterilization must be viewed against the shocking sterilization abuses which were uncovered in the 1970's -- abuses aimed at women of color and poor women. Some of the horrifying events that occurred involved public assistance officials tricking illiterate Black welfare recipients into consenting to sterilization of their teenage daughters; doctors agreeing to deliver babies of Black Medicaid recipients or perform abortions on condition that the women be sterilized; and doctors performing radical hysterectomies on Native American women under age 21 without informed consent.²⁶ Non-English speaking women were even less likely to have given informed consent because of communication difficulties. As of 1983, 25% of women of color had been sterilized, compared to 16% of white women.²⁷ Many women who are being sterilized today still are not being informed that sterilization is not reversible. One 1988 study of low-income clinic patients planning to be sterilized revealed that only between 64 and 70 percent knew that sterilization makes it impossible to have children in the future.²⁸

Raising the money for an abortion can be difficult for poor women. The cost of an abortion ranges from \$125 to over \$2,000.²⁹ Even if a woman is covered by Medicaid she often must pay cash up front, something very difficult for poor women to do.³⁰ Early abortions cost less and are safer than abortions performed later in the pregnancy.³¹ Thus, delays caused by lack of funds increase the final cost of the abortion and subject women to unnecessary risk. Financial problems may also increase the risks of later abortions. Among the methods for second trimester abortions, dilation and evacuation (D&E) is the fastest and safest.³² D&E's, however, are not widely available and may be too expensive for poor women.³³ If anti-choice forces are able to pass laws like those recently upheld in Webster v. Reproductive Health Services,³⁴ the cost of an abortion will increase even more, placing a greater burden on poor women. It is estimated that the viability tests required by the Missouri statute challenged in Webster could add \$125-200 to the cost of an abortion.³⁵

Government-funded reproductive health services further limit poor women's choices. Under the regulations now on the books, Title X programs, which are funded by the federal government to provide contraceptive counseling and services, cannot perform abortions, counsel women about abortion, or provide referrals for abortions.³⁶ Also, programs must keep their Title X programs completely separate from any abortion-related activity.³⁷ Although these regulations are being challenged in court³⁸ and some of them are currently enjoined, they provide one more threat to poor women seeking abortions. If the regulations are ultimately upheld by the courts, Title X programs will not even be able to tell a pregnant woman that abortion is an option or where she can obtain more information about abortion. Furthermore, the rules regarding keeping programs separate could force some programs to shut down entirely, further limiting reproductive choice.

Access Limitations

Poor women rely heavily on public hospitals for all their health care.³⁹ These facilities are not, however, meeting women's needs for reproductive health care. In 1985, only 17% of public hospitals reported performing abortions.⁴⁰ This dismal situation will only worsen if states follow Missouri's lead and pass restrictive laws such as those upheld in Webster. Under the Missouri law no "public facility" may assist or perform abortions unless the woman's life is in danger.⁴¹ "Public" is defined very broadly. As the dissent in Webster noted, the law bans abortions at the Truman Medical Center in Kansas City -- where, in 1985, 97% of all Missouri hospital abortions at 16 weeks gestation or later were performed -- even though the Center is a private hospital, staffed primarily by private doctors and administered by a private corporation.⁴² The Center is defined as "public" only because it is located on land leased from the city government.

The repercussions of Webster-like laws go beyond limitations on access. Such bans on abortions at "public" facilities would mean that few physicians and nurses will be trained in abortion techniques, because most training is done in hospitals, not clinics.⁴³ If the broadly-defined "public" hospitals thus prohibited from providing abortions⁴⁴ were to be added to the Catholic hospitals that already choose not to perform abortions,⁴⁵ doctors seeking abortion training would have few places to turn. The ultimate losers, however, would be women seeking affordable, quality reproductive health care.

Limitations on access to hospital abortions compromise women's health. Some women seeking abortion may not require an abortion to save their lives, but may have a high-risk medical condition which mandates that an abortion be carried out in a hospital setting.⁴⁶ Although most abortions can be safely performed on an out-patient basis, hospital facilities must remain available for women in special circumstances and for late-term abortions.

Anti-choice groups seek to limit abortions performed in clinics and doctors' offices as well. In the 1989-90 term, the Supreme Court agreed to review an Illinois case⁴⁷ challenging extensive abortion regulations. Among its many requirements, Illinois's complex licensing scheme required that abortions be performed in hospitals, or out-patient clinics licensed as Ambulatory Surgical Treatment Centers (ASTCs); that ASTCs meet exacting physical standards and be equipped with certain medical equipment; and that anyone seeking to open an ASTC get a certificate of need from the Department of Public Health after a public hearing and a 120-day review period. These regulations required ASTCs to be the "functional equivalent of small hospitals."⁴⁸ The requirements would add 10% or more to the cost of an abortion, force some clinics to close down, and prevent others from ever opening.⁴⁹ Before the Supreme Court could issue a ruling, the State of Illinois agreed in a settlement to withdraw the challenged regulatory scheme.⁵⁰ It is possible that other states might attempt to impose similar restrictions. Obviously, the ramifications for cost and access would be devastating.

Particular Problems

Even without these added restrictions, certain segments of the population face intensified difficulties in obtaining access to abortion. For rural women, locating a facility that will perform abortions is a major problem. In 82% of the counties in the United States (home to 30% of all women of reproductive age) there are no abortion providers.⁵¹ Hardest hit are rural women -- 79% of them live in counties with no abortion providers.⁵² This is a particularly severe aspect of an overall rural health

care problem. A car, necessary to reach most health care facilities, especially reproductive health care facilities, is beyond the means of many of the rural poor.⁵³ Even a routine health care visit requires a substantial investment of time and resources.

Native American women also face both funding and access problems. No Indian Health Service clinic or hospital may perform abortions, even when the woman is able to pay for it herself.⁵⁴ For Native American women who live on reservations, Indian Health Service facilities are usually the only health care provider within hundreds of miles.⁵⁵ Thus, a Native American woman seeking an abortion must have enough money to cover both the cost of an abortion and the cost of traveling a great distance to an abortion provider.

Although women in the more disadvantaged segments of our society face the most severe obstacles, access and funding problems have broader impact. Women above the poverty level also have difficulty paying for abortions. Many women who work part-time or in small companies, service industries, or temporary jobs do not have health insurance.⁵⁶ Even women who have insurance may not have adequate coverage when it comes to reproductive health care. Some states have passed laws prohibiting state employees' health insurance from covering abortions except in cases where the woman's life is in danger.⁵⁷ Other states have passed laws which mandate that private insurance policies may cover abortion only if an added premium is paid.⁵⁸ In the absence of state laws, many insurance companies decide on their own not to offer coverage for abortions.

Conclusions

America's health care crisis deals a heavy blow to poor and rural women and women of color. The effect on these women's reproductive health care is even more devastating. Very few insurance systems, public or private, cover abortions. Women, uninsured or inadequately insured, are on their own when it comes to paying for reproductive health care. Moreover, the cost of that health care is unnecessarily increased when women must travel great distances to reach providers. In the wake of the Supreme Court decision in the Webster case, these problems may intensify. If laws further limiting access to abortion and adding to the cost of the procedure are passed and upheld, they will increase the burdens on women. Such laws would produce more late term abortions, increase the health risks women face, and limit reproductive choice. For some women, safe abortions would no longer be an option. American women deserve better. They deserve adequate health care and full reproductive choice regardless of their ability to pay.

NOTES

1. McBarnette, Women and Poverty: The Effects on Reproductive Status, in Women, Health and Poverty 55, 57 (C. Perales & L. Young eds. 1988).
2. Among developed nations, America has the highest percentage of its population whose medical needs go unmet. In other developed nations almost no one is uninsured. Bill of Health: Medical Insurance Laws, New Republic, July 3, 1989, at 5.
3. Gold, The Struggle to Make Do Without Health Insurance, N.Y. Times, July 30, 1989, at 1.

DISCUSSION AND SUPPORTING FACTS

Governmental exclusion of abortion services from an otherwise comprehensive funding program (including costs related to childbirth) is not a "neutral" stance; it coerces women to make one choice by foreclosing the possibility of making another.

— Medicaid funds all other necessary health care related to pregnancy and reproductive health.

We should not have one Constitution for those of means and another for the poor. Women's constitutional right to choose abortion should not depend on the ability to pay. Yet in 37 states poor women cannot receive Medicaid funds for a medically necessary abortion.

— Thirty states and the District of Columbia prohibit Medicaid funding for abortion unless the abortion is necessary to save the life of the pregnant woman.¹

— Only 13 states permit the use of state funds for abortions that are "medically necessary," a term which generally includes the broadest range of situations for which a state will fund abortion.²

— In addition to the 13 states that fund medically necessary abortions, only 7 states provide funding for abortions in cases in which the pregnancy resulted from rape or incest or the fetus exhibits grave abnormalities.³

Prohibitions on public funding endanger poor women's health by forcing some to resort to life-threatening illegal abortions and others to delay abortions until later in pregnancy when the medical risks are higher. They also hurt impoverished families and children by forcing Medicaid-eligible women to pay for their abortions with money they need for living expenses, including food and clothing for their children.

— In states that restrict Medicaid funds for abortion, an estimated 2000 Medicaid-eligible pregnant women turned to illegal abortion in the initial 2-1/2 year period during which the Hyde Amendment was in effect.⁴

— Although the risks of legal abortion never exceed the risks of childbirth,⁵ after the first eight weeks of pregnancy, the risk of major complications from

abortion increases about 15 to 30% for each week of delay.⁶

— Medicaid-eligible women who were unable to obtain funds were delayed in obtaining abortions and had the procedure 2-3 weeks later than other women. An estimated 22% of the Medicaid-eligible women who had second-trimester abortions would have had first-trimester abortions if the lack of public funds had not resulted in delay.⁷ In the United States, the average cost of a legal abortion at ten weeks of pregnancy in a non-hospital setting is \$238.⁸ The median state maximum Aid to Families with Dependent Children (AFDC) monthly payment for a family of three is only \$354.⁹

— Almost fifty percent of women who obtained abortions after 16 weeks of pregnancy attribute their delay to difficulties in raising the money needed.¹⁰

Women who are attempting to regain control over their lives after having suffered the trauma of becoming pregnant as a result of rape or incest should not be forced to carry the pregnancy to term because they cannot afford to pay for abortion services.

— In 1989 Congress voted to restore the availability of Medicaid funds for abortions in cases of rape or incest, but President Bush vetoed the bill. He also vetoed a bill that would have allowed the people of Washington, D.C. to use their own tax dollars to pay for the abortions of poor women who were the victims of rape or incest.

— Because of Bush's veto, a 12-year-old girl who had been repeatedly raped by an adult cousin and beaten by her uncle was almost unable to have an abortion because she had no money to pay for the procedure. Only a last-minute private donation saved this 12-year-old from having to bear a child.¹¹

Prohibitions on public funding disproportionately harm women of color because a disproportionate number of poor people are women of color.

— In 1988, 31.6 % of African Americans, 26.8 % of Hispanics and 10.1 % of whites lived at or below the poverty level.¹²

— The abortion rate among women of color is about twice that of white women.¹¹

The current law prohibiting the use of federal funds for abortion services discriminates, not only against the poor, but against the 44 million women whose health care programs are subject to federal control, including federal employees who earn and pay for federal insurance benefits.

— The women who are affected by this discrimination include federal employees and their dependents, military personnel and their dependents, women in federal prisons, Native American women and Peace Corps volunteers.

— The Reproductive Health Equity Act (RHEA) is legislation that would restore full federal funding for abortion services for the 44 million women whose health care is controlled or provided by the federal government. RHEA was introduced in the 101st Session of Congress by Rep. Bill Green (R-NY) and Rep. Vic Fazio (D-CA).

Some opponents of public funding for abortion argue that tax dollars should not be used for abortions because many taxpayers believe abortion is morally wrong. Government expenditures cannot be based solely on the personal beliefs or objections of some taxpayers; the taxes of most citizens are used for some purposes they believe are inappropriate or even immoral.

— Pacifists conscientiously object to defense funding, environmentalists to energy sources that cause pollution, and some religious groups to conventional medical treatment or education. Federal funding for these activities has not been and will not be eliminated because of the beliefs held by some of the citizens whose taxes will be used to pay for them.

Notes

1. National Abortion Rights Action League, *Who Decides: A State-by-State Review of Abortion Rights in America* (Washington, D.C.: June 1989): iv. (The states are AL, AZ, AK, CO, DE, DC, FL, GA, IL, IN, KS, KY, LA, ME, MI, MS, MO, MT, NE, NV, NH, NM, ND, OH, OK, RI, SC, SD, TN, TX, UT.)
2. *Id.* (The states are AK, CA, CT, HI, MA, MD, NC, NJ, NY, OR, VT, WA and WV. Maryland, in practice, funds abortion in most cases, although its statute does not appear on its face to fund "medically necessary" abortions.)
3. *Id.* (The states are ID, IA, MN, PA, VA, WI and WY.)
4. Willard Cates, Jr., "The Hyde Amendment in Action," *Journal of the American Medical Association*, vol. 246 (1981): 1111.
5. Christopher Tietze and Stanley Henshaw, *Induced Abortion: A World Review 1986*, 6th ed. (New York: Alan Guttmacher Institute, 1986): 110.
6. Willard Cates, Jr. and David A. Grimes, "Mortality and Morbidity of Abortion in the United States," *Abortion and Sterilization*, ed. Jane Hodgson (New York: Grune and Stratton, Inc., 1981): 158.
7. Stanley Henshaw and Lynn Wallisch, "The Medicaid Cutoff and Abortion Services for the Poor," *Family Planning Perspectives*, vol. 16 (New York: Alan Guttmacher Institute, July/Aug. 1984): 170; "Abortion in the United States," *Facts in Brief* (New York: Alan Guttmacher Institute, 1989).
8. Stanley Henshaw, Jacqueline Forrest and Jennifer Van Vort, "Abortion Services in the United States, 1984-1985," *Family Planning Perspectives*, vol. 19 (New York: Alan Guttmacher Institute, Mar./Apr. 1987): 69.
9. Children's Defense Fund, *A Children's Defense Budget FY 1989* (Washington, D.C.: 1988): 93.
10. Aida Torres and Jacqueline Forrest, "Why Do Women Have Abortions?" *Family Planning Perspectives*, vol. 20 (New York: Alan Guttmacher Institute, July/Aug. 1988): 169.
11. Benjamin Weiser, "Reality Meets Philosophy in D.C. Girl's Abortion Case," *Washington Post*, Dec. 17, 1984, p. A26.

GOVERNMENTAL RESTRICTIONS ON THE REASONS WOMEN CAN HAVE LEGAL ABORTIONS

DISCUSSION AND SUPPORTING FACTS

Americans differ in their personal feelings about the morality of the different situations in which women choose to have abortions, but they realize that the fundamental question is who decides: the woman herself or politicians? Americans understand that it must be the woman who makes this highly personal decision, and that being pro-choice is not the same as being pro-abortion.

— 53 percent of Americans polled agreed with the statement "Abortion is a private issue between a woman, her family and her doctor. The government should not be involved."¹

— 68 percent agreed with the statement "Even in cases where I might think abortion is the wrong thing to do, I don't think the government has any business preventing a woman from having an abortion."²

— When asked, "If a woman wants to have an abortion, and her doctor agrees to it, should she be allowed to have an abortion, or not?" 63 percent responded that yes, she should.³

— 74 percent agreed with the statement "I personally feel abortion is morally wrong, but I also feel that whether or not to have an abortion is a decision that has to be made by every woman for herself."⁴

Attempts to outlaw abortions for sex selection or what is misleadingly labeled "birth control" are only anti-choice smokescreens to disguise the true goal of opponents of choice: to deprive all women of the right to decide whether or not to have an abortion. These proposals are a crude public relations ploy to trivialize the personal and serious reasons women choose to have abortions.

— The decision whether or not to have an abortion involves deeply personal questions of values, religion, and conscience, and an intensely personal evaluation of a woman's overall life situation and responsibilities. For most women, the decision to have an abortion cannot be reduced to a single, simply stated reason, but reflects the complex realities of their lives.⁵

— The ability to make their own decisions concerning abortion is of such critical importance to women

that prior to *Roe v. Wade*, experts estimate that over one million women each year risked their lives and health having illegal abortions to end crisis pregnancies.⁶

— The term "abortion for birth control" is being used in a deceptive and misleading manner by opponents of choice to describe legislation that actually seeks to overturn *Roe v. Wade* and criminalize abortion, including abortions resulting from contraceptive failure. These bills are aimed at taking from women the right to choose and giving the decision to politicians.

— The Alabama legislature is currently considering the first bill of this kind.⁷ The bill has nothing to do with birth control. It would outlaw all abortions, with narrow exceptions provided in cases of rape, incest, life endangerment, or when the fetus suffers from birth defects so severe that it would not survive. Opponents of choice hailed the introduction of this bill as the first of many that will ban "abortion as birth control."⁸

— There is no evidence that abortions for reasons of sex selection in the U.S. are anything more than extremely rare and isolated occurrences.

— Legislative proposals to criminalize abortion for virtually nonexistent reasons — such as for sex selection — are ploys designed to open the door to governmental usurpation of women's fundamental right to weigh for themselves the moral and personal reasons behind this decision.

The "birth control" label is used to give the false impression that because abortion is legal, women act irresponsibly and use abortion as an alternative to using contraception. In fact, the majority of women who choose abortion do so not as their primary means of birth control, but because their primary means of birth control failed.

— The majority of women who obtain abortions were using a contraceptive method during the month in which they became pregnant.⁹

— Fewer than 10% of women obtaining abortions say they have not used contraceptives, and of these, the vast majority are young unmarried women.

particularly teens, who may only recently have begun having sexual relations.¹⁰

— During the first year that a couple uses a diaphragm or condoms as their method of birth control, about one woman in seven will nevertheless become pregnant; even among couples who use the Pill — the most reliable birth control method short of sterilization — one in sixteen women will become pregnant.

The rate of unintended pregnancies likely to occur during the first year of use of the following birth control methods is:¹¹

oral contraceptives	6.2 pregnancies/100 couples
condoms	14.2 pregnancies/100 couples
diaphragm	15.6 pregnancies/100 couples
the "rhythm" method	16.2 pregnancies/100 couples
spermicides	26.3 pregnancies/100 couples

— The birth control methods with the lowest rates of unintended pregnancies are either irreversible, like sterilization, or have the highest risks of injury and disease, and may therefore be medically inappropriate for many couples.¹² For many women, preexisting health conditions may increase the risk or difficulty of using some contraceptive methods.

Once any reason for having an abortion is deemed unacceptable — including a reason such as sex selection that rarely, if ever, is a woman's actual reason — all women could be forced to publicly justify their reasons for seeking an abortion. As in the days of hospital screening committees and illegal abortions, a woman could be subjected to a humiliating official inquisition into the most intimate details of her life to prove that her reasons satisfy the governmental criteria. Consultation would be replaced by cross-examination.¹³

— Prior to 1973, many states required any woman who wanted to have an abortion first to go through an arduous and demeaning process of testifying before and gaining the approval of a screening committee. If such approval were necessary today, anti-choice groups could be expected to try to pack the screening committees with doctors who would deny all requests.

— Any restriction — regardless of its scope — could cause all women to suffer this gross invasion of privacy. Whether the restriction involves a general ban on abortion with narrow exceptions (such as rape, incest, life and health), or it involves a reason that rarely, if ever, is a woman's actual reason (such as sex selection), any such "reasons" restriction could cause every woman to have to publicly reveal, support and defend her most intimate reasons for choosing to have an abortion.

— In California, prior to *Roe*, a married woman who became pregnant after having been raped was denied an abortion and forced to carry the pregnancy to term even though the law technically allowed abortions in the case of rape, because she could not prove that the pregnancy was caused by the rapist and not her husband.¹⁴

Notes

1. Hickman-Maslin Poll, Sept. 1989.
2. CBS/NYT Poll, Aug. 1989.
3. CBS/NYT Poll, July 1989.
4. George Skelton, "Most Americans Consider Abortion Immoral," *Los Angeles Times*, Mar. 19, 1989, p. 12.
5. Aida Torres and Jacqueline Forrest, "Why Do Women Have Abortions?" *Family Planning Perspectives*, vol. 20 (New York: Alan Guttmacher Institute, 1988): 169.
6. Richard Schwarz, *Septic Abortion* (Philadelphia: Lippincott, 1968): 7; Willard Cates & Roger Rochat, "Illegal Abortions in the United States: 1972-1974," *Family Planning Perspectives*, vol. 8 (New York: Alan Guttmacher Institute, 1976): 2.
7. H.R. 51, Ala. Leg., Reg. Sess. (1990).
8. Mark Mayfield, "Alabama May Ban Birth Control Abortions," *USA Today*, Dec. 14, 1989, p. A3.
9. Stanley Henshaw and Jane Silverman, "The Characteristics and Prior Contraceptive Use of U.S. Abortion Patients," *Family Planning Perspectives*, vol. 20 (New York: Alan Guttmacher Institute, 1988): 158, 165.

10. Henshaw and Silverman, "The Characteristics and Prior Contraceptive Use of U.S. Abortion Patients," pp 1n5-66.

11. Elise Jones and Jacqueline Forrest, "Contraceptive Failure in the United States. (Revised Estimates from the 1982 National Survey of Family Growth)," *Family Planning Perspectives*, vol. 21 (New York: Alan Guttmacher Institute, 1989): 109.

12. Howard Ory, M.D., Jacqueline Forrest and Richard Lincoln, *Making Choices: Evaluating the Health Risks and Benefits of Birth Control Methods*, (New York: Alan Guttmacher Institute, 1983).

13. Gene B. Sperling and Walter Dellinger, "Anti-Abortionists' Semantic Scam," *New York Times*, Feb. 7, 1990, p. A25.

14. Keith Monroe, "How California's Abortion Law Isn't Working," *New York Times Magazine*, Dec. 29, 1968, pp. 10, 11.

FACT SHEET

What Is Abortion?

Definition

Abortion is the expulsion (forcing out) of a fetus before it is mature enough to live on its own. Legal induced abortion, the subject of this fact sheet, is abortion that is brought about deliberately by a medical procedure.

Methods

Physicians¹ use two methods to induce abortions. The first, most common method is to open (widen) the cervix and remove the contents of the uterus (primarily the fetus and placenta). The other method, used primarily toward the end of the second trimester, is to induce labor, so that the fetus and placenta are expelled as in childbirth.



Most abortions (91%) are performed during the first 3 months of pregnancy, when abortion is an exceptionally safe procedure.

Determination of Stage of Pregnancy

Before an abortion is performed, it is important to establish that the woman is indeed pregnant and if so, to measure as accurately as possible how far along her pregnancy is. Since it is difficult to pinpoint the exact moment the woman conceived, health professionals usually refer to a pregnancy in terms of the time that has passed since her last menstrual period (abbreviated as LMP). The woman is given a pregnancy test then examined internally (pelvic exam). She may also be examined by ultrasound, a painless use of sound waves (not x-ray) to "see" the inside of the uterus.

First-Trimester Pregnancy

If less than 13 weeks have passed since her last menstrual period, the woman is considered to be in the first trimester. The following gives an idea of the actual size of a fetus toward the end of the first trimester.

Actual size of fetus at 11 weeks LMP



On average, an 11-week fetus is about 2 inches (measured crown to rump) and weighs around 1/2 ounce.

Technique for Early Abortion

The standard method for abortion between 7-13 weeks is *vacuum aspiration* or *suction curettage*. This method is safely performed on an out-patient basis in a doctor's office or clinic.

The woman lies on an examining table with her feet in stirrups. The doctor inserts a closed speculum into the vagina, then opens it to hold the vaginal walls apart. Usually s/he then numbs the cervix with a local anesthetic. Occasionally there are medical or psychological reasons to put the woman to sleep briefly with a general anesthetic. Most abortions, however, can be comfortably and more safely performed with a local anesthetic.

Dilation. The physician gradually widens (dilates) the cervix in one of two ways. One way is to insert and remove narrow, tapered rods, one at a time, gradually increasing the size of the rod until the opening is about the diameter of a drinking straw (up to 1/2 inch). Another method is to insert a sterile laminaria (seaweed) rod, which absorbs moisture from the cervix and gradually expands, thus enlarging the opening.

Aspiration and Curettage. The physician inserts a small tube (cannula) which is attached to an aspirator machine (similar to the one dentists use to clear the mouth of saliva). The machine's suction empties the contents of the uterus through the tube. Then the doctor carefully checks the walls of the uterus with a spoon-shaped instrument (curette) to be sure no tissue remains.

The entire procedure takes about 10 minutes. Some women experience pain — especially menstrual-type cramping — during and for up to an hour after the procedure. In addition, the procedure is usually followed by vaginal bleeding.

Techniques for Midtrimester Abortion

Only one tenth of abortions in the U.S. are performed in the second trimester of pregnancy. Most of these are performed using the dilatation and evacuation (D&E) method, usually on an out-patient basis but sometimes in the hospital. Others are achieved by inducing labor (induction), and are nearly always done in the hospital. Ending the pregnancy is more difficult in mid-trimester because the fetus is larger.

D&E Method. The D&E procedure requires considerable skill of the physician but is basically an expansion of the vacuum aspiration method described earlier. The cervix is anesthetized, then dilated. Depending on the method used for dilation, it may take a few minutes, several hours, or overnight.

To perform the abortion, the physician uses suction as in first-trimester procedures, but also uses forceps to remove the fetal parts that are too large to pass through the suction tube. Finally, s/he checks the walls of the uterus with a curette. The procedure itself takes from 10 to 30 minutes. Because the procedure can be temporarily painful, the woman may be given pain medication to help her feel more comfortable.

Induction or Instillation Method. Less than 3% of all abortions in the U.S. are obtained by the induction method. The physician may administer a local anesthetic before passing a needle through the abdomen into the uterus. S/he withdraws some amniotic fluid through the needle and injects a medication (prostaglandin, urea, saline solution, or a combination) to induce contractions. Some hours later, the patient goes into labor to expel the fetus.

Complications from Abortion

Abortion is now one of the safest surgical procedures available. Major problems resulting from abortion are rare. For details, see *Fact Sheet: Safety of Abortion*.

Follow-up Care

Following an abortion, regardless of the method used, the woman is monitored for a period of time to see that her blood pressure and heart rate are stable and that bleeding and discomfort are within normal limits.

Before she leaves, the medical personnel may give her a prescription for antibiotic and/or other medications. They should also give instructions for post-operative care, including a 24-hour number for her to call in an emergency, and an appointment to return within 2-4 weeks. This follow-up visit is very important to make sure the abortion is complete and to discover and treat any problems that may have developed.

Most abortions in the U.S. are performed by medical doctors. In Vermont, certified physician's assistants may also perform first-trimester procedures.

For More Information

For information or referrals to qualified abortion providers, call the National Abortion Federation's toll-free Consumer Hotline, (800) 772-9100.

For Further Reading

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Boston Women's Health Book Collective, *The New Our Bodies, Ourselves*, Simon and Schuster, 1984.

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D.A. Grimes, "Second Trimester Abortions in the U.S.," *Family Planning Perspectives*, November/December 1984, pp. 280-286.

Information in this fact sheet is based on research by the U.S. Centers for Disease Control Abortion Surveillance Branch, The Alan Guttmacher Institute, and other members of the National Abortion Federation.

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FACT SHEET

Women Who Have Abortions

Most women who have abortions are young, unmarried, and less than ten weeks pregnant.

Number Having Abortions

Each year in the United States, women end approximately one out of four pregnancies, for a total of nearly 1.6 million abortions (1985). Both the number of abortions and the rate (per thousand women) have remained relatively constant throughout the 1980s.

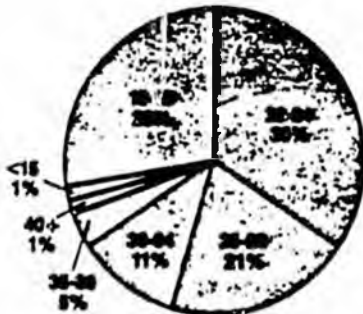
Age

More than 60% of women who have abortions are younger than 25.

- The highest rates occur among older teenagers and young adults (61 per thousand women ages 18-19; 51 per thousand women ages 20-24).
- The lowest rates occur among women younger than 15 (9 per thousand) and women after their mid-thirties (10 per thousand, ages 35-39; 3 per thousand, ages 40 and older).

Teenaged women end 42% of their pregnancies with abortion (not counting pregnancies that end in miscarriage or stillbirth); women over 40 end 51% of their pregnancies.

Percentage of all abortions by age (1983).



Marital Status

Most women who have abortions (81%) are not married at the time of the abortion; 96% of teenagers who have abortions are unmarried.

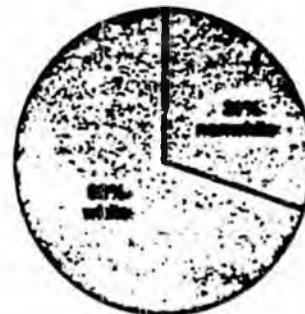
Percentage of all abortions by marital status (1983).



Race

In the U.S., nearly 70% of the women who obtain abortions are white.

Percentage of all abortions by race* (1983).



*Information is not available to distinguish the diverse groups categorized as "nonwhite."

Nonwhite women, however, have higher pregnancy rates (per thousand) as well as higher rates of both childbirth and abortion.

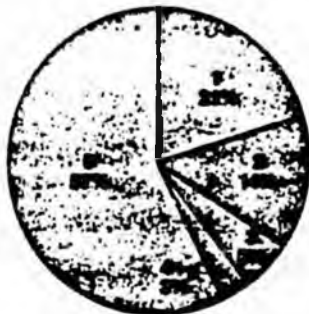
The Alan Guttmacher Institute has identified significant differences in the usual circumstances of abortion:

- White women tend to use abortion to postpone the beginning of childbearing;
- Nonwhite women tend to use abortion to space their children or to end their childbearing.

Previous Live Births

More than half of the women having abortions (57%) have not yet borne a child; about one third (35%) have either one or two children.

Percentage of all abortions by number of previous live births (1983).



Previous Abortions

Most women who have abortions (81%) have not had one before. The proportion of women who have had at least one prior abortion (39% in 1983) has gradually increased over the last several years, largely because women in their reproductive years have spent more of those years during a period that abortion was available and legal nationwide.

Percentage of all abortions by number of previous abortions (1983).

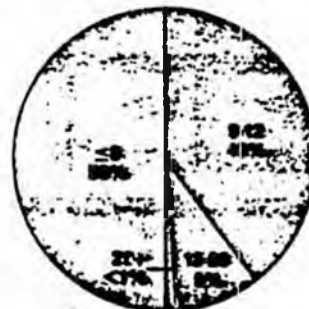


Stage of Pregnancy

Most women (90%) obtain abortions in the first trimester of pregnancy (12 weeks or less since the last menstrual period).

- Fully half of abortions are obtained within the first 8 weeks.
- Fewer than 1% of abortions occur after 20 weeks, and almost all of these are at 21-23 weeks.

Percentage of all abortions by weeks since last menstrual period.



Women's Reasons for Obtaining Abortions

Notwithstanding statistical trends of age, race, and marital status, the reasons women give for having abortions are as individual as the women themselves. Many did not intend to get pregnant. They speak of not being ready to be parents, being too young or too old, having too little money, feeling that another baby would make it harder to raise the children that have already been born, needing to finish school, not having supportive companions. Some women wanted to get pregnant but developed serious medical problems, learned that the fetus had severe abnormalities, or experienced some other life crisis (see *NAF Fact Sheet: Abortion After Twelve Weeks*).

The decision is rarely simple. Most women think long and hard about their options and then make the best choice they can under their own, personal circumstances.

Statistics for this Fact Sheet were derived from research by the U.S. Centers for Disease Control Abortion Surveillance Unit and by the Alan Guttmacher Institute.

For More Information

For information or referrals to qualified abortion providers, call the National Abortion Federation's toll-free Consumer Hotline, (800)772-9100. Weekdays 9:30-5:30 Eastern Time. In Washington, D.C., call 546-9060.

For Further Reading

- B. Benderly, *Thinking About Abortion*, Dial Press, 1984.
- S. K. Henshaw, "Characteristics of U.S. Women Having Abortions, 1982-1983," *Family Planning Perspectives*, January/February 1987.
- S. K. Henshaw, J. D. Forrest, J. Van Vort, "Abortion Services in the United States, 1984 and 1985," *Family Planning Perspectives*, March/April 1987.

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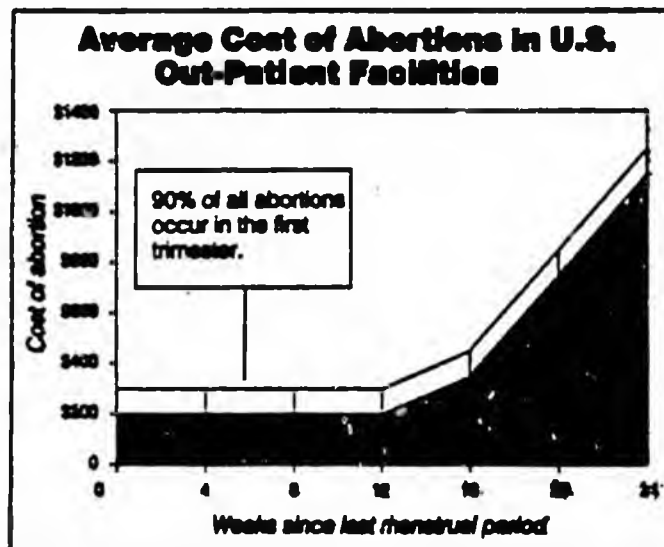
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FACT SHEET

Economics of Abortion

Abortion is a relatively inexpensive surgical procedure. Ninety percent of abortions in this country are performed in out-patient settings during the first trimester (twelve weeks) of pregnancy, at an average cost of \$200-300.

Nevertheless, many low-income families cannot obtain abortion services. Even though they are eligible for Medicaid for other kinds of medical care (including maternity), they are not covered for abortion services in most states.



Fees Remain Low Since Legalization of Abortion

Before abortion became legal, women often paid exorbitant sums to obtain an abortion, even from unlicensed, untrained practitioners working in non-sterile conditions. Because women so often had dangerous complications following these illegal abortions, they frequently required hospitalization, thus increasing their financial and health costs.

Since 1973, however, when abortion became legal throughout the U.S., it also became safer and considerably less expensive.

The cost to any particular person depends on many factors: how far along her pregnancy is; whether care is available in her own community; the kind of procedure and anesthetic that is used; the kind of facility she attends (clinic, physician's office, or hospital).

As mentioned, first-trimester, out-patient abortions generally cost between \$200-300. Second-trimester abortions, which are somewhat more complicated, cost about \$350-450 from the 13th to the 16th week; after the 16th week, the cost goes up about \$100/week (See figure).

Between 1983-1986, the average cost of abortion rose only 7 percent, compared to the cost of general medical care, which rose 21 percent.

Medicaid Funding Unavailable in Most States

The federal government and all states¹ permit Medicaid funds to be used for abortion in cases where the woman's life would be endangered by continuing her pregnancy. Fewer than half of the states pay for abortions for women who became pregnant by rape or incest and/or who have identified that the fetus has severe defects.

Only 13 pay for abortions in all or most circumstances (for details, see Figure 2).

Thus, in most parts of the U.S., low-income women who choose to end an unwanted pregnancy are denied coverage. This fact has serious consequences for families as well as taxpayers.

Denying Medicaid Funding for Abortion Costs Both Taxpayers and Families

The cost to individual families is inestimable. Approximately three quarters of the women who are denied Medicaid funding for abortion have one anyway, usually at great sacrifice to themselves and their families—working extra hours or

jobs or borrowing from their rent or grocery budgets. Sometimes, because it takes time to scrape up the money, the woman has to obtain the abortion at a later stage, when the procedure is even more expensive and poses more risk to her health.

Those who oppose public funding for abortion call it an unfair burden on taxpayers. In fact, the cost to the taxpayer of *denying* funding to low-income families who choose abortion is even greater. When a baby is born to Medicaid-eligible families, the average government expenditure is \$6,750 (compared to the average cost of abortion, \$200-300):

- \$2,200 for maternity care,
- \$1,770 for pediatric care during the first two years, and
- \$1,890 for the child's share of financial and nutritional support.

This average government expenditure per birth—\$6,750—counts only the expenses of the pregnancy through the first two years of the child's life.

Families also pay a high price whenever a woman must carry a pregnancy to term because she is unable to pay for abortion services. She is much more likely to experience complications in childbirth, infant mortality, and/or the myriad problems inherent in adding another child that the family cannot afford or welcome.

¹Except Arizona, which has no Medicaid program

For Further Reading

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For More Information

For information or referrals to qualified abortion providers, call the National Abortion Federation's toll-free Consumer Hotline (800) 772-9100. In Washington, DC: 546-9080. Weekdays 9:30-5:30 Eastern Time.

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Circumstances in Which Medicaid Funds Abortion, by State

State	Pregnancy Endangers Woman's Life	Pregnancy Resulted from Rape or Incest	Fetus Has Serious Defects	All or Most Circumstances
Alabama	✓			
Alaska	✓	✓	✓	✓
Arizona	No Medicaid Program			
Arkansas	✓			
California ¹	✓	✓	✓	✓
Colorado	✓		✓	
Connecticut ¹	✓	✓	✓	✓
Delaware	✓			
Dist. of Columbia	✓			
Florida	✓			
Georgia	✓			
Hawaii	✓	✓	✓	✓
Idaho	✓			
Illinois	✓			
Indiana	✓			
Iowa	✓	✓	✓	
Kansas	✓			
Kentucky	✓			
Louisiana	✓			
Maine	✓			
Maryland	✓	✓	✓	✓
Massachusetts ¹	✓	✓	✓	✓
Michigan	✓			
Minnesota	✓	✓		
Mississippi	✓			
Missouri	✓			
Montana	✓			
Nebraska	✓			
Nevada	✓			
New Hampshire	✓			
New Jersey ¹	✓	✓	✓	✓
New Mexico	✓			
New York	✓	✓	✓	✓
North Carolina	✓	✓	✓	✓
North Dakota	✓			
Ohio	✓			
Oklahoma	✓			
Oregon	✓	✓	✓	✓
Pennsylvania	✓	✓		
Rhode Island	✓			
South Carolina	✓			
South Dakota	✓			
Tennessee	✓			
Texas	✓			
Utah	✓			
Vermont ¹	✓	✓	✓	✓
Virginia	✓	✓	✓	✓
Washington	✓	✓	✓	✓
West Virginia	✓	✓	✓	✓
Wisconsin	✓	✓		
Wyoming	✓	✓		

¹paying pursuant to court order

This information is accurate as of February 1988. Please contact the National Abortion Federation at (202) 546-9080 for the most up-to-date information. Source: *The Alan Guttmacher Institute, The American Civil Liberties Union Reproductive Freedom Project.*

FACT SHEET

Public Support for Abortion

Opinion Surveys Reveal Strong Public Support

Three quarters of American voters believe that, "Since nobody knows for certain when life begins, people should follow their own moral convictions and religious teachings on the abortion issue" (Hickman, 74%).

Most Americans say that a woman should have the right to choose abortion:

- During the first 3 months of pregnancy in consultation with her doctor (Figure 1).
- When being pregnant is threatening her life (Gallup¹; 94%).
- When her pregnancy resulted from rape or incest (NORC, 77%; Gallup¹, 85%).
- When her baby is likely to be deformed (NORC, 76%; Gallup¹, 60%).
- When her health is threatened (NORC, 86%; Gallup, 84%).
- When she is an unmarried teen whose future might be seriously affected (Harris, 54%).

Most people oppose amending the Constitution to ban abortion (Harris², 62%, Hickman, 63%, CBS³, 69%).

Americans are convinced that if abortion were illegal again, "a lot of women will get hurt and killed from bad doctors doing secret abortions" (Hickman, 77%).

Americans' life experiences do affect their attitudes toward abortion. According to the National Opinion Research Center (NORC), attitudes toward abortion differ significantly among various groups of Americans.

Personal Experience with Abortion: At least 18 million women living today have had an abortion. They—and people who know them well—tend to be more supportive of abortion than are people who have had no direct experience with abortion.

Education: People who have more than a high school education are much more likely to approve legal abortion than those who have not completed high school.

Religion: Catholics and Protestants tend to have similar views on abortion; their support for abortion is consistent with that of the general public. In general, however, Americans who say they are not very strongly affiliated with their religious group approve of abortion much more than do people who report a strong religious affiliation.

Majority Says Government Should Not Be Involved in Decision

These differences notwithstanding, support for abortion is broad based. Seventy-seven percent of American voters believe that "Abortion is a private issue between

Figure 1

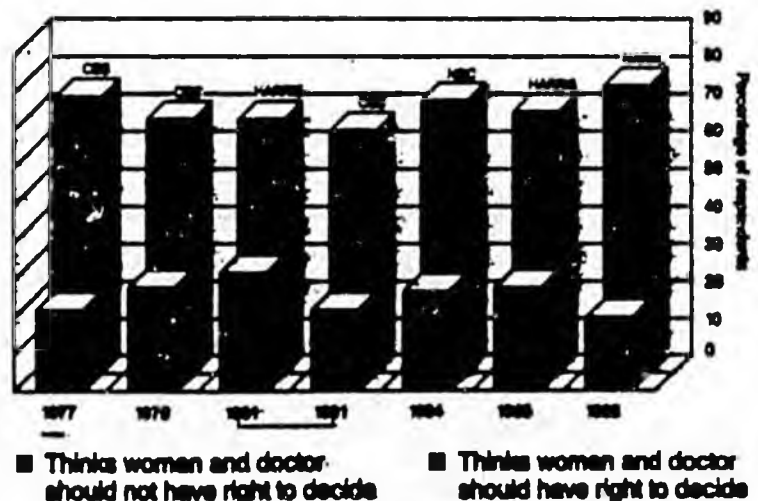
U.S. Public Strongly Supports Privacy in Abortion Decisions

CBS News/New York Times Survey, "The right of a woman to have an abortion should be left entirely to the woman and her doctor" (1977, 1979) "If a woman wants to have an abortion and her doctor agrees to it, should she be allowed to have an abortion, or not?" (1981)

Harris Survey: "Tell me if you agree or disagree. Any woman who is three months or less pregnant should have the right to decide, with her doctor's advice, whether or not she wants to have an abortion." (1981, 1983)

NBC News Exit Poll: "Do you agree or disagree...: the decision to have an abortion should be left to the woman and her physician?" (1984)

NARAL Study, Hickman-Maslin Research and American viewpoint, "Abortion is a private issue between a woman, her family, and her doctor." (1985)



a woman, her family, and her doctor (and that) the government should not be involved" (Hickman). This support for privacy and non-interference includes people who identify themselves as:

- Conservatives (70%),
- Catholics (81%),
- Southerners (72%),
- Republican voters in the 1988 Presidential election (69%), and
- Persons who believe in the Bible as the literal word of God (67%).

Many View Abortion as the Best Solution to a Wrong Situation

Abortion is a complex and emotionally charged issue for many people. For example, half of Americans believe that abortion is wrong (NBC, 54%). Yet an even greater number—including those who believe abortion is wrong—believe that it is sometimes "the best thing in a bad situation" (CBS², 66%).

Attitudes Unswayed by New Knowledge About Fetal Development

Most Americans say that new scientific information about the early stages of development either has not changed their views or has made them favor abortion more (Gallup³, 76%).

A Caution About Opinion Surveys

When people respond to public opinion surveys, they may appear to give different answers depending on (1) the way questions are worded, (2) the context in which they are asked, and (3) the type of answers offered.

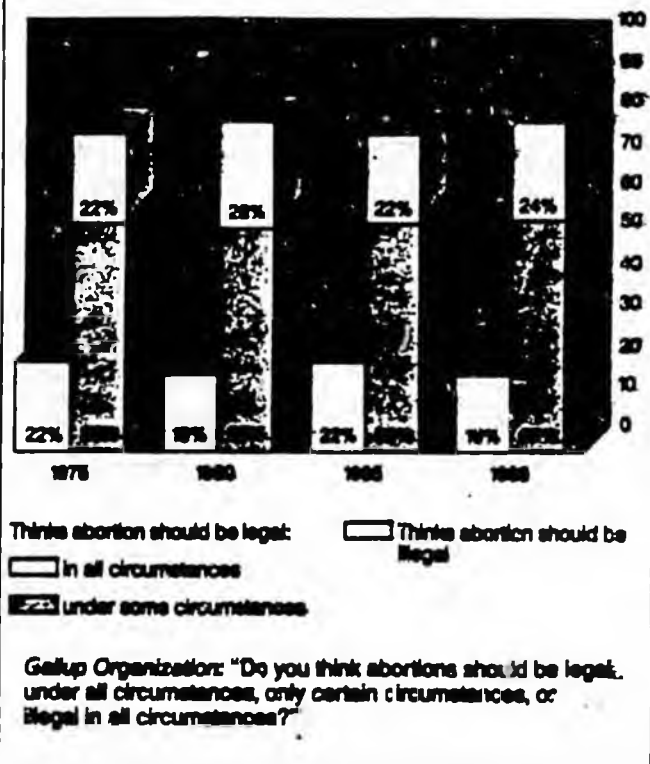
Compare, for example, Figures 1 and 2. When people are given choices that include a middle ground—such as always/sometimes/never—their answers may appear more cautious than when they must decide one way or another—such as agree/disagree.

The Nature of the Debate

Antiabortion activists frequently claim that the Supreme Court's decision in *Roe v. Wade* created public support for abortion. To the contrary, public support grew during the debate that began in the mid-1960s, and the Supreme Court decision in 1973 simply validated that change (Luker). In fact, public support has remained relatively constant over the last several years (Figure 1).

Indeed, the polls over the last several years suggest that Americans are no longer debating whether abortion should be legal or illegal. If there is a debate, it seems to focus on whether abortion should be restricted to certain circumstances or left entirely as a personal decision in the hands of women and their physicians.

Figure 2
Public Supports Legal Abortion in Most Situations



Surveys Cited in This Fact Sheet

NORC, National Opinion Research Center, General Social Survey 1988.

Gallup¹ Organization, September 25–October 1, 1988.

Gallup² Organization Survey for *Newsweek* Magazine, December 27–28, 1988.

Louis Harris¹ and Associates, January 24–27, 1985.

Louis Harris² and Associates, July 17–22, 1987.

Hickman–Maitin Research and American Viewpoint for NARAL, December 13–17, 1988.

CBS¹/*New York Times*, May 11–14, 1987.

CBS²/*New York Times*, August 16–22, 1987.

CBS³/*New York Times*, 1985.

NBC/*Wall Street Journal*, January 14–17, 1988.

For More Information

For information or referrals to qualified abortion providers, call the National Abortion Federation's toll-free hotline: (800) 772-9100. In Washington, DC, 546-9060. Weekdays, 8:30–5:30, Eastern Time.

For Further Reading

Luker, K., *Abortion and the Politics of Motherhood*, University of California Press, 1984.

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