

Life Insight

A Publication of the USCCB Secretariat of Pro-Life Activities ¶ Vol. 19 No. 3 September - October 2008

STATEMENT FOR RESPECT LIFE SUNDAY

Cardinal Justin Rigali, Chairman
USCCB Committee on Pro-life Activities
September 30, 2008

On October 5, 2008, Catholics across the United States will again celebrate Respect Life Sunday. Throughout the month of October, Catholic parishes and organizations will sponsor hundreds of educational conferences, prayer services, and opportunities for public witness, as well as events to raise funds for programs assisting those in need. Such initiatives are integral to the Church's ongoing effort to help build a culture in which every human life *without exception* is respected and defended.

Education and advocacy during Respect Life Month address a broad range of moral and public policy issues. Among these, the care of persons with disabilities and those nearing the end of life is an enduring concern. Some medical ethicists wrongly promote ending the lives of patients with serious physical and mental disabilities by withdrawing their food and water, even though – or in some cases precisely because -- they are *not* imminently dying. This November, the citizens of Washington State will vote on a ballot initiative to legalize doctor-assisted suicide for terminally ill patients. In neighboring Oregon, where assisted suicide is already legal, the state has refused to cover the cost of life-sustaining treatments for some patients facing terminal illness, while callously informing them that Oregon *will* pay for suicide pills. Such policies betray the ideal of America as a compassionate society honoring the inherent worth of every human being.

Embryonic stem cell research also presents grave ethical concerns. The Catholic Church strongly supports promising and ethically sound stem cell research – and strongly opposes killing week-old human embryos, or human beings at any stage, to extract their stem cells. We applaud the remarkable therapeutic successes that have been achieved using stem cells from cord blood and adult tissues. We vigorously oppose initiatives, like the one confronting Michigan voters in November, that would

endorse the deliberate destruction of developing human beings for embryonic stem cell research.

Turning to abortion, we note that most Americans favor banning all abortion or permitting it only in very rare cases (danger to the mother's life or cases of rape or incest). Also encouraging is the finding of a recent Guttmacher Institute study that the U.S. abortion rate declined 26% between 1989 and 2004. The decline was steepest, 58%, among girls under 18. An important factor in this trend is that teens increasingly are choosing to remain abstinent until their late teens or early 20s. Regrettably, when they do become sexually active prior to marrying, many become pregnant and choose abortion -- the abortion rate increased among women aged 20 and older between 1974 and 2004, although the rate is now gradually declining.

Today, however, we face the threat of a federal bill that, if enacted, would obliterate virtually all the gains of the past 35 years and cause the abortion rate to skyrocket. The "Freedom of Choice Act" ("FOCA") has many Congressional sponsors, some of whom have pledged to act swiftly to help enact this proposed legislation when Congress reconvenes in January.

FOCA establishes abortion as a "fundamental right" throughout the nine months of pregnancy, and forbids any law or policy that could "interfere" with that right or "discriminate" against it in public funding and programs. If FOCA became law, hundreds of reasonable, widely supported, and constitutionally sound abortion regulations now in place would be invalidated. Gone would be laws providing for informed consent, and parental consent or notification in the case of minors. Laws protecting women from unsafe abortion clinics and from abortion practitioners who are not physicians would be overridden. Restrictions on partial-birth and other late-term abortions would be eliminated. FOCA would knock down laws protecting the conscience rights of nurses, doctors, and hospitals with moral objections to abortion, and force taxpayers to fund abortions throughout the United States.

We cannot allow this to happen. We cannot tolerate an even greater loss of innocent human lives. We cannot subject more women and men to the post-abortion grief and suffering that our counselors and priests encounter daily in Project Rachel programs across America.

For twenty-four years, the Catholic Church has provided free, confidential counseling to individuals seeking emotional and spiritual healing after an abortion, whether their own or a loved one's. We look forward to the day when these counseling services are no longer needed, when every child is welcomed in life and protected in law. If FOCA is enacted, however, that day may recede into the very distant future.

In this Respect Life Month, let us rededicate ourselves to defending the basic rights of those who are weakest and most marginalized: the poor, the homeless, the innocent unborn, and the frail and elderly who need our respect and our assistance. In this and in so many ways we will truly build a culture of life.



“Freedom of Choice Act”

The USCCB's Committee on Pro-Life Activities takes very seriously the threat of FOCA, as outlined in Cardinal Justin Rigali's Respect Life Sunday Statement. If enacted, FOCA will reverse decades of progress in reducing the annual toll of abortions in the United States, a result no one should welcome regardless of his or her feelings about “choice.”

How can we be certain that abortions will increase under FOCA?

A recent study by Dr. Michael J. New, assistant professor of political science at the University of Alabama, proves the effectiveness of parental involvement laws in reducing minors' abortion rates. Examining data for minor girls in all 50 states from 1989 to 1999, Dr. New found that minors' abortion rates fall by an average of 13.6% following enactment of a state parental involvement law. The more protective the law, the greater is the decline in the abortion rate. Laws, for example, that require the consent (rather than simply notification) of one parent reduce the abortion rate by an average of 19%. Laws requiring the notification or consent of both parents yield an average 31% reduction in minors' abortions. Such reasonable regulations would be invalidated, and these gains reversed, by FOCA.

Using this and earlier research by Dr. New on the effect of state abortion regulations, Matt Bowman, an attorney with the Alliance Defense Fund, calculated the increased number of abortions that could be expected annually if FOCA became law and invalidated three common types of state abortion laws: parental involvement, informed consent, and laws restricting state funding of abortions. Mr. Bowman arrived at a figure of 125,000 additional abortions annually due to FOCA.

Even NARAL has acknowledged that states providing Medicaid funding for abortion have much higher abortion rates among Medicaid-eligible women than states which do not provide such funding.

The USCCB Committee on Pro-Life Activities has a variety of resources to help you educate others about FOCA. On September 19, Cardinal Rigali sent a letter to all members of Congress with a legal analysis of FOCA by Michael Moses of the USCCB Office of General Counsel. These are posted at www.usccb.org/prolife/FOCAregaliltr.pdf and www.nchla.org/datasource/ldocuments/pl-foca.pdf. The National Committee for a Human Life Amendment (NCHLA) issued a Legislative Action Alert on September 24 that can be downloaded in English and Spanish from www.nchla.org/actiondisplay.asp?ID=266. The current House and Senate versions of FOCA, along with names of co-sponsors, can also be found on NCHLA's site. See www.nchla.org/issues.asp?ID=50 for all the FOCA-related material.

The Secretariat of Pro-Life Activities has run anti-FOCA ads in the Capitol Hill paper *Roll Call* and in the *National Catholic Register*. Attractive new versions of these ads have been formatted as bulletin inserts for distribution during Respect Life Month. See www.nchla.org/issues.asp?ID=50 for links to the bulletin inserts/ads in color and black/white.

FOCA cannot be stopped without your help. Please act now to urge your elected representatives to pledge to fight FOCA.



Abortions Continue to Decline: How Far and Why

A July 2008 “Facts in Brief” by the Guttmacher Institute—Planned Parenthood's research affiliate—reports 1.21 million abortions performed in the United States in 2005, down from a peak of 1.61 million 1990.

The abortion rate in 2005 was 19.4 abortions per 1,000 women. This is the lowest rate since 1974 and *represents a one-third decrease in the abortion rate* (from 29 abortions per 1,000 women in 1980). We'll look more closely at the data, below, but first let's look at some of the erroneous reasons given for the decline.

Some prominent Catholics in academia and public life have claimed that anti-poverty programs and/or contraceptives are the most effective means of reducing abortion rates. Pro-life people, they claim, should stop being “fixated” on overturning *Roe v. Wade* and instead put their energies into supporting anti-poverty programs and/or comprehensive sex ed and even more subsidized contraception to reduce abortions.

These proponents wrongly claim that informed consent and parental involvement laws have “no significant effect” on abortion rates (despite the growing evidence to the contrary provided by Dr. New and others).

The grain of truth here is that social and economic support for pregnant women and mothers of young children can lessen recourse to abortion. The pro-life community has been helping meet the financial and practical needs of these women for decades, and we know such caring support can make the difference in some cases. But money is not the only or most critical factor, aside from the fact that a purely ‘economic’ approach to abortion ignores its moral and human rights aspects.

The Guttmacher Institute asked women having abortions to list all the concerns that led them to have one. Only 23% of women cited “can’t afford a baby now” as their most important reason. To be sure, that was the second most common single response, after “not ready for a(nother) child”/“timing is wrong” (given by 25%).

The “timing is wrong” answer may have a lot to do with the fact that 86% of abortions are performed on unmarried women, at a rate five times higher than that of married women. At the risk of stating the obvious: If being unmarried is the “wrong time” to have a child, might it be wise for the unmarried to abstain from activity specifically designed to procreate a child?

In fact, some women understand this connection and have chosen abstinence (“Works Every Time!”) over contraception, which despite decades of glowing propaganda works very poorly indeed in real life.

A recent comprehensive study by Guttmacher provides loads of evidence that abstinence, more than contraception, has driven down abortion rates in the past two decades. Researchers Stanley Henshaw and Kathryn Kost examine the characteristics of women having abortions between 1974 and 2004 and offer reasons for the decline (www.guttmacher.org/pubs/2008/09/18/Report_Trends_Women_Obtaining_Abortions.pdf).

The authors actually claim that more and better contraceptive use is the main reason for declining abortions, relying on a 2007 study by J. Santelli et al. But a demographic breakdown of their findings leads to a different conclusion, and a careful reading of Santelli reveals where they go wrong.

Point One: The abortion ratio has fallen

The proportion of pregnancies ending in abortion peaked in 1983 at about 30%. By 2004, that ratio had declined by almost one-fourth, to 23% of pregnancies ending in abortion (a ratio only slightly higher than in 1974). Such a change has little to do with contraceptive

efficacy: 89% of U.S. women who are sexually active are currently using contraception, and 54% of women seeking abortions were using contraception in the month they became pregnant. Decreased abortions relative to live births reflects primarily an increased willingness of pregnant women to let their child be born.

Point Two: Teen abortions have fallen relative to other demographic groups

Between 1974 and 2004, only one group declined in abortions relative to the other age groups: *teens*.

Age Group	1974	2004	% change
< 20 years	32.5%	16.9%	- 48
20-29	50%	56.5%	+ 13
30-39	15.4%	23.5%	+ 53
> 40	2.1%	3.1%	+ 48

Does anyone suppose that teens are more likely to use contraception to avoid an unintended pregnancy, or to use contraceptives more efficiently than adult women? No? Didn’t think so. The opposite is true.

Point three: The abortion rate has fallen farthest among teens

Age Group	1984 Rate	2004 Rate	% change
<= 15	9.3	3.3	- 64.5
15-17	29.9	11.8	- 60.5
18-19	60.8	31.9	- 47.5
20-24	51.6	39.9	- 22.7
25-29	30.9	29.7	- 3.9
30-34	17.8	18.2	+ 2.2
35-39	9.5	9.8	+ 3.2
>= 40	2.9	3.3	+ 13.8

Thus we can see a clear pattern: The abortion rate (number of abortions per 1,000 women) plummeted among girls under 20, decreased more gradually among women in their 20s, and increased among women over 30. Does it make any sense that contraceptives are responsible for this? In that case one would have to conclude that contraceptives are being used more and more effectively by teenagers and less and less effectively the older one gets. That defies common sense.

How then do we account for lower abortion rates, driven by a steep decline among teens?

John Santelli et al. looked at the 27% decline in *pregnancy rates* for girls 15-19 between 1991 and 2000, and concluded that improved contraceptive use accounted for 86% of the pregnancy risk decline (attributing only 14% to increased abstinence). Among 15-17 year-olds, they attributed 77% of the decline in pregnancy rates to contraception and 23% to abstinence.

These conclusions are plausible only if one assumes a high level of effectiveness for contraception and ignores the implausible premise of a drop-off in contraceptive effectiveness or use among women over age 20. Where did Santelli and his colleagues go wrong? They estimated pregnancies prevented by contraception using the contraceptive effectiveness rates applicable as a whole to women 15-44: an 8% failure (pregnancy) rate among women who take oral contraceptive pills (OCs) and a 15% failure (pregnancy) rate among condom users over a 12-month period.

That error is inexcusable, as evidenced by the research of Haishan Fu et al. on “Contraceptive Failure Rates: New Estimates from the 1995 National Survey of Family Growth” (published in Guttmacher’s *Family Planning Perspectives* in 1999). The study reveals wide disparities in contraceptive effectiveness by age group, poverty level and marital status. This makes perfect sense. Compared to younger women, those in their late 30s and 40s have lower fertility and are more likely to use contraception consistently and correctly. Women living at or above 200% of poverty level are also more likely to be consistent and correct in their use of contraception than women whose incomes fall below that line. Cohabiters are more likely to become pregnant despite using contraception than married women and single, noncohabiting women. A few examples will

demonstrate why this is important.

Contraceptive failure rates by selected demographics

Category	OC Failure Pregs/12 mos.	Condom Failure Pregs./12 mos
Married, = /> 30 yrs. >200% poverty	3.3%	6.2%
Unmarried, <20 yrs. Not cohabiting <200% poverty	12.9%	23.2%
Cohabiting, <20 yrs. < 200% poverty	48.4%	71.7%

Teens have about a four times higher risk of becoming pregnant while using OCs and condoms than women older than 30; if they’re cohabiting, their risk of pregnancy is 15-fold on the pill and 12-fold using condoms.

Conclusion: Contraception can’t be responsible for teen abortion rates declining faster than those of older women, as teens’ use of contraception is notoriously erratic and ineffective. Teen abstinence, not contraception, has driven down pregnancy and abortion rates.

*Life Insight** is a publication of the
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Made possible through the generosity of
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