

THE NEWSJOURNAL OF CATHOLIC OPINION

CONSCIENCE

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The Dirty Truth about the Politics of Publicly Funded Abortion

JON O'BRIEN

Two Catholic Theologians

SHEILA BRIGGS AND
ROSEMARY RADFORD RUETHER

How Hyde Hurts Women

MARISA SPALDING

My Own Public Funding Story

SARA HUTCHINSON RATCLIFFE

ALSO:

Reviews by Ruth Riddick,
Daniel C. Maguire,
Timothy A. Byrnes and
Sammie Moshenberg

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Abortion Access and Public Funding

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CATHOLICS FOR CHOICE

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

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EDITOR'S NOTE

HOW WE TREAT THE POOR IS A CRITICAL COMPONENT OF OUR CATHOLIC social justice tradition. Being Catholic is not just about going to Mass on Sunday; it's about following this tradition to help the poor and vulnerable every day. It's not an option—we're required to do it.

Catholics for Choice is driven by that responsibility to ensure that the vulnerable get the services they need. We know that in the realm of healthcare services, the well-off can always circumvent any prohibition—that's true in the United States and elsewhere, regardless of what the law says. It's the poor who suffer and can die as a result of not being able to get services.

When we look at access to abortion and the way our healthcare is delivered, it becomes an issue of the haves and have-nots. Healthcare has barriers for the most vulnerable—whether for an undocumented worker, a person growing up in a low-income community or a young person without resources. Vulnerabilities are multiplied when you have an unplanned pregnancy—if you need to get to a clinic that's hundreds of miles away, or if you're barely hanging on to a job and have to get medical services in another city or state.

At the center of all this is the role of public funding. Canon law states, "The Christian faithful are ... obliged to promote social justice and, mindful of the precept of the Lord, to assist the poor." Even if you are morally opposed to abortion, you are morally obligated to ensure that a vulnerable woman has the same healthcare services as women of means. That includes abortion.

In this issue, we examine the case for public funding for abortion and why it is past time to get rid of the barriers to abortion access. In "The Dirty Truth about the Politics of Publicly Funded Abortion," Jon O'Brien looks at the way public funding is undermined from both sides of the aisle. Marisa Spalding then dissects how blocking public funding of abortion harms women of color. Rosemary Radford Ruether and Sheila Briggs explain why public funding for abortion is necessary from a theological point of view. And lastly, Sara Hutchinson Ratcliffe shares a personal story about how social assistance saved her family.

As always, our letter pages are open for you to tell us what you think.



JEN GIRDISH
Editor

Conscience is a unique magazine, and one for which we would like to get as wide an audience as possible. So, I have a favor to ask. Think for a moment. Ask yourself, do I know other people who I want to be as well-informed as I am? I'm sure you do, because inquisitive people always know other inquisitive people.

So, please consider buying them a subscription as well. To purchase, please visit our website, www.CatholicsForChoice.org, or call us at (202) 986 6093.

“Despite the damage done by Hyde and its progeny, politicians of all stripes have consistently whiffed when it comes to repealing Hyde, putting politics over women’s lives again and again....”

— O’BRIEN, p.14

Conscience offers in-depth, cutting-edge coverage of vital contemporary issues, including reproductive rights, sexuality and gender, feminism, the religious right, church and state issues and US politics. Our readership includes national and international opinion leaders and policymakers, members of the press and leaders in the fields of theology, ethics and women’s studies.

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JEN GIRDISH

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Abortion Access Slipping Backwards

READ WITH FASCINATION the story “Looking Back, Thinking Forward” by Jennie Bristow (*Vol. XXXVI, No. 1*). This article, which focuses on availability and attitudes about abortion in Britain, states, “As abortion has been more openly provided, accessible, funded and talked about, so acceptance of abortion has risen, both at a general and a personal level.”

What a stark contrast to what we see in the US, and more specifically, in my state of North Dakota. As the director of the only abortion clinic in the state, Red River Women’s Clinic, I see firsthand the daily struggle our patients experience with stigma, funding and accessibility. What used to be a group of three states with only one abortion provider (North Dakota, South Dakota and Mississippi) has unfortunately grown to be a group of six (add Arkansas, Missouri and Wyoming). Women in these states often have to drive five, six or seven hours in one direction to reach the only clinic in their state. They then are forced to listen to state-mandated misinformation, compelled to view ultrasounds they do not wish to

Letters may be edited for clarity and length.

look at and generally have every kind of obstacle thrown in front of their constitutionally protected right to bodily autonomy.

Where the US seems deeply invested in stigmatizing women who seek abortion and the providers who perform it, the UK has reaped the benefits of a different strategy. Bristow writes: “The mainstreaming of the abortion service both reflects, and shapes, public attitudes.” In turn, these factors are inextricably linked to funding, as we see in this country’s legal contests to keep choice a reality.

We are battling in the legislature, in the courts and on the street with those who oppose abortion. Abortion is less accessible now than when *Roe v. Wade* was decided in 1973. The 1976 Hyde Amendment has made abortion less affordable for the millions who rely on Medicaid for their health-care. Legislatures across this country are passing an unprecedented number of abortion restrictions and targeting abortion providers with over-regulation. This all leads to an environment of pervasive stigma, both for the abortion patient and the abortion provider.

Bristow points out several ways in which her country’s

policies create unnecessary frustrations for patients, but since 1967 there has been a steady improvement in what women experience when seeking an abortion and how easily they can obtain one.

Contrary to what is happening across the pond, it appears that we are slipping steadily backwards in our thinking.

TAMMI KROMENAKER

Director

*Red River Women’s Clinic
Fargo, ND*

More than One Abortion

“LOOKING BACK, THINKING FORWARD” by Jennie Bristow (*Vol. XXXVI, No. 1*) follows the UK’s 50-year journey away from generalized abortion stigma and towards its normalization as a health procedure. In discussing the stigmatization of abortion, I’m often surprised that people who self-identify as prochoice—whether in the UK or the US—draw a line between the woman who has one termination and the woman who has several, as Bristow discusses.

The woman who has a single abortion is seen as an innocent—pregnant due to a contraceptive failure or lack of education—and deserving of rescue from the consequences of unintended pregnancy. The woman having her third, fifth, pick-a-number abortion is seen as callous, careless, irresponsible. Unintended pregnancies are concentrated in poor women. Thus, these are invidious distinctions that target poor women, while letting more privileged women—those imag-

ining they’ll only need a single abortion—off the hook. If your own single abortion is justified, why not that woman’s 10th?

Because our facility contains both a freestanding birth center and an abortion clinic, we see every day that the same woman can carefully prepare for a joyful birth, then decide to terminate the next pregnancy or several pregnancies—making these decisions based on what is best for herself and her family. Obstetric practice in the United States, where abortion has been largely removed from hospitals and routine practices, cares only about a woman’s current pregnancy. This has led to skyrocketing cesarean section and induction rates and an American maternal mortality rate that has doubled in the past decade. Just as women are stigmatized for wanting to terminate a pregnancy or for having “too many” abortions, so are they derided as insufficiently maternal for wanting a say in their birth experience.

All these issues are grounded in a lack of respect for women. If we are truly prochoice, if we are truly feminists, we must support the woman who refuses an induction or insists on her right to a vaginal birth and the woman who requires 10 abortions, no less than the woman who requires one.

KATHARINE MORRISON,
MD, FACOG

*Buffalo Women Services, LLC
The Birthing Center
of Buffalo
Buffalo, NY*

Another Medical Student for Choice in Ireland

I JOINED MEDICAL STUDENTS for Choice (MSFC) during my first year of medical school at Trinity College Dublin. Before moving to Ireland, I was unaware of the strict abortion laws—all medical and surgical abortions are illegal unless continuing the pregnancy endangers the woman. I had worked with Planned Parenthood during university in Michigan and witnessed antichoice protests, but training in a country where up to 5,000 women have to travel abroad each year to access abortion services truly shocked me. Like the individuals

Kathryn Joyce presents in “Meet the Medical Students for Choice” (*Vol. XXXVI, No. 1*), I knew I wanted to help advance abortion rights in my clinical training.

Joyce describes some of the complications prochoice medical students face in the US, where they are sometimes cautioned that advocating for choice could come at the cost of professional opportunities. I quickly learned that advocating for comprehensive reproductive healthcare in a predominantly conservative country has even more basic challenges. Medical Students for Choice Ireland has yet to achieve university society status, making recruitment and seemingly simple tasks like campus room reservations difficult. We are also a unique chapter in that we represent all of the six medical schools in the Republic of Ireland—another challenge when

recruiting members and organizing events.

Several of the students in Joyce’s article were inspired by encountering communities where choice was limited or nonexistent. In the same way, I’ve found that Ireland, a country with a long history of strict reproductive legislation, has mobilized a number of inspiring prochoice groups. We invite many of these activists to speak at our annual conference—an event that functions not only as a teaching opportunity, but also as a setting for students, healthcare providers and advocates to collaborate.

As I enter my final year, I look forward to continuing MSFC’s work with this diverse group of allies to help make reproductive and sexual health equity a reality in Ireland. We may be working in different contexts, but Illinois med student Taylor Stanton said it best: “I can’t shake that feeling that I need to bring

access to women who don’t have access.”

KATHERINE BUTLER
Medical Students for Choice
Trinity College Dublin
Ireland

Chile—On the Doorstep of Change?

“A DEBT OF DEMOCRACY: Abortion in Chile” by Claudia Dides and Tessa Maulhardt (*Vol. XXXVI, No. 1*) had interesting insights into gynecologists in Chile and the vision and medical interventions we achieved in an earlier era. During an important period of my training, I had the privilege to work under the protection of a Chilean Health Code provision that allowed us to accommodate the requests of women whose lives were endangered by their pregnancies or were carrying a fetus with severe malformations. In one of the last orders by the military regime governing at that time, this provision was reversed, and thus we became one of the very few countries where

women have no way to act upon their desire to end pregnancies that put their lives at risk or that become truly torturous. This is the “debt of democracy” explained by the authors.

Much has been said about abortion over the years, especially from the pulpit and in legal settings, but these spaces are dominated by men, and few female voices have been heard. Likewise, few medical voices have been heard, especially those who agree with decriminalization but have not been able to overcome taboos and openly discuss the issue. Many people have placed medical professionals on a pedestal, and some doctors fear damaging this image.

In reality, doctors’ positions are not so precarious. We learn from the article that during the 1960s, the medical community pushed Chile to “the forefront of reproductive health in Latin America.” This happened because doctors worked

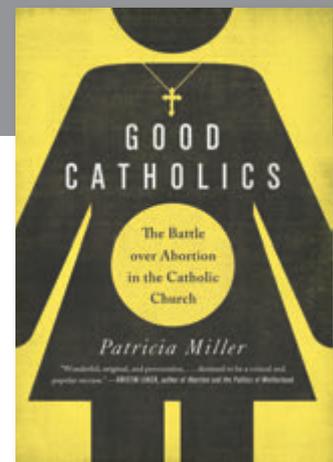
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Good Catholics: The Battle over Abortion in the Catholic Church.

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with the government and refused to bow down to objections from the hierarchy and its allies.

Precisely when Chile began to live under a military regime absolutely prohibiting abortion, I had the privilege of beginning a lengthy involvement of more than 10 years in the field of sexual and reproductive health with International Planned Parenthood Federation/Western Hemisphere Region. I subsequently designed and launched activities to stimulate and influence policies in countries across the Latin American and Caribbean region that were successful in modifying some strict guidelines on abortion in some places, but not in Chile. As Dides and Maulhardt point out, the subject has been “untouchable” for far too long, but open discussion is changing that. At the moment, the Chilean parliament is finally debating legislation to decriminalize abortion in three specific cases. We hope to reach a happy ending very soon.

DR. GUILLERMO GALAN
*Board Secretary
Miles Chile
Santiago, Chile*

The Hell of Helms in Kenya

IN “THE HARD TRUTH ABOUT Reproductive Health under Obama” (*Vol. XXXVI, No. 1*), Jon O’Brien expresses what a disappointment Obama’s presidency has been for those of us who support women’s reproductive health and rights. The Helms Amendment was enacted in 1973, following the Supreme Court

ruling in *Roe v. Wade*, which held that the US Constitution protects a woman’s decision to terminate a pregnancy. Since then, Helms has been wrongly interpreted by USAID grantees to mean that no US foreign assistance funds can be used for abortion services.

Helms assumes that women will seek an abortion whenever pregnant and that they will not use any method of family planning to prevent unintended pregnancy, hence using abortion care as a method of spacing their children.

This practice would not be possible in most of Africa, where abortion on request during the first trimester is only legal in South Africa, Tunisia, Ethiopia and Mozambique. This means the way USAID grantees interpret the Helms Amendment is wrong in the majority of African countries.

Through this erroneous interpretation of the Helms Amendment, USAID grantees fail to assist developing countries in reducing the rising cases of maternal deaths resulting from unsafe abortion, which is responsible for 30–36 percent of maternal deaths.

Initiatives to reduce unsafe abortion also touch on provider training in post-abortion family planning and the purchase of quality equipment and supplies for postabortion care, all of which cannot currently be provided with USAID funds. The funds also cannot be used for abortion in cases of rape and incest, circumstances in which abortion

should be legally available in many African countries.

Here in Kenya, we know that many in the US would like to devote resources to improving women’s reproductive services, rather than making them more inaccessible. Perhaps President Obama himself is among that number. As O’Brien wrote, “It’s not that Obama did not have the courage of his convictions,” but he hasn’t moved on Helms “out of fear of upsetting ultraconservatives.”

In 2013, the USAID mission in Kenya asked its grantees not to attend meetings that had been planned by the Ministry of Health to review the standards and guidelines on reduction of maternal mortality resulting from abortion. Helms has a profoundly undemocratic effect on us here in Kenya, and we will keep working to make abortion a choice that rests in the hands of women in the care of skilled providers.

DR. JOHN NYAMU
*Consultant Gynaecologist
Reproductive Health Services
Nairobi, Kenya*

Measuring a Contemporary Catholic Church

I AM A LIFELONG FAITHFUL Catholic approaching my seventh decade. Born in the

1950s, I came of age in the 1960s, entered religious life and eventually married in the 1970s. Forty-five years later, being a Catholic remains at the heart and soul of my core.

I have long been disheartened and discouraged by the dismantling of Vatican II under past papal regimes. My tenacious efforts to remind church officials of the spirit’s work in the Council seemed futile.

That’s why I found “Future Church: New Polling on Catholic Millennials” (*Vol. XXXVI, No. 1*) so refreshing and inspiring. The survey clearly measures a contemporary church—that is, the people of God, rooted in social justice, emphasizing the primacy of conscience and reflecting gospel values of mercy and inclusion. It shows a robust support for reproductive rights, individual freedom and a more open church. In addition, we got to hear the voices of some survey participants, who spoke with the ring of truth about subjects that have vexed Catholics like me for decades.

Thank you for this valuable witness.

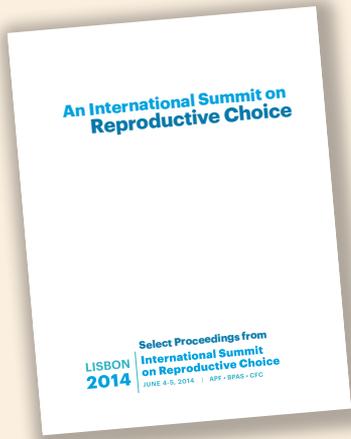
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*Co-Editor
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Is One of These Things Not Just Like the Other? Why Abortion Can't Be Separated from Contraception.

Beverly Winikoff,
Gynuity Health Projects, US



Later Abortion: What Makes It Difficult?

Ellie Lee,
University of Kent, UK



Fetal Pain: What We Know, What We Believe, and What This Means for Abortion.

Stuart Derbyshire,
National University of Singapore



Selective Abortion for Fetal Anomaly: the Perspective of a Support Organization.

Jane Fisher,
Antenatal Results & Choices, UK



Sex Selection: the Uneasy Choice.

Suchitra Dalvie,
Asia Safe Abortion Partnership, India



Replacing Myths with Facts: Sex-Selective Abortion Laws in the United States.

Miriam Yeung,
National Asian Pacific American Women's Forum, US



Not Only Abortion: Wider Reproductive Choice Issues.

Marlene Gerber Fried,
Hampshire College, US

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The Church and State

Pope's Pastoral Approach in US Defies Conservative Hopes

POPE FRANCIS' HISTORIC VISIT to the US struck a pastoral rather than political tone, disappointing conservatives who, already struggling with the pontiff's views on climate change and immigration, heard few specific mentions of abortion, contraception or other hot-button social issues. Rep. Paul Gosar (R-AZ) decided to boycott the pope's speech before Congress because, as he told the *Washington Times*, "[W]hen the Pope chooses to act and talk like a leftist

politician, then he can expect to be treated like one."

As the first pope to address the US Congress, Francis said Americans have a "responsibility to protect and defend human life at every stage of its development," following this with a call for the "global abolition of the death penalty." The *Washington Post* quoted a statement from John-Henry Westen of the antiabortion website LifeSiteNews, who said that the pope "just missed perhaps his greatest opportunity to make a difference on life" by not mentioning abortion.

At the United Nations General Assembly in New York, Pope Francis also "did not utter the word abortion" by name, according to Austin Ruse of the ultraconservative C-FAM group. The *New York Times'* account said that the pope "did not dwell on the church's notable difference with the global agenda: ensuring access to reproductive health and services."

On Philadelphia's Independence Mall, the pope dedicated some time to religious liberty, which he described with an emphasis on community. Pope Francis said that "it is imperative that the followers of the various religious traditions join their voices in calling for peace, tolerance and respect for the

dignity and the rights of others," the *Philadelphia Inquirer* reported. At the same event, remarks by Archbishop Charles J. Chaput struck a different tone, mentioning those who criticize "when the Church defends marriage and the family, the unborn child and the purpose of human sexuality," Crux reported.

During his stop at the World Meeting of Families in Philadelphia, Prof. Anthea Butler, reporting for the *Guardian* (UK), said that the pope's speech focused on the "virtue of love within the family," rather than "abortion, something that Catholic pro-lifers have been desperate to hear in a strong, decisive message from Francis all week." Writing in



Pope Francis stands with members of Congress at the Speaker's Balcony of the US Capitol building.

America magazine, columnist Drew Christiansen said the pope's Philadelphia homily "painted his vision of a post-culture-wars U.S. church."

After Francis left the US, reports surfaced that the pontiff had met with Kim Davis, the Kentucky county clerk who was briefly jailed over her refusal to issue marriage licenses after marriage equality became law. Although conservative news outlets like LifeSite News claimed that the "Pope's meeting with Kim Davis may have been his most important," Vatican spokesman Federico Lombardi issued a statement that the meeting was not a "real audience." Lombardi said that the pope's "meeting with Davis should not be considered a form of support of her position in all of its particular and complex aspects."

The majority of media analysts saw other points as more salient during Pope Francis' stay. Robert Mickens wrote in *National Catholic Reporter*: "[T]he hope is that, by his words and actions during the visit here ... Francis will have been able to crack open the hardened hearts of those bishops and other Catholics who oppose any development of the Church's teachings on marriage or its pastoral care of families." Jon O'Brien, president of Catholics for Choice, reflected on the impression left by Pope Francis: "By being more pastoral than political, the pope struck a body blow to conservative hopes for a partisan message."

The Church and Abortion

US Hierarchy Lobbies Congress against Planned Parenthood Funding

IN JULY, THE CENTER FOR Medical Progress (CMP) released the first of several videos purporting to show Planned Parenthood representatives profiting from fetal tissue. The *New York Times* says that these specimens—which are obtained with the donor's consent—have a unique value for research and that it is legal to charge for processing and handling, although laws do not specify what fees are allowable. The *Nation* discovered that one of CMP's three founding officers is Troy Newman, president of the extremist antiabortion group Operation Rescue, which is known for its harassment of the late Dr. George Tiller.

Cardinal Seán P. O'Malley, chair of the Committee on Pro-Life Activities of the US Conference of Catholic Bishops (USCCB), released a statement asking Congress to rededicate Planned Parenthood funds to facilities that do not provide abortion. "The most recent revelations about Planned Parenthood's willingness to traffic in fetal tissue from abortions ... [are] the latest demonstration of a callousness toward women and their unborn children that is shocking to many Americans," read a copy of the letter on the USCCB website. O'Malley expressed a preference for funds being redirected to

As leaders who are Catholic, we are taking a stand. Congress, please stand with us. Fund Planned Parenthood.

- | | | | | |
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IN GOOD CONSCIENCE

CATHOLICS FOR CHOICE

More than 60 Catholic state leaders and legislators from 25 states signed this full-page back-cover ad—sponsored by Catholics for Choice in the *Washington Post*—urging Congress to preserve federal funding for Planned Parenthood.

Catholic facilities instead: "Catholic charitable agencies and pregnancy help centers have helped countless pregnant women find life-affirming alternatives to abortion. Our hospitals and other health facilities are second to none in providing quality health care for women."

In late September, Catholics for Choice sponsored a full-page advertisement in the *Washington Post*. The ad was signed by more than 60 Catholic state leaders and legislators from 25 states

who support continuing federal funding for Planned Parenthood.

By this time the tide was turning, with the Missouri attorney general deciding that Planned Parenthood had engaged in no wrongdoing related to donated fetal tissue, the *Kansas City Star* reported. Investigations in Pennsylvania, Georgia, Indiana, South Dakota and Massachusetts also decided in Planned Parenthood's favor. Catholics will continue to stand with Planned Parenthood.

Chile Moves Closer to Decriminalization of Abortion in Three Circumstances

IN AUGUST, CHILE'S CHAMBER of Deputies voted in favor of legislation that would allow abortion in three cases: rape, fatal fetal anomaly and a threat to the woman's life. The case of rape was hotly debated in the Health Commission, which ultimately changed the time limit for rape survivors age 14 and younger from 18 to 14 weeks of pregnancy.

Five of the country's Catholic bishops cosponsored newspaper advertisements asking policymakers to vote against the abortion proposal. "It will be our obligation as pastors to warn our faithful ... [of] the moral prohibition to vote in favor of a candidate who has supported the abortion project," read one part of the campaign, published in Chile's *El Mercurio* newspaper. Claudia Pascual, Chile's minister of women's affairs, was one of several public figures who disagreed with the advertisements, accusing the church of "impeding the ability to have a space to debate."

Civil society organization Miles Chile and Catholics for Choice sponsored their own ad campaign, a billboard bearing the images of Laura Albornoz, former minister of women's affairs, and journalist Beatriz Sánchez. Albornoz is pictured with a caption stating she had an abortion, a controversial position within the Christian Democrat Party, in which fewer than a third of its legis-



Laura Albornoz, former minister of women's affairs (L), and journalist Beatriz Sánchez (R) express their support for Chile's proposed abortion legislation in a billboard sponsored by Miles Chile and Catholics for Choice.

lators support abortion decriminalization, according to Reuters. Both prominent women were voicing their support for allowing abortion in the three circumstances covered by the legislation.

Currently, the text reads that a doctor can claim conscientious objector status, making it the state's obligation to find a willing provider immediately. Juan Luis Castro, president of the Health Commission, noted that in the next stages of the debate conscientious objection will figure prominently, according to Chile's T13 News. The reform will become law if majorities of both houses of Chile's Congress vote in favor.

Pope Eases Absolution Process for Women Who Have Had Abortions

ON SEPTEMBER 1, POPE Francis released a new set of pastoral guidelines for the Year of Mercy, which starts December 8 and ends November 20, 2016. During this time, priests, in addition

to bishops, will be allowed to provide absolution for women who have had an abortion, Catholic News Service reported. But the article quoted Don Clemmer, interim director of media relations for the US Conference of Catholic Bishops, as saying that "the faculty for the priest to lift the 'laetæ sententiæ' excommunication for abortion is almost universally granted in North America."

The pope's phrasing struck a compassionate note

with statements like: "I think in particular of all the women who have resorted to abortion. I am well aware of the pressure that has led them to this decision. I know that it is an existential and moral ordeal."

Nicholas Cafardi, a professor of law at Duquesne University in Pittsburgh, told the *Wall Street Journal* that the move was symbolically important. "The pastoral value is the message to priests to be welcoming in



Confession room inside the Baptistery, Campo dei Miracoli, Pisa, Italy. Pope Francis declared that during the Year of Mercy all priests will be able to provide absolution to women who have had an abortion.

the confessional when these sins are confessed,” he said, so that when people “do approach the church for forgiveness, they won’t be treated in a way that would make them wish they hadn’t come.”

Jon O’Brien, president of Catholics for Choice, said, “Catholic women know that they can in good conscience disagree with the hierarchy and still be good Catholics in good faith.... Nevertheless, as an overall gesture that evokes images of sitting down with women and listening to them, this is a symbol that could be considered a very good one.”

The Church and Marriage

Pope Reforms Annulment Process, Maintains ‘Indissolubility’ of Marriage

IN SEPTEMBER, POPE FRANCIS signed two formal *Motu proprio* documents changing the church’s procedures for annulments. Annulment requests will not be subject to the formerly required second judgment. The tribunal now only requires one judge, instead of at least two priests and one canon lawyer, and local bishops will now have the power to personally judge straightforward cases, according to the *Washington Post*. Annulments will also be free, aside from an administrative fee.

Canon lawyer Benedict Nguyen wrote in the *Catholic Herald* (UK) that the relaxed rules could lead to bishops being overwhelmed with

cases demanding decisions without proper investigation, what he termed “easy annulments, creating in effect ‘Catholic divorces.’”

Zenit provided a translation of the pope’s plan for reform in which the pontiff said, “In any case, the extent to which an abbreviated process of judgment might put the principle of the indissolubility of marriage at risk, did not escape me.”

These changes to canon law, which stem from a commission instituted by Pope Francis in September 2014, go into effect in December of this year, according to the *Tablet* (UK).

The Church and Contraception

Affordable Care Act Contraception Policy Affirmed, Challenged in Courts

THE CONTRACEPTION requirement under the Affordable Care Act has had mixed fortunes in the courts over the last few months. In September, the *Washington Post* reported on a ruling by the US District Court for the District of Columbia, which decided that the March for Life, a nonreligious nonprofit, would not have to offer contraceptive coverage based on the group’s moral objections.

On the other hand, the Sixth US Circuit Court of Appeals ruled in August that six Catholic groups’ compliance with the Affordable Care Act policy did not violate the Religious

Freedom Restoration Act. Catholic News Service reported that the religiously based nonprofits included the Michigan Catholic Conference, the Diocese of Nashville, two orders of women religious and two Catholic Charities divisions. The groups still maintain that their religious freedom is impinged upon by the accommodation that allows them to send a letter stipulating that they will not provide contraceptive coverage.

One case that has yet to be decided is the Little Sisters of the Poor. In late August, the Tenth Circuit Court of Appeals decided that the sisters would not be subject to fines while the Supreme Court deliberated whether it would hear their case. One month earlier, the same court had ruled the sisters failed to prove that signing the exemption form would be a substantial burden on their freedom of religion, according to Catholic News Agency.

The Church and Healthcare

Catholic Hospital Agrees to Perform Sterilization

A CATHOLIC HOSPITAL IN SAN Francisco performed a tubal ligation for a woman who was scheduled to have a c-section at the facility. Originally, Mercy Medical Center, a subsidiary of Dignity Health, denied Rachel Miller’s request because sterilizations are forbidden by the US bishops’ Ethical and Religious Direc-

tives for Catholic Health Care Services.

Miller would have been forced to travel 160 miles to another facility covered by her insurance. The American Civil Liberties Union threatened Mercy with a lawsuit on the grounds that denying Miller the procedure amounted to sex discrimination. The hospital told the *San Francisco Chronicle* that “in general, it is not our practice to provide sterilization services at Dignity Health’s Catholic facilities,” but it would do so “on a case-by-case basis where a formal review by a committee of physicians and others permit the procedure.”

Elizabeth Gill of the ACLU of Northern California wrote in a blog post: “While this is certainly a win for Rachel, there remains a clear conflict between the best interests of patients and the directives of the Catholic hospital system” that “should not be allowed to claim religion as an excuse to discriminate or deny important health care.”

Schools Create New Policies on Catholic Identity

THE ONGOING DISPUTE OVER Catholic identity in schools has seen victories for both conservative and progressive sides.

In the Diocese of Springfield, Illinois, Bishop Thomas Paprocki instituted a new policy stipulating that parents of children enrolled in diocesan schools will be expected to meet with a pastor if they are “not living

in accordance with church teaching,” the Springfield *State Journal-Register* reported. In addition, families who support positions contrary to those of the hierarchy could trigger expulsion of the student.

A three-year bargaining agreement for teachers at four San Francisco Catholic schools was accepted by a narrow vote. After months of negotiations with Archbishop Salvatore Cordileone, the contract’s morality clause no longer referred to teachers as ministers but now reads that teachers “shall conduct themselves at all times during the performance of those duties in a manner in keeping with the standards of the Church,” Reuters reports.

Ted DeSaulnier, an executive member of the teachers’ union and a religion teacher at Archbishop Riordan High School, favored signing: “Our contract is not going to solve the conflict between a 2,000-year-old religious institution and the changing landscape of civil rights in the United States.”

The Archdiocese of Philadelphia has instituted a similar measure, a memorandum of understanding that parents will be required to sign for the 2015-2016 school year. According to *Philadelphia Magazine*, one clause reads that for “Catholic education ... its fundamental priority is fidelity to Catholic teaching and identity.”

St. Mary’s Academy in Portland, Oregon, rescinded an employment offer when it discovered

Lauren Brown lived openly as a lesbian. The school initially offered Brown a year’s salary for her silence, but Oregon Live reported that the school board later voted to institute equal employment opportunities for gay and lesbian applicants. A representative from the Archdiocese of Portland intimated to Oregon Public Broadcasting (OPB) that the school’s decision put it in violation of canon law and jeopardized its affiliation with the archdiocese. OPB also reported that school president Christina Friedhoff affirmed in an email to parents that St. Mary’s welcomes diversity in its faculty and students.

The Church and Abuse

Leader of Scotland’s Church Apologizes for Clerics’ Abuse of Children

ARCHBISHOP PHILIP Tartaglia, the top cleric in the Scottish Catholic church, offered a “profound apology” to victims of child abuse, as well as for the inadequate investigation and punishment of accused abusers. The announcement came in August after the publication of a report led by Andrew McLellan, former moderator of the General Assembly of the (Presbyterian) Church of Scotland, according to *CruX*.

The McLellan report made eight recommendations for Scotland’s bishops, including making “support for the survivors of abuse ...

an absolute priority for the Catholic Church in Scotland.”

Bishop Joseph Toal, president of the Bishops’ Conference of Scotland Catholic Safeguarding Service, said the church “fully accepted” the report’s recommendations, the *Catholic Herald* (UK) reported.

Milwaukee Archdiocese Settles with 330 Clergy Abuse Survivors

THE ARCHDIOCESE OF Milwaukee reached a \$21 million settlement with 330 survivors of sexual abuse, the *New York Times* reported in August. A \$500,000 fund was also established for therapy costs.

An additional 240 individuals whose claims were not substantiated will receive approximately \$2,000 each from a fund set aside by the beneficiaries of the settlement. Peter Isely, Midwest director of Survivors Network of those Abused by Priests, pointed out in the *Chicago Sun-Times* that after legal fees this would amount to an average of \$44,000 per person, compared to the average of \$300,000 nationwide.

In March, the Seventh Circuit Court of Appeals had settled a long-standing dispute over a cemetery fund sheltering \$55 million from the archdiocese’s bankruptcy proceedings, according to the *Wall Street Journal*. Subsequently, the archdiocese appealed this decision in a July petition to the US Supreme Court, the Associated Press reported.

The agreement was subject to review by a judge in November, will put an end to four years of bankruptcy proceedings and also protect the archdiocese from future abuse claims.

Other News:

Trento, Italy - Religion News Service reported that Rev. Gino Flaim, a parish priest in Trento, Italy, stated on the LA7 television channel: “Unfortunately, there are children that look for affection, because they don’t have it at home. And perhaps if they find a priest, he could also give in.” Flaim also said that pedophilia is a sin, but one that has “become accepted.”

The Archdiocese of Trento said in a press release that it “completely disassociates” itself from Flaim’s remarks. The priest has been suspended from duty in his parish and may not preach.

Vatican City - Jozef Wesolowski, a Polish former archbishop slated to face charges of child sexual abuse in a Vatican tribunal, died of a heart ailment in the Vatican City residence where he was on house arrest. Wesolowski, who was accused of abusing several minors while serving as nuncio to the Dominican Republic, was laicized last June, according to the *National Catholic Reporter*.

Minnesota - Curtis Wehmeyer, a former priest currently serving a five-year sentence for abuse in Minnesota, pleaded guilty to criminal sexual assault in

Wisconsin and has been sentenced to an additional three years in prison. Wehmeyer's misconduct was at the center of a lawsuit for "failing to protect children" filed by the Ramsey County attorney's office against the Archdiocese of St. Paul and Minneapolis, the *Minneapolis StarTribune* reported.

Missouri - David Clohessy, director of the Survivors Network of those Abused by Priests (SNAP), settled out of court with the Diocese of Jefferson, Missouri, for abuse committed by Fr. John Whiteley in the 1970s, reported the Jefferson (Missouri) *News Tribune*. Clohessy first lodged the complaint in 1991, but the state supreme court ruled the statute of limitations had passed. The agreement will give Clohessy \$40,000, rather than the \$200,000 requested, and comes with the understanding that he will not bring any further suits against the diocese or its personnel, according to the *National Catholic Reporter*.

New Jersey - Speaking to NJ Advance Media, Rev. Manuel Gallo Espinoza admitted that he made the "mistake" of having sexual contact with a teenager in 2003 but claimed that the alleged rape wasn't "anything [the teenager] didn't want." Gallo Espinoza was not questioned about the incident because he fled to his native Ecuador that year, but now he is being investigated by the Union County Prosecutor's Office, according to NJ.com.



A pharmacy in Madrid, Spain. A new refusal clause allows Spanish pharmacists to decide not to sell emergency contraception.

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as well as a Sevilla pharmacist's professed beliefs related to "the right to life," according to *El Mundo*.

Vatican Concludes Mandate for Leadership Conference of Women Religious

IN MAY, THE LEADERSHIP OF the Leadership Conference of Women Religious (LCWR) made a statement about the mandate that the Congregation for the Doctrine of the Faith had concluded the previous month. The statement praised Archbishop J. Peter Sartain for his role in bringing to a conclusion a "process ... made more difficult because of the ambiguity over the origin of the concerns raised in the doctrinal assessment report that seemed not to have basis in the reality of LCWR's work," according to the Global Sisters Report.

Polish Priest Fired, Then Suspended after Coming Out on Eve of Synod

THE DAY BEFORE THE START of the 2015 Synod on the Family, the Vatican fired Monsignor Krzysztof Charamsa after the theologian disclosed that he is gay and in a relationship to the Italian newspaper *Corriere della Serra*. Charamsa had worked at the Congregation for the Doctrine of the Faith since 2003. Less than three weeks later, the Associated Press reported that Charamsa was suspended by his home diocese of Pelplin, Poland. The punishment "can be reversed" depending on Charamsa's "future comportment." ■

Endnotes

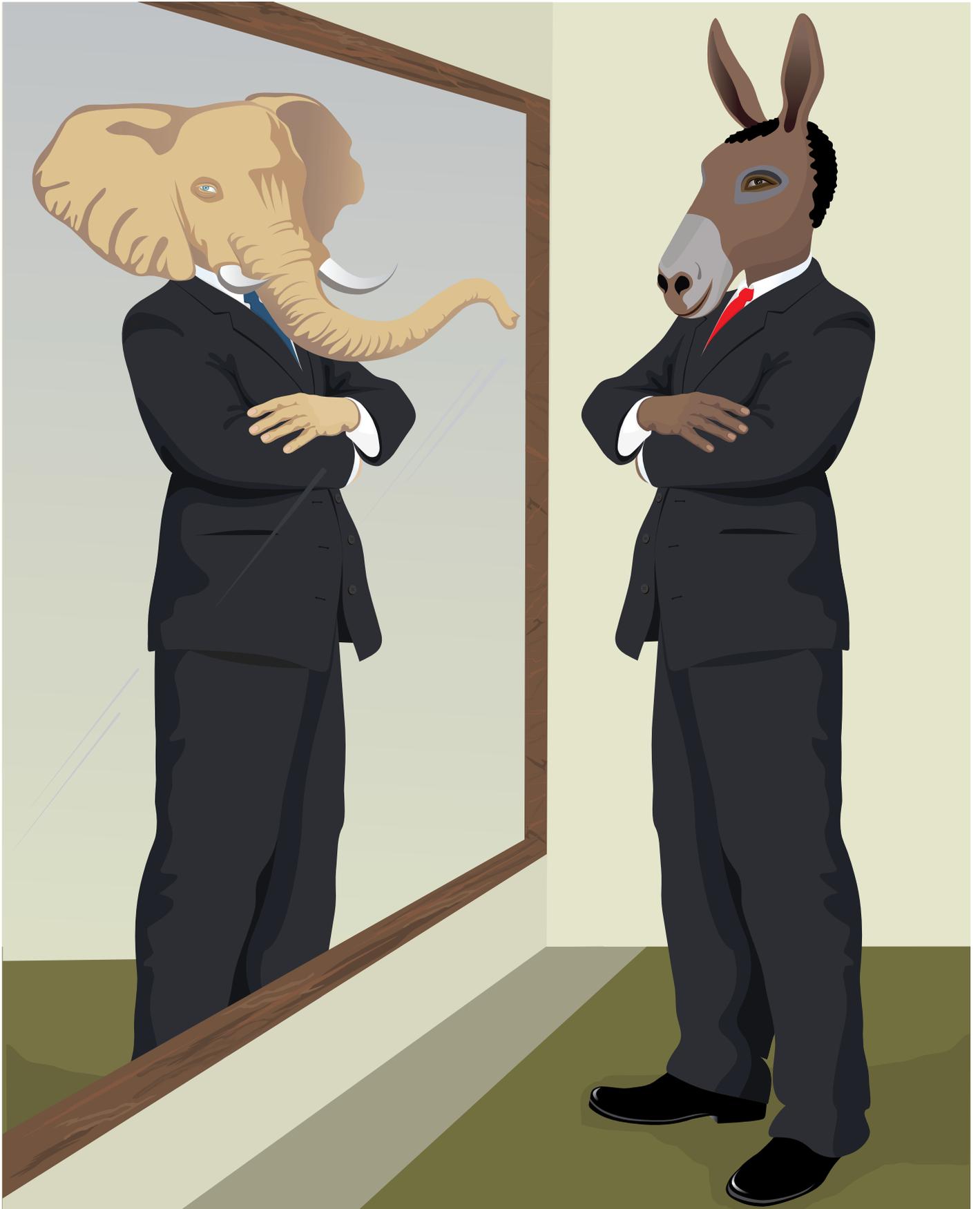
Cardinal Cipriani Banned from Newspaper for Plagiarism

IN AUGUST, CARDINAL JUAN Luis Cipriani, archbishop of Lima, was banned from the pages of the Peruvian newspaper *El Comercio* for two articles that plagiarized text from Pope Benedict XVI (then Cardinal Joseph Ratzinger) and Pope Paul VI. In a message to the newspaper, Cipriani admitted that clearer citations would have been preferable, but he said that papal statements were

part of church heritage and thus did not follow the usual rules of intellectual property.

Spain Allows Pharmacists Refusal Rights for Dispensing Emergency Contraception

IN JULY, SPAIN'S CONSTITUTIONAL Court granted refusal rights to pharmacists who expressed a conscientious objection to dispensing emergency contraception, *El País* reported. The decision was based on supposed "lack of scientific unanimity" over whether the morning-after pill was an abortifacient,



The Dirty Truth about the Politics of Publicly Funded Abortion

By Jon O'Brien

REPRODUCTIVE HEALTH ADVOCATES agree that the Hyde Amendment is the single most damaging policy in terms of US women's access to abortion services because it prevents low-income women from obtaining abortions and has spawned a host of similar restrictions on publicly funded abortion. The Guttmacher Institute estimates that one in four women enrolled in the Medicaid program who wants to terminate a pregnancy can't obtain an abortion because of the Hyde Amendment. Despite the damage done by Hyde and its progeny, politicians of all stripes have consistently whiffed when it comes to repealing Hyde, putting politics over women's lives again and again—as the sorry political history of public funding of abortion shows.



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president of *Catholics
for Choice*.

It took only a few years for the exuberance over the *Roe v. Wade* decision to subside into the realization that, even with a constitutionally protected right to abortion, women's access could still be threatened by other avenues—especially if they lacked the resources to afford an abortion. The Catholic hierarchy and its antiabortion allies tried in the years immediately after *Roe* to get Congress to pass a constitutional amendment to ban abortion, but they failed to win popular support for the measure—even from Catholics. In 1976, Robert Lynch, head of the National Committee for a Human Life Amendment (NCHLA), the Catholic bishops' antiabortion lobby, admitted that the “overwhelming majority of Catholics” were apathetic about recriminalizing abortion.

So, opponents of legal, safe abortion sought another route to circumvent popular support for abortion rights. Henry Hyde, a first-term conservative Catholic congressman from Illinois, introduced an amendment to the 1976 Labor/Health and Human Services Appropriations Bill to ban the use of federal funds to pay for

abortion. The rider cut off funding for abortion under the Medicaid program, meaning that low-income women would no longer have access to abortion. At the time, 300,000 abortions—one-third of all legal abortions—were being funded by Medicaid.

It was the beginning of a strategy to chip away at abortion access by any means possible, as Hyde himself admitted in a congressional debate:

“I certainly would like to prevent, if I could legally, anybody having an abortion, a rich woman, a middle-class woman, or a poor woman. Unfortunately, the only vehicle available is the ... Medicaid bill.”

Advocates of legal abortion were taken off guard, and the bill passed the Democratically controlled House of Representatives. The Senate, which was also controlled by Democrats, initially refused the amendment. But senators acquiesced when an exception was added for the life of the woman, believing that the Supreme Court would strike down the measure.

When the court upheld the funding restrictions, prochoice forces mobilized

to stop it from passing again in 1977. The result was a six-month standoff in Congress over the amendment, as opponents, including Democratic senator Birch Bayh and Republican senator Bob Packwood, battled Hyde and his allies. Hyde worked closely with Mark Gallagher of the NCHLA to lobby Republicans and Democrats on the conference committee deciding the fate of the bill (eight of the 11 conferees were Catholic). “Every time the Senate conferees make a compromise offer, Mr. Gallagher quietly walks to the conference table to tell a staff aid to the 11 House conferees whether the proposal is acceptable to the bishops. His recommendations invariably are followed,” the *New York Times* reported.

In addition to the influential lobbying of the NCHLA, the Hyde Amendment also received a boost from Democratic president Jimmy Carter, who was opposed to abortion despite his party’s official support for abortion rights. During his third debate with President Gerald Ford in 1976 he said, “I personally don’t believe that the Federal Government ought to finance abortions.”

When asked the following year in an NBC interview whether it was fair that poor women would be denied abortions, Carter replied that “there are many things in life that are not fair; that wealthy people can afford and poor people can’t.” According to Harvard Law professor Laurence Tribe, Carter’s support of the Hyde Amendment was pivotal: “By sending approving signals on the Hyde Amendment ... the Carter White House did much to legitimize what had not previously been established as a legitimate political position.” Even for those who generally supported legal abortion, backing the Hyde Amendment was a way to demonstrate their moderation on the issue while acknowledging a “growing anti-welfare sentiment,” notes Tribe.

Facing an ascendant prolife movement and a president who backed funding restrictions, the best the Senate could do was get an amendment with exceptions for the life of a woman; for health conditions in which two doctors certified that the woman faced



Rep. Henry Hyde and New York Cardinal John O'Connor are pictured at an antiabortion rally near the White House in 1990.



“I personally don’t believe that the Federal Government ought to finance abortions.”

— Former US president Jimmy Carter

“severe and long-lasting” damage; and in cases of rape and incest that were reported to law enforcement authorities. But even these limited exceptions were dropped when President Ronald Reagan and the increasingly antichoice Republican Party took control of the White House and Senate in 1980, leaving life endangerment as the sole exception.

With the Religious Right and social conservatives on the political offensive, Hyde-like restrictions were placed on a variety of programs that received public funding: the TRICARE health insurance program for military members and their

dependents in 1979, and Peace Corps volunteers the same year; the Federal Employees Health Benefits Program in 1983; women in federal prisons in 1987; and poor women in the District of Columbia in 1989. Even Native American women receiving care through the Indian Health Service weren’t exempt. Prochoice forces in Congress tried several times during the administration of George H. W. Bush to add exceptions for rape and incest, but Bush vetoed the measures.

It wasn’t until Bill Clinton was running for the presidency that a serious effort was made to reverse the Hyde Amendment. As the Democratic candidate, Clinton campaigned on making abortion “safe, legal and rare.” But he also promised during the campaign to get rid of the Hyde Amendment. With control of the House and the Senate, it finally seemed that the 16-year-old amendment might be banished when Clinton announced plans to put forth a budget that didn’t include the amendment. But the effort failed when Henry Hyde shrewdly rounded up enough Democrats to support a slightly less restrictive version of the amendment that allowed federally funded abortion in cases of rape and incest, as well as life endangerment. “I didn’t think the votes were there anymore for a straight ban on abortion funding,” acknowledged Hyde.

In 1997, when the Democrats lost control of Congress, the Republican Congress adopted language applying the Hyde Amendment to Medicaid managed-care plans and to the State Children’s Health Insurance Program. The following year, it applied the Hyde Amendment to Medicare, banning federally funded abortions for disabled women except in cases of life endangerment, rape or incest.

The Republican-controlled Congress also narrowed the life exception in 1997 to cases “where a woman suffers from a physical disorder, physical injury, or physical illness, including a life-endangering physical condition caused by or arising from the pregnancy itself, that would, as certified by a physician, place the woman

in danger of death unless an abortion is performed,” creating the version of the Hyde Amendment that’s still in effect.

With the dawn of the 21st century, there was little hope that the Hyde Amendment would be overturned. There was no question that GOP candidate and Texas governor George W. Bush would rebuff any efforts to overturn federal funding restrictions. But Democratic nominee Sen. Al Gore was also a longtime supporter of the Hyde Amendment. As a congressman from 1977 through 1984, he repeatedly opposed Medicaid financing of abortions for poor women, a stance he maintained as senator. According to the *New York Times*, in 1987 he wrote to a constituent: “During my 11 years in Congress, I have consistently opposed federal funding for abortions. In my opinion, it is wrong to spend federal funds for what is arguably taking of a human life.”

As the election approached, Gore tried to have it both ways on abortion funding restrictions, downplaying his previous support for the Hyde Amendment while at the same time prevaricating on his current position. As William Saletan notes:

“[Gore] ducked a *Des Moines Register* survey question about abortion funding. An aide said Gore had long opposed the practice because ‘government should not be involved in those decisions.’ While Gore’s media advisor claimed that Gore endorsed Medicaid-funded abortions, his press secretary said that Gore supported current law allowing Medicaid to pay for the procedure in cases of rape or incest. That language, while allowing liberals to infer that Gore would go further, suggested to conservatives that he wouldn’t.”

Once in office, Bush further tightened the Hyde Amendment by issuing an executive order that stipulated that Hyde restrictions applied to RU-486, the medical abortion pill, under the Medicaid program.

Similarly, in the election of 2004, there was little movement on Hyde.



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“During my 11 years in Congress, I have consistently opposed federal funding for abortions.”

— Former US representative Al Gore



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“We’re not going to spend taxpayers’ money on abortion. This is an issue that divides America, but certainly reasonable people can agree on how to reduce abortions in America.”

— Former US president George W. Bush (Bush-Kerry debate, Oct. 8, 2004)

Democratic nominee Sen. John Kerry opposed the Hyde Amendment and had consistently voted against it. But he was dogged by criticisms from prominent Catholic bishops that good Catholics couldn’t vote for him because of his pro-choice stance, and pressured from some

in the Democratic Party to take a moderate stance on abortion, so he didn’t make overturning Hyde a priority.

It wasn’t until Sen. Barack Obama ran for president in 2008 that a Democratic candidate again made Hyde a campaign issue. Obama said he supported eliminating the Hyde Amendment; in a reproductive health questionnaire for RH Reality Check, his staff provided the following answer to the question of whether he supported the Hyde Amendment:

“Obama does not support the Hyde Amendment. He believes that the federal government should not use its dollars to intrude on a poor woman’s decision whether to carry to term or to terminate her pregnancy and selectively withhold benefits because she seeks to exercise her right of reproductive choice in a manner the government disfavors.”

But once in office, Obama backed down from attempts to roll back Hyde, as well as other proactive prochoice initiatives like the Freedom of Choice Act, as he directed his political capital towards passage of a national healthcare reform plan. Obama had said that any national health plan he developed as president would include “all essential services, including reproductive health care,” which his staff confirmed included abortion. But the issue took an ominous turn when the US Conference of Catholic Bishops and its allies began demanding Hyde-like restrictions on abortion services in any basic benefits package or public plan, advocating that health reform remain “abortion neutral.”

With the bishops lobbying fiercely on the issue and ginning up concern among allies on the Christian Right, Obama caved. In a July 2009 interview with *CBS Evening News*, he cast abortion coverage—not as an essential health service—but a political distraction:

“As you know, I’m pro-choice. But I think we also have a tradition of, in this town, historically, of not financing abortions as part of government funded health care.

Rather than wade into that issue at this point, I think that it's appropriate for us to figure out how to just deliver on the cost savings, and not get distracted by the abortion debate at this station."

By the fall, Obama officially announced that healthcare reform would maintain the ban on federal funding. Other Democrats signed on to the "status quo" position. "I also think in this bill it's important to keep a firewall between private funds and public funds, and that's been my position. In other words, keep the status quo," said Sen. Barbara Boxer of California, according to Catholic News Service.

But even that wasn't enough to mollify critics of the plan. Democratic congressman Bart Stupak rounded up a bloc of 40 prolife Democrats who refused to vote for Obama's reform plan unless it contained a measure preventing any federal subsidy money from going to private health plans that offered abortion coverage—even if the coverage was paid for with private funds. This would effectively force plans that wanted to participate in health insurance exchanges to drop abortion coverage.

Both Democratic and Republican opponents of abortion argued that it was impossible to adequately segregate public and private funding streams. "[T]he plan itself will be subsidizing abortion on-demand, with taxpayer funding commingled," Republican congressman Chris Smith of New Jersey remarked to the *Weekly Standard*.

House Democratic leaders acquiesced to the Stupak Amendment to ensure passage of the healthcare reform plan. When the Senate refused to go along with the measure, Obama broke the stalemate by issuing an executive order stipulating that no federal funds could go to abortion services "consistent with a long-standing Federal statutory restriction that is commonly known as the Hyde Amendment" and requiring the segregation of public and private funds paid into exchange plans.

Reproductive health advocates argued that the outcome was disastrous for

women's reproductive health, as it effectively normalized Hyde restrictions throughout the healthcare system. "Compounding this specific policy loss was the profound ideological loss of normalizing the exclusion of abortion from health insurance," noted scholar and activist Marlene Gerber Fried.

I said at the time, "The Congressional Democratic leadership allowed the anti-choice lobby to amend the final legislation with the result that it will be almost



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"I oppose abortion, personally. I don't like abortion. I believe life does begin at conception."

— Former US senator John Kerry
(*Washington Post* quoting an interview with the *Iowa Telegraph Herald* in July 2004)

impossible to get coverage for abortions, even with one's own money. The Democratic Party has a prochoice platform, yet its leaders chose to deal away women's rights to pass a law that is supposed to improve healthcare."

With the Hyde Amendment coming up on its 40th anniversary, this very longevity, resulting from lawmakers' failure to take a principled stand against the policy, gives it a continued legitimacy. Gerber Fried writes that the "persistence of the Hyde Amendment" has "created a series of disastrous roadblocks to inclusive reproductive health coverage in other legislation."

In 2012, when the Republican-controlled Congress and Obama were

locked in a showdown over the budget, the administration again threw poor women under the bus, agreeing to the Republican demand that Medicaid funding for abortions in the District of Columbia again come packaged with Hyde restrictions—restrictions that Obama had just overturned. "John [Boehner], I will give you D.C. abortion. I am not happy about it," said Obama, according to the *Washington Post*.

And it wasn't just DC. Inspired by the success in limiting access to abortion under the Affordable Care Act (ACA), a number of states have moved to extend Hyde-like limitations to private coverage of abortion. Today, half of all states restrict abortion coverage in plans offered through the state insurance exchanges created by the ACA to some combination of Hyde restrictions, according to the Guttmacher Institute.

And in the spring of 2015, congressional Republicans attempted to add restrictions to an anti-human trafficking bill that would prevent a special victims fund not financed by taxpayers from being used for abortion. "The application of the Hyde Amendment when zero taxpayer dollars are involved is unprecedented. It represents a very significant change in federal policy," noted Sen. Patrick Leahy of Vermont in a floor speech.

The eventual compromise of splitting the fund into two streams—taxpayer money and criminal fines paid by traffickers—prevented the expansion of the Hyde Amendment into new funding streams. But it maintained the abortion limitations on trafficking victims' healthcare received through community health centers, demonstrating once again that when it comes to Hyde politics, the only winners are politicians, and the real losers are some of the nation's most vulnerable women.

The history of Hyde tells a clear and sorry story. Unless those of us from the reproductive health community recommit to fearless advocacy on this issue, we will not foster or develop the sort of brave political leaders we so badly need to champion the end—once and for all—of Hyde. ■

TWO CATHOLIC THEOLOGIANS

Public Funding for Abortion and Poor Women

CATHOLIC PRINCIPLES OF JUSTICE



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Sheila Briggs

MY ARGUMENT HERE IS that, *even if you oppose abortion as morally wrong*, there are still sound ethical and theological grounds for supporting its public funding. At stake are two ancient but also controversial areas of Catholic teaching. One is the autonomy of a moral order that evolves out of the physical conditions of

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human life and the processes of human history. The second is the autonomy of secular government.

The church has had a hard time coming to terms with modern secular democracy, the target of several condemnations by Pope Pius IX in the *Syllabus of Errors* of 1864. In the 20th century, many in the church sought to revise this view. Among them was Fr. John Courtney Murray in the United States, who argued not only for the recognition of religious liberty, but also for the historical experience of modern democratic society as a new insight into moral truth.

Finally, several documents stemming from Vatican II, including *Gaudium et spes* (The Pastoral Constitution on the Church in the Modern World), seemed to recognize democratic freedoms and see the church working in partnership with modern secular society to create a better world.

Nonetheless, in subsequent decades the church hierarchy has not really seen the modern state as an autonomous moral

agent and the democratic state as the collective agent of its citizens. Public policy therefore becomes an arena in which the church expects Catholics to advocate for and to implement the moral teachings of the church. However, the moral teaching of the church is not seen as emerging out of its engagement in the public square. At most, particular social and historical contexts call for specific applications of what is an unalterable core of moral teaching.

At the time of Vatican II and in later decades, this static view of church teaching was challenged by many theologians and some bishops. But, subsequently, it was reaffirmed in two sets of official church documents. One was a stream of pronouncements on gender and sexuality, starting with *Humanae Vitae* in 1968, that said that the church's teaching in these areas could never be changed. On the basis of these official statements, local Catholic hierarchies launched campaigns against the legalization of contraception, abortion, divorce and homosexuality and, where these

were or became legal practices, pushed for restrictions upon them.

The second series of documents took aim at those who questioned the theological validity of what seemed to many a dangerous trend: treating every exercise of the magisterium—the teaching authority of the church—as *as if it were infallible*. The disconcerting response of the church was that, although not infallible, its moral teachings were to be accepted as “definitive” and were not to be publicly challenged. Qualified experts might make their reservations known discretely and humbly to the hierarchy. This line of thought culminated in the 1993 encyclical *Veritatis Splendor* and severely restricted any concept of an autonomous moral order that was accessible to the conscience of any person without the guidance of the church.

Although the church denies modern secular democracies moral autonomy, it is eager to accept the public funds that these distribute for social welfare. The church has developed the principle of *subsidiarity* that states that government should fund those social bodies that already deliver such services instead of creating its own provision. This principle then becomes the moral justification for the extensive presence of the church in healthcare in many wealthy countries. This has a devastating effect on women’s reproductive health services because church-run hospitals are exempt from delivering services that conflict with church teaching. As a stakeholder in public health the church’s teaching gains far more traction than other antichoice ideologies.

Indeed, the only areas in which the church’s moral teaching receives wider public attention are gender and sexuality. Preventing the public funding of abortion becomes a measure of and bulwark for the enduring social influence of the church. The church never risks testing its political clout in other areas by calling for those in public office to oppose the funding of what it considers morally wrong—for instance, unjust wars. Abortion becomes the issue on which the public moral voice of the church stands

or falls. Magisterial authority becomes entwined with political survival.

The church’s flawed theological claim to be the sole reliable interpreter of the moral order is thus combined with considerations of political expediency. To allow for the public funding of abortion—*whether you consider abortion ethically acceptable or not*—is to recognize the autonomy of the secular government. The modern secular state is not left in a moral vacuum if its public policy decisions do not conform to the rigidly ahistorical standard of official Catholic teaching. It can rely on

the conscience of its citizens to seek what the shape of the moral order has become in their time and place.

Such moral discernment takes place in the public square. It is never perfect, but all the gains in justice and equality in the last 250 years have resulted from the debates and battles waged there. The church’s clinging to its supreme moral authority, particularly on gender and sexuality, not only cuts women off from the funding they need for their reproductive health, but also the church off from the moral history of humanity. ■



Rosemary Radford Ruether

THE HYDE AMENDMENT, PASSED by Congress in 1976, limited abortion funding through Medicaid except in cases of rape and incest and when the pregnancy threatens a woman’s life. This ruling disproportionately affects poor women, who are more dependent on Medicaid for healthcare coverage. In this article, I argue that Catholic principles of social justice should support public funding for abortion based on our faith’s belief in justice for the poor. I base this view on the following line of argument.

I start with the founding principle that reproductive rights are intrinsic to women’s healthcare. Women need to control their sexuality and reproduction to

ensure that they can choose when and under what circumstances they become pregnant and give birth. The ideal way to do this is through adequate birth control available to all women throughout their fertile years.

However, when birth control fails—through inadequate contraception, unchosen sex or other reasons—and results in an unwanted pregnancy, all women have a right to choose abortion and have the means to obtain it. Abortion has generally been available to women of means. Poor and more uneducated and socially oppressed women are often denied the economic and social means of obtaining an abortion. They are thus more likely to be put in the position of having an unchosen birth for which they are unable to care adequately. This is a fundamental injustice to these less privileged women.

Societies have a responsibility to make abortion available to all women as intrinsic to their right to control their reproduction. To do this, societies need to modify laws such as the Hyde Amendment so that public funding is made available to fund abortions for poor and oppressed women, and to make information and education on abortion available to all women.

Thus, it is appropriate for organizations like Catholics for Choice to seek to reform American laws so that abortion is funded by publicly funded healthcare, such as Medicaid, and abortion is available to poor women dependent on public funding for their healthcare. ■

ROSEMARY RADFORD RUETHER is an emerita member of the Board of Directors of Catholics for Choice. She is a pioneer in the field of feminist theology and a visiting professor of feminist theology at Claremont Graduate School and has held numerous academic appointments in her long career.

How Hyde Hurts Women

By Marisa Spalding

THIS SUMMER, AFTER A SERIES of deceptive undercover videos falsely claimed to show Planned Parenthood staff selling fetal tissue, conservative lawmakers in Congress threatened to shut down the government over any federal budget that included funding to the healthcare provider. While the political debate over abortion continues, for many women, Planned Parenthood is their only option for reproductive healthcare, including birth control, screenings for sexually transmitted infections (STIs), cancer screenings and treatment and abortion. Political posturing against Planned Parenthood and ideological opposition to abortion cloud the root issues of reproductive health inequities and distract from poorer health outcomes based on sex, race and class marginalization that have persisted for decades.

Professor and public health scholar Margaret Whitehead described health inequities in “Concepts and Principles for Tackling Social Inequalities in Health,” her groundbreaking 1990 paper, as “differences [in health] which are unnecessary and unavoidable but, in addition, are also considered unfair and unjust.” Since Whitehead published her paper, ideological opposition to reproductive healthcare—specifically, abor-



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“I certainly would like to prevent, if I could legally, anybody having an abortion: a rich woman, a middle-class woman, or a poor woman. Unfortunately, the only vehicle available is the ... Medicaid bill.”

—Rep. Henry Hyde of Illinois, chair of the House Judiciary Committee, pictured in 1998

tion—has grown and contributed to widening disparities.

HYDE: ‘A CRUEL BLOW’

For a short time after abortion was legalized by the Supreme Court in *Roe v. Wade*, Medicaid did not distinguish between coverage for abortion and other medical services. Then emerged the Hyde Amendment—the epitome of social, economic and reproductive health injustice facing low-income women and women of color. The Hyde Amendment prohibits Medicaid coverage of abortion services except in the

most dire circumstances—pregnancies from rape or incest or that endanger the life of the woman. Rep. Henry Hyde of Illinois intended that his rider to the annual appropriations bill for the Departments of Labor, Health, Education and Welfare (now known as the Department for Health and Human Services) would discriminate against low-income women.

Once the Hyde Amendment went into effect, abortion coverage was eliminated except in very limited circumstances, leaving a disproportionate number of low-income women and women of color

struggling to get by. Passage of the Hyde Amendment was one of the first major blows to abortion access post-*Roe*, setting a precedent that dispatched a flurry of abortion restrictions in its wake.

In the landmark case *Harris v. McRae*, a closely divided Supreme Court upheld the constitutionality of the Hyde Amendment. Justice Thurgood Marshall, the court's first African American justice, wrote in his dissent:

“The Court’s opinion studiously avoids recognizing the undeniable fact that, for women eligible for Medicaid—poor women—denial of a Medicaid-funded abortion is equivalent to the denial of legal abortion altogether. By definition, these women do not have the money to pay for an abortion themselves....

Because legal abortion is not a realistic option for such women, the predictable result of the Hyde Amendment will be a significant increase in the number of poor women who will die or suffer significant health damage because of an inability to procure necessary medical service.... The Court’s decision ... represents a cruel blow to the most powerless members of our society.”

Restrictions on Medicaid coverage for abortion serve only to deepen the economic divide between the haves and the have-nots. As Justice Marshall predicted, some women can afford an abortion, whereas other women, inordinately low-income and women of color, struggle to make ends meet. The Hyde Amendment further compounds the reproductive oppression of low-income women and women of color. Abortion is a common occurrence, with one in three women having an abortion in her lifetime. But with the focus of abortion discourse so squarely on ideology and politics, it becomes easy to lose sight of reproductive healthcare within the broader context of women’s lived experiences.

WHEN ABORTION IS OUT OF REACH

Prohibiting Medicaid coverage of abortion harms the health and well-being of low-income women and women of color.

Some women must delay their treatment until it is much more costly and medically complicated while they scrape together the money for the procedure. They may have to divert money for rent, their children or food, or even sell their belongings to afford abortion care. According to a study by Rachel K. Jones and Megan L. Kavanaugh of the Guttmacher Institute, approximately 42 percent of abortions occur among low-income women living below 100 percent of the federal poverty level (FPL), and 69 percent of abortions occur among women below 200 percent of the FPL (\$20,090 and \$40,180, respectively, for a family of three in 2015). The same study found that approximately 60 percent of women who obtain an abortion are already mothers, with more than 30 percent already having two or more children.

Some women may be unable to come up with the money for an abortion and are instead forced to continue the pregnancy. Approximately 18 to 37 percent of women on Medicaid who would otherwise have gotten an abortion are forced to continue a pregnancy due to the lack of coverage. Researchers at the University of California San Francisco found in the Turnaway Study that a woman who is denied abortion care is three times more likely to slip into poverty than a woman who is able to get an abortion.

FALLING THROUGH THE MEDICAID SAFETY NET

Hyde is one among many attacks on the safety net that contribute to persistent health disparities and lack of access to quality healthcare for underserved women. Many states still refuse to expand the Medicaid program under the Affordable Care Act (ACA), which would provide coverage for more low-income adults. States—largely concentrated in the South, including Alabama, Georgia, Louisiana, Mississippi and Texas—have publicly declared their opposition to Medicaid expansion. Political opposition to the healthcare law and Medicaid expansion—often based on distortions of the facts—disproportionately harms

low-income people of color. For example, approximately 34 percent of the almost three million uninsured African American adults who would otherwise be eligible for Medicaid fall in the “coverage gap” (meaning they make too much to qualify for Medicaid and too little to be eligible for premium tax credits to purchase marketplace coverage).

Under the ACA, the federal government assumes 100 percent of the cost for Medicaid expansion to newly eligible individuals for the first three years and no less than 90 percent of the cost thereafter. The Center on Budget and Policy Priorities estimates that the federal government will pay approximately 95 percent of Medicaid expansion costs over the next 10 years (2016–2025). And yet, Mississippi governor Phil Bryant told the Associated Press why he chose not to expand Medicaid: “For us to enter into an expansion program would be a fool’s errand.... I mean, here we would be saying to 300,000 Mississippians, ‘We’re going to provide Medicaid coverage to you,’ and then the federal government through Congress or through the Senate, would do away with or alter the Affordable Care Act, and then we have no way to ... continue the coverage.”

Three states—Alabama, Arkansas and Louisiana—have already taken action to cut Medicaid funding to Planned Parenthood as a result of doctored videos released late this summer. In Arkansas, Gov. Asa Hutchinson ordered the state Department of Human Services to terminate its Medicaid contract with the organization. The state reported that Planned Parenthood received approximately \$51,000 in Medicaid payments during the last fiscal year to pay for family planning and gynecological services, not including abortion. However, as of this writing, a federal judge has temporarily prevented Arkansas from excluding Planned Parenthood from the state Medicaid program. Planned Parenthood has also taken Alabama governor Robert Bentley’s administration to court over his decision to end Medicaid payments to two of their clinics in the state. Alabama has provided less

than \$5,000 in Medicaid funds to Planned Parenthood over the last two years, and this money went to cover contraception and other preventive healthcare for Alabama women.

Louisiana governor Bobby Jindal joined in, stating that “Planned Parenthood does not represent the values of the people of Louisiana and shows a fundamental disrespect for human life.” Never mind that Planned Parenthood provided healthcare to more than 5,200 women in Louisiana, that nearly one in five women in the state is uninsured or that Louisiana ranks sixth in the nation for cervical cancer deaths—many of which could be prevented by the screening and treatment that Planned Parenthood provides, according to Steve Spires of the Louisiana Budget Project. The very services that Planned Parenthood delivers address some of the most pronounced health disparities in Louisiana.

Alabama, Arkansas, and Louisiana rank among those with the highest poverty rates, with almost one-fifth of the population living below the poverty line in 2013, according to census data. They also generally fare poorer on key health indicators among many underserved communities. The Medicaid payments that they are seeking to withhold from Planned Parenthood represent only a small fraction of what is likely needed to address the unmet healthcare needs of low-income communities and people of color within these states, but these populations need a greater investment in their health, not less.

POORER HEALTH OUTCOMES

Health coverage matters. Low-income women and women of color consistently have poorer reproductive health outcomes than their white counterparts, and these disparities are only exacerbated by Hyde and other abortion restrictions:

- According to Centers for Disease Control and Prevention (CDC) statistics, women of color experience unintended pregnancy at twice the rate of their white counterparts, with rates generally higher in the South.
- According to the CDC, of all new diagnoses of HIV infections among women in the United States, 64 percent were African American women. In addition, according to a joint report to the United Nations Committee on the Elimination of Racial Discrimination from the Center for Reproductive Rights, African American women die during childbirth at a rate three to four times that of their white counterparts. Not coincidentally, many of the states with the highest maternal mortality rates and number of new HIV infections are concentrated in the South—the same states refusing to expand their Medicaid programs under the ACA.
- Though there is a paucity of data, the CDC has found that American Indian and Alaska Native (AI/AN) women suffer from intimate partner violence and sexual assault at rates far exceeding women of other racial and ethnic groups. Nearly half of all AI/AN women have experienced rape, physical violence and/or stalking by an intimate partner. Yet reproductive healthcare from the Indian Health Service follows similar restrictions as the Hyde Amendment—or may even be more restrictive, according to a 2014 article in the *American Journal of Public Health*.
- Lawfully present immigrant women are explicitly denied access to Medicaid coverage for at least five years. The CDC has found that Latina women are 45 percent more likely to be newly diagnosed with cervical cancer, which is largely preventable with early screening and treatment, and 40 percent more likely to die from the disease than white women.
- Screening rates of Pap tests among Asian/Pacific Islander women are disproportionately low, with one study estimating that only 35 percent of women of Chinese, Vietnamese, Korean or Cambodian descent report having had a Pap test. A study led by Victoria M. Taylor found that cervical cancer disparities are particularly pronounced among Vietnamese American women,

who are over five times more likely to be diagnosed with invasive cervical cancer than their white counterparts.

As Florida representative Lois Frankel pointed out, the movement to defund Planned Parenthood failed to grasp how big of an impact the organization has on women’s lives: “If you want to have a truthful debate, then let’s talk about the 400,000 Pap smears, the 500,000 breast exams, the 4.5 million STD and HIV tests that Planned Parenthood does each year.”

FOCUSING ON THE ‘INVISIBLE’

All women need access to comprehensive reproductive healthcare that is patient-centered and evidence-based. Abortion coverage is reproductive healthcare just like contraception, maternity care and STI screenings—and it should be available to all individuals regardless of income or socioeconomic status. Abortion must be considered within the context of a seamless continuum of a woman’s reproductive healthcare across her lifespan. Anything less only jeopardizes her health and can push her deeper into poverty.

Repealing the Hyde Amendment is one of the most pressing public health and economic justice issues of our time. Although efforts to erode women’s access to abortion and comprehensive reproductive healthcare show no signs of abating, it is encouraging that Rep. Barbara Lee (D-CA) and other women’s health champions in the House introduced the Equal Access to Abortion Coverage in Health Insurance (EACH Woman) Act. This bill would put an end to discriminatory abortion coverage restrictions like Hyde and instead allow a woman to make personal healthcare decisions that are best for herself and her family.

As the debate over abortion continues, advocates for social justice and health equity must not allow the most underserved and marginalized communities who will be most harmed by these destructive policies to be left out of the conversation or—as race and gender scholar and professor Kimberlé Crenshaw puts it—“invisible in plain sight.” ■



**WE WANT YOU
TO HELP US DISCRIMINATE**

..... **WHETHER YOU ARE CATHOLIC OR NOT:**

Asking you to join a discrimination campaign sounds outrageous. Yet the United States Conference of Catholic Bishops will launch a campaign this Sunday that we believe promotes just that: discrimination. Though the bishops call it a “Fortnight for Freedom,” make no mistake: The bishops’ idea of religious freedom is the freedom to discriminate against anyone who disagrees with them.

THE BISHOPS ARE LOBBYING FOR SPECIAL EXEMPTIONS FROM STATE AND FEDERAL POLICIES—

even policies here in Washington, DC—that would allow their business interests to:



FIRE A WOMAN WHO WORKS AT A CATHOLIC DIOCESE FOR USING IVF TO HAVE A BABY

FIRE A TEACHER AT A CATHOLIC SCHOOL FOR MARRYING A SAME-SEX PARTNER

BLOCK AN EMPLOYEE AT A CATHOLIC-AFFILIATED ORGANIZATION FROM GETTING BIRTH CONTROL THROUGH INSURANCE

USE TAXPAYER DOLLARS TO PROVIDE SERVICES TO THOSE LIVING WITH HIV, BUT REFUSE TO PROVIDE CONDOMS

TAKE TAXPAYER DOLLARS TO WORK WITH VICTIMS OF SEX TRAFFICKING WITHOUT PROVIDING EMERGENCY CONTRACEPTION OR EVEN A REFERRAL TO ANOTHER DOCTOR

WE BELIEVE THAT THIS IS DISCRIMINATION WRAPPED IN A FALSE FLAG OF FREEDOM

★ ★ REAL FREEDOM ALLOWS ALL OF US—RELIGIOUS AND NONRELIGIOUS—TO FOLLOW OUR OWN CONSCIENCES. ★ ★

At *Catholics for Choice*, we represent the majority of Catholics who reject discrimination. We placed this notice because we support birth control and reproductive choice, we believe in the rights of LGBT people and we do NOT support discrimination.

..... **WHETHER YOU ARE CATHOLIC OR NOT:**

THIS IS ABOUT YOU

★ ★ ★ **IT'S ABOUT YOUR SISTERS, BROTHERS, NEIGHBORS, FRIENDS AND COLLEAGUES** ★ ★ ★
WE ALL NEED TO STAND AGAINST THE USE OF OUR TAXPAYER DOLLARS TO FUND DISCRIMINATION

WHAT CAN YOU DO?

Catholic or not, if your idea of freedom is to stop discrimination, join us to support REAL religious liberty. Let your political representative know that discrimination is wrong, no matter who is asking.

.....

CATHOLICS
FOR
CHOICE

.....

..... > *Join us at catholicsforchoice.org* <

My Own Public Funding Story

By Sara Hutchinson Ratcliffe



An unemployed single parent in her 30s coping with health issues and economic difficulties, Ms. Ratcliffe's mother (pictured with Sara circa 1973) often struggled to make ends meet.

THE PUBLICLY FUNDED SAFETY net programs available in this country are meant to sustain our community's commitment to one another. Programs like Medicaid and Medicare help

ensure healthcare is not only available to those with means. My family's story illustrates how social assistance and health programs can make the difference in several lives and serve the purpose of social justice.

My parents' early experiences were fairly typical for those coming of age in the decades after WWII. Both descended from first- or second-generation immigrants hailing from Ireland, Scotland and Austria. They were raised in Midwestern Catholic families—one in a

working-class family struggling in a small town in Nebraska, and the other in a typical middle-class family in the near suburbs of Illinois. Going to high school in the post-Kennedy era, and spurred by their Catholic values, they made their way in the world with a commitment to social justice and an eye toward service to their community, country and faith. Married the same weekend they graduated college, my parents went on to seek careers in education and to pursue advanced degrees. They



SARA HUTCHINSON RATCLIFFE is domestic program director at *Catholics for Choice*.

had made a commitment to do the best they could to care for themselves, their family and others. This meant my mother and father often went out of their way to give, even when they had little to offer.

AN UNEXPECTED ILLNESS

After my parents divorced in the mid-1970s, my father's journey took him down a fairly successful path for nearly 30 years. Still, in the last decade of his life, we relied on public health and assistance programs to help him through the financial difficulties that befall hundreds of thousands of Americans every year.

After a successful 25-year career as an executive in the educational publishing industry, my father began struggling with memory problems. He had left his job to start his own company and was

care and with too many assets to be eligible for Medicaid, the cost of his care nearly bankrupted him in the years to come. We cared for him privately for several years, which meant his life savings were depleted as a result. Finally, due to his inability to work, my father was eligible to collect Social Security Disability Insurance, which helped pay his daily expenses. After the mandatory two-year waiting period, he was able to enroll in Medicare.

As difficult as it was for both my father and our family to accept, once his savings were gone, he was also eligible for Medicaid benefits. Medicaid allowed us to place him in a full-time care facility that had the capacity and resources to care for his daily needs, which were extensive by age 60. My dad lived nearly five years in this facility that would have been com-

find health services through a patchwork of programs, both federal and state-supported. My mother had multiple health issues throughout her life and relied on local federally subsidized clinics with reduced rates for years.

After I left for college, my mother returned to school. Thanks to government-backed student loans, she began teaching at a local community college, where she thrived until she was able to buy her first home with an FHA-loan in her early 50s. Later, she left teaching to work as a patient advocate for the state hospital, where she could fulfill her calling to help others recovering from mental health problems.

In her mid-50s, her health began to decline, and she was forced to leave the job she loved. Due to a special federal program for those with chronic kidney disease, my mother was able to enroll in

My parents' experiences taught me the stark reality of how easily life's road can turn and how delicate the balance is for millions who, like us, are striving to make ends meet every day in the face of difficult economic times and health crises.

without health insurance for a few years. Though he was increasingly impaired by issues with his memory, the high cost of healthcare made it prohibitively expensive to seek help or medical advice as to what was going on.

For several years, my father struggled more and more with daily functions as his finances suffered and his business began to founder. Because of his age and relatively good physical health, it took the better part of two years to finally get a diagnosis. The battery of tests and specialist appointments cost thousands of dollars, paid predominantly from his savings and with some help from family members. Finally, at the age of 54, my father was diagnosed with early-onset Alzheimer's disease.

Due to this illness, my father was unable to continue working. Without health insurance, too young for Medi-

care and with too many assets to be eligible for Medicaid, the cost of his care nearly bankrupted him in the years to come. We cared for him privately for several years, which meant his life savings were depleted as a result. Finally, due to his inability to work, my father was eligible to collect Social Security Disability Insurance, which helped pay his daily expenses. After the mandatory two-year waiting period, he was able to enroll in Medicare.

A PATCHWORK OF ASSISTANCE

After their marriage ended, my mother's journey was far more of a struggle. In her early 30s, she lost her job during an economic downturn. A decades-long struggle with mental illness added to her difficulty in finding steady work and meant expensive (and high-deductible) health insurance was her only option. In her mid-30s a lack of resources led her to seek help from public assistance.

To make ends meet, eventually she and I moved into federally subsidized housing (known as Section 8). Throughout the next decade, we received assistance from other programs, such as food stamps (now called SNAP) and our state's school free lunch program. We had to

Medicare without a waiting period, which allowed her to access the dialysis treatments she needed three times a week. My mother died less than a month shy of her 60th birthday from complications related to renal failure.

ONE OF 'THOSE' WOMEN

In 1977, Rep. Henry Hyde uttered his famous line about wanting to prevent "anybody having an abortion, a rich woman, a middle-class woman, or a poor woman. Unfortunately, the only vehicle available is the ... Medicaid bill." Had things gone slightly differently, my life aspirations could have been a casualty of the Hyde Amendment.

As a teenager, I sought and was able to get sexual health counseling and birth control at reduced rates, thanks to a Planned Parenthood clinic that received Title X funding and operated on a sliding

scale. Yet I often think about what would have happened if either my mother or I had an unplanned pregnancy in those years we struggled while I was looking towards college and planning my next steps. How easily my future and her life could have been ruined because of a lack of access to affordable reproductive healthcare options, as well as abortion services, should either of us have needed them. We could have easily been one of those women Mr. Hyde (and his modern-day allies) aimed to control. That would have been an injustice for us, just as it is for women affected by the Hyde Amendment today.

‘IN ACCORDANCE WITH JUSTICE’

Despite what the US Conference of Catholic Bishops might tell policymakers, Catholics don’t agree with Hyde or its offshoots. As Catholics, we are called by our faith to show solidarity with and compassion for the poor. The Catholic faith has an evolving tradition of the “preferential option for the economically poor,” a teaching that was highlighted in the 1991 encyclical of St. Pope John Paul II, *Centessimus Annus*. In this letter, Pope John Paul II emphasized the church’s “constant concern for and dedication” to the poor and referenced Pope Leo XIII’s call for governments and society to “remedy the condition of the poor in accordance with justice.” This tradition compels us to look at public policy decisions in terms of how they affect the least among us.

Political conservatives and religious extremists continue to falsely claim that religious liberty implies the right to refuse to pay for programs and services they don’t believe in. They forget that the pursuit of happiness is an inalienable right, one that is intrinsically tied to the right to determine your own life. Catholics believe healthcare is a human right. For women like my mother and me, that right is tied to the right to determine our own fertility. The majority of Catholics

understand that the ability to determine whether and when to be pregnant should not be enjoyed only by women with means.

Women’s freedom to make their own conscience-based decisions about their health should not be determined by whether they live in one of the 33 states where Medicaid doesn’t cover abortion services. Nor should it be subject to whether someone works for the federal (and several state) governments, if they are in the military or if they are one of the millions of other women who are

A TURN IN THE ROAD

My parents’ experiences taught me the stark reality of how easily life’s road can turn and how delicate the balance is for millions who, like us, are striving to make ends meet every day in the face of difficult economic times and health crises. We were lucky that myriad programs were available, and that we were able to get the information necessary to benefit from them. Like my family, millions of Americans rely on the social safety net—self-sufficiency programs like Temporary Assistance for Needy Families, food



Ms. Ratcliffe with her parents, May 1994.

dependent on public funding to care for themselves and their families. If you are one of these women, by current law you do not have the same personal autonomy that everyone else enjoys when it comes to healthcare. Legally, abortion is available to anyone who determines she cannot continue a pregnancy, whatever the reason. Realistically, limiting public funding means access to services is based—not on what she decides is best—but what someone else has decided she deserves. This is not the social justice my faith champions.

programs like WIC and SNAP and healthcare access through Title X-funded clinics and Medicaid—to help them get through hard times and meet their family’s basic needs.

My Catholic faith calls me to work for social justice for all. My values as an American lead me to strive to advocate for our laws to be just and fair. My conscience tells me access to reproductive healthcare should be no different. Denial of public funding for abortion is wrong. It isn’t fair and doesn’t support social justice. My parents taught me better. ■

The EACH Woman Act

WHAT YOU REALLY NEED TO KNOW

IN JULY, PROCHOICE ADVOCATES IN the US House of Representatives authored a bill that fights the ceaseless tide of antichoice legislation and expands access to reproductive healthcare. The Equal Access to Abortion Coverage in Health Insurance (EACH Woman) Act would extend abortion coverage to women currently denied access by the Hyde Amendment's strictures on federal funding for abortion, effectively eliminating one of the largest barriers to reproductive healthcare access for women in the United States. In addition to removing these long-standing restrictions, the bill addresses the recent onslaught of state and local legislation—from TRAP laws to later abortion bans—aimed at making abortion services more challenging to access through private insurance. This is critical for women who live in one of the 25 states that have restricted abortion coverage through private insurers, and those who live in one of the 10 states where coverage of abortion is banned in every private insurance plan. The EACH Woman Act (HR 2972) was introduced by Rep. Barbara Lee (D-CA), Rep. Jan Schakowsky (D-IL) and Rep. Diana DeGette (D-CO) and is cosponsored by more than 100 others.

For almost three decades, federal restrictions have made access to abortion difficult for many, especially those depending on the federal government for comprehensive healthcare services,



The life-size portrait of former House Judiciary Committee chair Henry Hyde still hangs in a Congressional Committee Room.

such as Peace Corps volunteers, members of the military and those who get care through Medicaid. Because of these barriers, abortion access varies widely from state to state, and they disproport-

tionately affect women with low incomes. According to a study from the Center for Reproductive Rights cited in the EACH Woman Act, states that place fewer obstacles to abortion access had higher

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“Having a choice in becoming a parent is a fundamental right. It should not be determined by where a woman lives, where she works, how she is insured or how much money she has. The EACH Woman Act would end the stranglehold that politicians have on the ability of women to make their own healthcare decisions and ensure that every woman has access to abortion care.”

— Rep. Jan Schakowsky (IL-09)



“For too long, the Hyde Amendment and other harmful antichoice laws have infringed upon women’s reproductive health rights, particularly those living in states with the strictest restrictions on abortion access. The EACH Woman Act takes on the war on women at the national, state and local levels by ensuring every woman, regardless of her income, health insurance or zip code, has access to a full range of healthcare options. After all, these are constitutional rights.”

— Del. Eleanor Holmes Norton (DC)



“The Catholic tradition of social justice calls on me to stand for the rights of all people. The EACH Woman Act would ensure that women can make their own health choices.”

— Rep. Rosa DeLauro (CT-03)

overall scores for the well-being of women and their families. States with more limitations on abortion clustered at the low end of the wellness scale. Legislation that values women and respects their conscience-based decisions about their health is good policy. Good policy acknowledges the need for access to comprehensive healthcare, including abortion, for everyone.

Catholics for Choice is committed to supporting the EACH Woman Act. As Catholics, we believe the same services

should be available to each woman to uphold her human dignity and her fundamental equal worth. No matter how she gets her health coverage—whether through a state or federal program or her employer—a woman has what it takes to make her own reproductive decisions: her conscience. She doesn’t lose this right no matter what her circumstances, her income or from where she receives her insurance. The preferential option for the poor, a primary tenet of Catholic social teaching, compels us to consider

access to abortion within the context of poverty and from the viewpoint of those with limited means. The EACH Woman Act is a breakthrough in shifting a wrong-headed and hard-hearted policy that has been detrimental to women, especially poor women, and their health options.

As we go to print, the EACH Woman Act has only been introduced in the House of Representatives, but a Senate companion bill is expected in the coming weeks. ■

PHOTOS COURTESY OF REPS. SCHAKOWSKY, NORTON AND DELAURO

Billboard Battles in Kenya

A MESSAGE TOO IMPORTANT TO BE SILENCED

CATHOLICS FOR CHOICE and Reproductive Health Services, a Kenyan group, knew that the Helms Amendment unduly restricts the reproductive health options of Kenyan women, particularly those who are victims of sexual assault. Both groups wanted this message front and center when President Obama visited the country in late July.

Neither foresaw how many obstacles would block this simple message from reaching an audience.



Kenyan women deserve better than 6 years of inaction, Mr. President.

#HelmsHurts

CatholicsForChoice.org CATHOLICS FOR CHOICE Reproductive Health Services Kenya

1

JULY 3: BILLBOARD GOES UP.

At first, all was well. The billboard—an eye-catching reminder about the rights of Kenyan women—went up on Chiromo Road in Nairobi in full compliance with local laws.

JULY 10: BILLBOARD TAKEN DOWN.

2

Government agents tore down the billboard following a presidential order, but that still didn't tell the whole story.

Dr. John Nyamu, executive director of Reproductive Health Services, offered his explanation. "In Kenya, we don't criticize the leader, especially if he's the president," he told BuzzFeed.

Jon O'Brien, president of Catholics for Choice, remarked to BuzzFeed: "It is particularly shocking because the democratic tradition is if you're an elected official, you should be capable of receiving constructive criticism."



PHOTO COURTESY OF YOUR MESSAGE MEDIA

**All we
can say
is...**

StopHelms.com

JULY 14: NEW BILLBOARD DESIGN SUBMITTED.

3

One in three Kenyan girls under the age of 18 has experienced sexual violence. These are the very women who could be helped by access safe abortions under a less restrictive interpretation of the Helms Amendment.

Kenyan advocates for women know this well. The same day, 15 Kenyan women's rights organizations sent a letter to President Obama saying, "We are counting on you to take action to publicly correct the restrictive implementation of the Helms Amendment," BuzzFeed reported.

Catholics for Choice submitted a new design for the billboard at the request of the ad company. But even this design was rejected.

**All we
can say
is...**

**CATHOLICS
FOR
CHOICE** Reproductive
Health
Services
Kenya

JULY 20: THIRD DESIGN REJECTED.

4

Catholics for Choice, with tongue in cheek, tried to submit an even simpler design after the second rejection. We were informed on July 20 that no more ads would be considered.

"I think they got fed up," O'Brien said, explaining that the government's reaction was essentially: "We're not talking to you until after the Obama visit."

**JULY 24: AD APPEARS
IN THREE KENYAN
NEWSPAPERS.** **5**

Never to be defeated, Catholics for Choice made sure Kenyans got the message about Helms. Catholics for Choice ran an ad featuring the billboard in three national newspapers: the *East African Standard*, the *Daily Nation* and *The Nairobiian*.

“We acted in the best democratic tradition of raising issues in a constructive way in the hopes that President Obama would find the compassion to listen to the voices of Kenyan medical experts who are too aware of how the Helms Amendment can tie the hands of those of us working at the frontlines for women’s health and reproductive justice,” said Dr. Nyamu.

O’Brien summed up Obama’s failure to act on Helms: “For the past six and a half years, I have joined, time and time again, colleagues from all over the world in meetings with key officials in the Obama administration.” Still, he knows what needs to be done: “A very simple clarification on paper would bring about profound change, not just for women in Kenya, but for women around the world. We have a duty to speak truth to power—and that is the cornerstone of democratic society.”

On July 10, agents of the Kenyan government took down this billboard on Chiromo Road in Nairobi.
We think people need to know.




© RON SACHS/CONSOLIDATED NEWS PHOTOS/CORBIS

6 **LOOKING AHEAD.** Reproductive Health Services Kenya and Catholics for Choice will keep spreading the word about the damage the Helms Amendment does to women’s health and rights in Kenya and beyond. All it takes is the stroke of a president’s pen to stop the harm from Helms. ■

Discover more about being Catholic

Follow your conscience



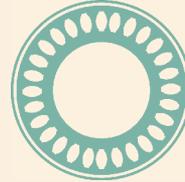
How conscience and refusal clauses are used to deny reproductive health services



What the church really teaches about the abortion decision



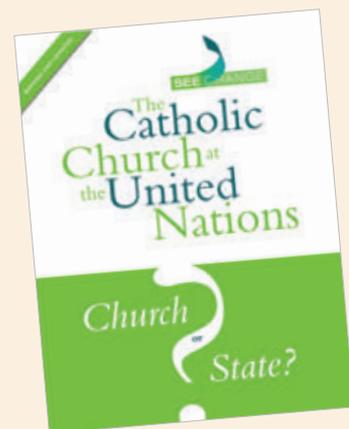
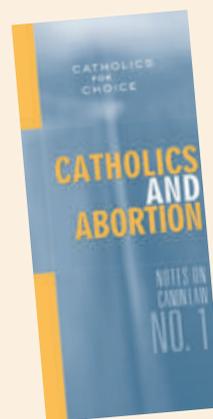
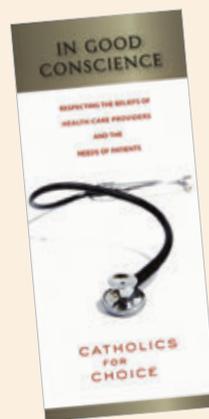
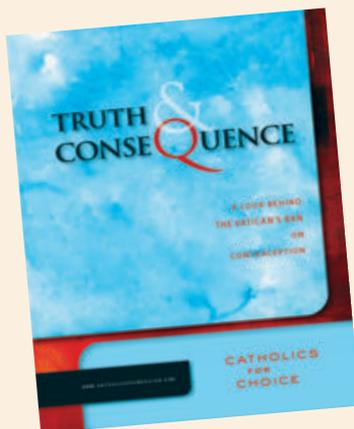
Cutting-edge coverage of reproductive rights, sex and sexuality, and church and state issues



The fascinating history of the Catholic church and contraception



Catholic beliefs and behaviors by the numbers



Breaking news directly from Catholics for Choice



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ing prochoice and Catholic. with CFC publications.



Investigative research that exposes the Catholic right's opposition to reproductive health



What canon law really says about abortion



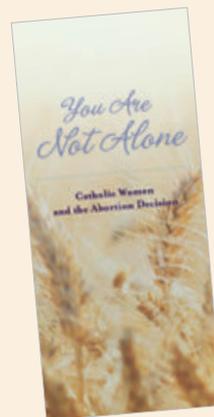
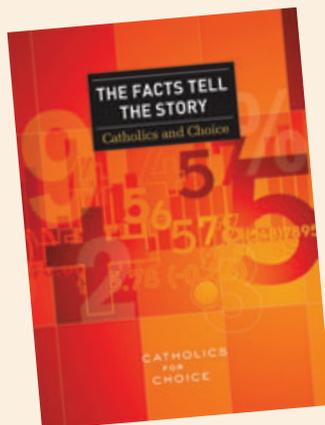
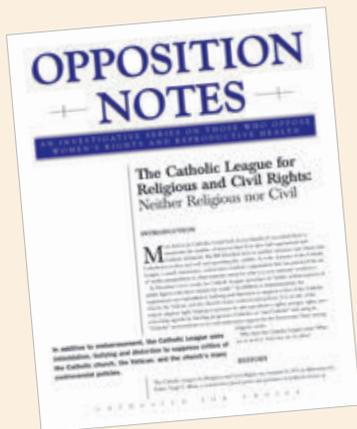
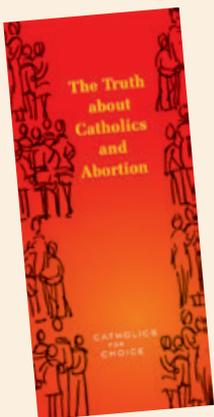
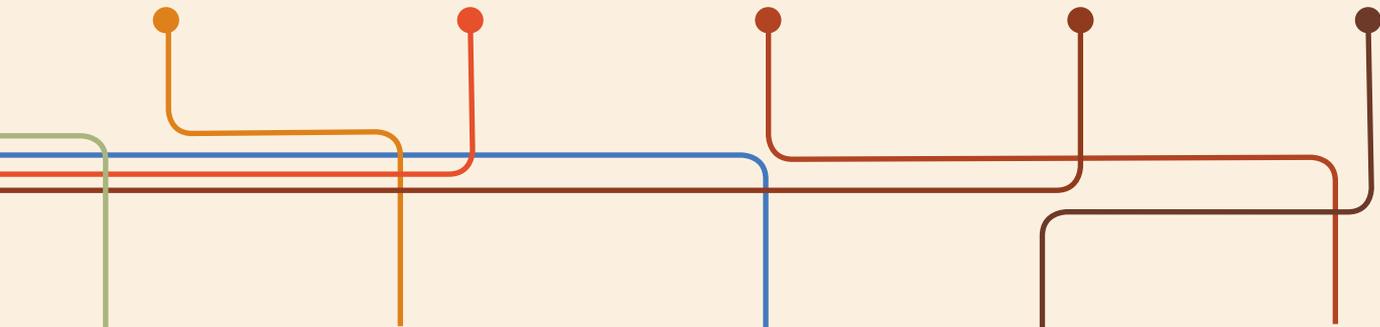
Theologians break down the Catholic teachings on abortion and sexuality



The untold history of the Catholic hierarchy's interference at the United Nations



Helpful information for Catholic women making the abortion decision



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A Conversation with John Irving

By Jen Girdish



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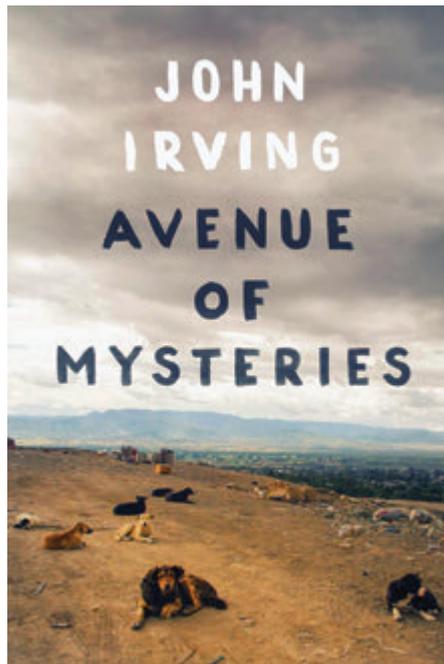


JEN GIRDISH
is associate director of
communications at
Catholics for Choice and
editor of Conscience.

JOHN IRVING IS NOT AFRAID TO TALK ABOUT reproductive rights. He's been writing about it for decades. His bestselling novels, like *The Cider House Rules*, declare unequivocal support for a woman's right to choose.

Irving's new novel, *Avenue of Mysteries*, returns to that subject.

A novel about fate and faith, *Avenue* takes place in both the Philippines and Oaxaca, Mexico, both countries where Catholicism has historically had a wide reach. The protagonist, Juan Diego, is a seasoned novelist on a pilgrimage to the Philippines, but during his trip he can't help but journey back to the past through vivid dreams. Abandoned by their mother, Juan Diego and Lupe move from the Oaxaca dump, to the Jesuit orphanage called Lost Children, to the children's circus where Lupe is commissioned to read the minds of the lions. Lupe knows Juan Diego's future—being adopted by a former priest and a transgender woman who take him to America—and Lupe will do anything to make it happen. Throughout his travels in present and past, young and old Juan Diego struggle with Catholicism and the



Simon & Schuster, 2015, 480 pp
ISBN 978-1451664164, \$28 Hardcover

Conscience: Your mother was a big influence in how you think about reproductive health.

JJ: My mother was a nurse's aide and my abortion politics began with her, who later worked for a county's family services. She counseled women and children who were being abused in their domestic situation. And this was what made my mother—in the '50s and '60s—a ferocious abortion rights activist, long before the phrase. My first introduction to Planned Parenthood was through my mother.

Conscience: What do you think about the attack campaign against Planned Parenthood?

JJ: The Republican Party has dishonestly tarred Planned Parenthood as an abortion factory, when that is less than 10

How can you not be aware of the access to and safety of abortion if you're in a poor, third-world country where the politics of abortion are, if not dictated, at least always under scrutiny by the church?

Catholic hierarchy's ban on abortion, contraception and LGBT rights.

Conscience sat down with Irving—a longtime reader—in his Toronto apartment to discuss his new novel, abortion rights and religious liberty.

Conscience: Why did you decide to return to the subject of reproductive rights in *Avenue of Mysteries*?

JJ: The best answer to that is that it's not a conscious decision of mine to return to that subject, so much as that subject just finds me. That subject finds the circumstances I'm writing about. How can you not be aware of the access to and safety of abortion if you're in a poor, third-world country where the politics of abortion are, if not dictated, at least always under scrutiny by the church? Let me say

that I don't begin a novel looking for a place to put this in....

I didn't start *The Cider House Rules* as a novel about abortion. I wanted to create a relationship between a childless man and an unadoptable orphan.... Then I found this piece about doctors who performed abortions in the years that orphanages were flourishing. The point seemed to be that there was a higher percentage of legitimate doctors and medical professionals—meaning midwives—who performed abortions and were connected with orphanages. And I thought, "Duh! No kidding!" Who are the adults who know what happens to these children who are left behind? The ones who know that for the most part nothing happens to them.

percent of its work. This is a perfect encapsulation of how little that party values or understands the rights of women to their very own personal—and what should be private and personal—lives. Planned Parenthood should be federally supported. They do necessary work, and they're denied in precisely the backward places where they should be embraced.

Conscience: Have you always had strong feelings about the separation of church and state and religious freedom?

JJ: Well, sure, the meaning of religious freedom was being twisted when the [Catholic] church was protesting what was called Obama's "contraception mandate" in the media.

Conscience: Is it really a mandate? “Mandate” has never struck me as the right word.

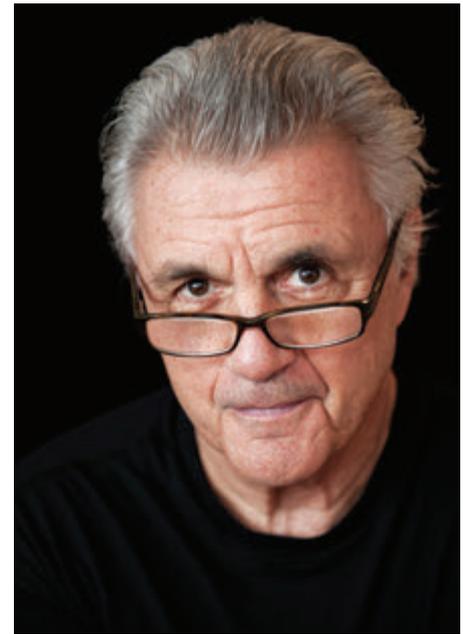
Jl: I kept saying to people that it’s not a mandate. Access doesn’t mean you have to take it. You know, I’ve always said I found it ironic that the church at that time with the contraception “mandate” was taking the position that Catholics’ freedom of choice was being trampled on by making this accessible.

Likewise, I’ve always believed that since abortion is upheld as the law of the land across the country, well, it should be a part of everybody’s healthcare. I don’t care if people are offended, that they disapprove of it and that the money is going to it. People have been offended by the wars we’ve become involved in. I don’t think the abortion rights rules are being defended aggressively enough.

My argument back in the days when *The Cider House Rules* was published was there isn’t a proabortion movement, there’s a prochoice movement. But it’s shocking there’s still such a low percentage of medical schools in the country that even teach in part of the OB/GYN program a standard D&C.

Conscience: You mean that one of the greatest obstacles to abortion access around the world is the lack of trained medical professionals.

Jl: I gave a commencement address at Dartmouth Medical School. Whenever a medical school asks me to make a commencement address I ask, “Do you teach an abortion procedure in your OB/GYN course?” Because most of them at that time didn’t, and I would say, “Are you kidding me? It’s the law of the land. What



© JANE SOBEL KLONSKY

the hell are you doing! And you’re prescribing them fit to be doctors, and they haven’t even been shown how to do a standard D&C. For God’s sake, what are you thinking?”

Quite frankly, reproductive choice is one of the most essential freedoms that people must and should have. Not to mention we live in a world that, for the most part, behaves as if it’s denying climate change. That there are places in the world where contraception and abortion are unacceptable or unaffordable is not acceptable anymore. And I see your magazine as serving a vital purpose to inform us as to the areas of our world where that essential freedom—that essential access to reproductive health and control—is being denied.

Conscience: We’re so happy that you have been a longtime reader of *Conscience*.

Jl: It’s one of the few magazines I read very faithfully. I don’t even like magazines, to tell you the truth. I certainly don’t read *The New Yorker* cover-to-cover—or most of it in fact. I would say that *Conscience* and *Amateur Wrestling News*—those are the only magazines I read every word of. That’s the truth! I’m very picky about what I read. ■

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Putting Abortion Back on the Agenda: Katha Pollitt Is Still a Feisty Feminist

By Ruth Riddick

Pro: Reclaiming Abortion Rights

Katha Pollitt

(Picador, 2015, 288 pp)

978-1250072665, \$16.00

“I understand that same-sex marriage and reproductive rights are different: marriage is about love, and abortion is about freedom. But freedom is a bedrock American value, even when it’s for women. Isn’t it?”

— Katha Pollitt, *The Nation*, June 8, 2015

COULD WIDE-spread jubilation at the success of Ireland’s referendum endorsing marriage equality open a space where we can meaningfully revisit the right to choose abortion? If so, Katha Pollitt is already there. In *Pro: Reclaiming Abortion Rights*, the veteran journalist has prepared an urgent and comprehensive



primer for a new generation of prochoice activists.

This book reveals a writer for whom the right to abortion is not only necessary, but a feminist cornerstone, for all that it’s a “hard sell” (in Irish activist Anthea McTeirnan’s apt phrase). “Legalizing abortion didn’t just save women from death and injury and fear of

arrest,” writes Pollitt. “It changed how women saw themselves: as mothers by choice, not by fate.”

But all is not well in the body politic. “We think we value mothers in America, but we don’t,” Pollitt says. “[A] mother is just a kind of woman, after all, and women are trouble and not so valuable.” Prize-winning novelist Anne Enright agrees. “It is a fact worth stating sometimes that sex, in itself, cannot turn you into a whore, no matter what the nuns told you then or pornography tells you now, but it really can turn you into a mother,”

Enright observed in a recent article in the *New York Times*. “After which, of course, you are never allowed to have sex again!”

The great fact for us is that abortion is not respectable. It isn’t a normalized experience, nor a genteel topic in polite society, as marriage equality unexpectedly became. Abortion, as Pollitt reminds us, is a signifier of women’s sexuality, of unlicensed sex. Relative to its prevalence throughout history and across cultures, few women have risked social censure by revealing that they’ve had the procedure, be it legal or back-alley. Although women have abortions in statistically significant numbers, silence about the experience is their most common shared characteristic. Only raucous feminists, such as Pollitt (who tells us upfront that learning of her mother’s abortion informed her politics), have ever been out-and-proud about the demand that abortion be freely and legally available.

The tone throughout this very readable book is challenging and propulsive. “When you consider the way restrictions on abortion go hand-in-hand with cutbacks in social programs and stymied gender equality,” she argues, “it is hard not to suspect that the aim is to put women and children back under male control by making it impossible for them to survive without it.”

Katha Pollitt wants us to confront that complacency threatening to enable the return of the mortal back alleys and the bloody coat hanger. “Perhaps you think your opinions about abortion are pretty straightforward,” she writes, addressing “the muddled middle,” that majority of Americans who report favoring some form of legal abortion. “But how clear, really, is your understanding of abortion and your reasoning about what you believe? What if your opinions contradict each other? What if you don’t really believe what you think you do?” The muddled middle, thus, is not a creature of the partisan spectrum, but of our unexplored reactions on the issues.



Reproductive rights activist and service provider, **RUTH RIDDICK** led a successful appeal at the European Court of Human Rights against Ireland’s restriction on

information about extraterritorial legal abortion (*Open Door Counselling*, 1992), resulting in Irish constitutional and legal reform. Her polemic on “women’s right to choose” is featured in the *Field Day Anthology of Irish Writing*. She is a regular contributor to *Conscience*, usually writing on film and the arts.

This series of probing questions is followed by a tour-de-force deconstruction of the key positions advanced in religious pronouncements and media debate and surveyed in polls. Reviewing the data, impressively collected from multiple sources in the manner of investigative journalists everywhere, Pollitt reveals population-wide dissonance on matters ranging from whether we truly agree (even with ourselves) on when abortion may be legal, to when we believe life begins or if the fetus feels pain. These

invisibility of women—physically, morally, historically, experientially, sexually—is a thread running through Pollitt’s entire polemic. “What about *their* souls?” she asks.

McTeirnan agrees, “[W]e cannot give her any choices about what to do with her body. Because we do not think she deserves equality of treatment. Because we do not love her,” this former chair of the Irish Family Planning Association observed, discussing Pollitt’s book.

Nor is Pollitt self-conscious about

In this context, Pollitt challenges us to look to the strength of our political movement. “Pro-choicers have fallen into the framing that the anti-abortion people use, which is abortion is always a terrible thing, that it’s an agonizing decision,” she observed in a promotional interview. In *Pro*, she worries that, too often, the prochoice movement focuses its energies on limiting the damage caused by repressive laws while avoiding direct confrontation on the less respectable, or hard-sell, issues—a charge that, on the evidence

Reviewing the data, Pollitt reveals population-wide dissonance on matters ranging from whether we truly agree (even with ourselves) on when abortion may be legal, to when we believe life begins or if the fetus feels pain. These chapters amount to an examination of conscience.

chapters amount to an examination of conscience.

LATER, IN A CHAPTER DISENGENUOUSLY titled “Are Women People?,” Pollitt asks: What if we started with women? “You do not need to give someone an ultrasound to know that a woman is present,” she writes, updating classic feminist analysis. “No one doubts that she can think, or perceive, or suffer pain.”

And so Pollitt returns us, and smartly, to the heart of the matter: what is the moral status of women? “How much right to life do women have?” In the context of so-called right-to-life laws worldwide, this is no idle question. The Irish medical team on whose watch Savita Halappanavar died insisted that they were fulfilling their responsibility to safeguard the constitutionally guaranteed right to life “of the unborn.” Too bad the “equal right to life of the mother” escaped their vigilance. According to McTeirnan, “Ireland is a salutary tale. It is a worst-case scenario.” The deadly

drawing conclusions from her data. In an energetic flourish typical of her style throughout, she insists, “The lack of interest in making men who impregnate women co-responsible for the care of the unborn—and the born—is another clue that abortion opponents’ first concern is not to ensure the well-being of the embryo and fetus, but to control and punish the behavior of women, and only women.”

Pollitt reminds us that neither her questions nor her conclusions are academic. The laws of physics work in politics too, and the service vacuum created by systemic local assault on *Roe* has already given rise to a disturbing trend. “As I write, reporters describe the return of illegal abortion in states where clinics have closed,” she tells us here and in articles published in *The Nation*. Among other examples, she cites “women in the Rio Grande Valley, where clinic regulations have made abortion completely unavailable, [who] are increasingly crossing the border to Mexico to buy misoprostol.”

of this book alone, will never be levied against her.

Rather, we need to frame abortion as the “positive social good” she believes it to be. “It is an essential option for women—not just ones in dramatic, terrible, body-and-soul-destroying situations, but all women—and thus benefits society as a whole.”

ACCORDINGLY, HER CONCLUDING chapter finds Pollitt engaging with the prochoice movement in a spirit of constructive criticism, chiding us for our defensiveness, our comfort with sclerotic leadership. She sees an opportunity for revitalization in the emergence of an online advocacy community she identifies as “a new activism.”

Named a *New York Times* notable book, *Pro* is a manifesto on a mission. Activists take note. Pollitt lays it out for us: “What matters is passion, strategy, money and organization, not what boxes people check on a poll.”

To which our only possible response can be, “Where do I sign?” ■

A Theologian of Courage

By Daniel C. Maguire

My Quests for Hope and Meaning: An Autobiography

Rosemary Radford Ruether
(Cascade Books, 2013, 210 pp)
978-1620327128, \$23

ROSEMARY RADFORD RUETHER is on my very short list of scholars of whom I would say that *everything she writes is worth reading*. That says a lot, since in this memoir she lists 36 bibliographic pages of her voluminous writings from 1967 to today.

This short memoir is not just a trinket on the corpus of her writings. Since theory is to a large extent autobiography, as Rosemary concedes, those of us who have gone to school on her writings will find illumination and completion in this honest and well-told memoir.

Some scholars focus on field work, ferreting out important facts in digs and empirical studies without elaborating on the theoretical roots and meaning of their work. Others do well-grounded theory, “poring through ancient scripts, gospels, archaeologies, the dank stacks

of basement libraries,” as activist Renny Golden says in her poetic forward to this memoir.

Rosemary, in a way that sets her apart, does it all.

She doesn’t just write about social problems in Latin America, South Africa, the Middle East and elsewhere. She goes there to see and hear and smell and feel the pain, as well as the promise of the lands and peoples she studies with prophetic intensity. She doesn’t just do in-depth polyglot research—she sweats and risks and gets arrested

putting her message into life.

SCHOLARLY COURAGE

Thomas Aquinas said that courage is the precondition of all virtue. If you cannot risk your neck for any justice-related cause, your neck is your god and your “virtues” are specious. Committed scholarship is a virtue, but only if it is courageous. Scholarship may be heavy with the appurtenances of laborious research, but if it cowers and never offends, if it does not open doors others fear to touch, it is not virtuous. It is liable to be a kind of strutting pomposity.

In Rosemary’s work, learning and courage kiss.

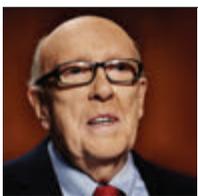
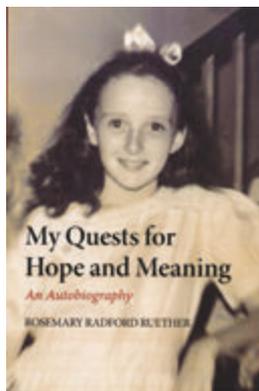
Spades are called spades. She wrote this memoir before Pope Francis

condemned economic inequality and the greedalism of neoliberalism (though he still has not shuffled off the chains of Catholic fundamentalism and sexism). She accuses the Vatican of the last 45 years of being in “schism” and calls the supportive hierarchy “apostate” to the hopes of the Second Vatican Council. She does not find among today’s uninspiring bishops the likes of Archbishop Oscar Romero, Archbishop Hélder Câmara or Bishop Samuel Ruiz of Chiapas, Mexico, who traveled on a donkey through his diocese of poor indigenous people.

Rosemary writes powerfully against both Islamophobia and anti-Semitism. When, in her early writings, she condemned Christian anti-Semitism, she received many invitations to speak at synagogues. However, when she started to condemn the ongoing criminal ethnic cleansing and brutal occupation in Palestine, invitations to synagogues dried up instantly. As she says: “To be concerned about justice for Palestinians [one] was assumed to be hostile to Israel, hence anti-Semitic, and no friend of Jews.” This reaction comes from confusing Zionism with Judaism. Judaism is a classical and superb moral-religious tradition tracing back three thousand years. Zionism is a 19th-century fantasy that says “God” was into real estate distribution and intended Palestine only for Jews. It is both sad and anti-Jewish to conflate the two.

ECOFEMINISM

Like poor Cassandra, who was cursed with seeing the future but unable to convince anyone of what she saw, Rosemary Radford Ruether has for almost half a century indicted our species for the capital crime of ecocide. She excoriates silly soothsayers like economist Larry Summers, who hallucinated that “there are no limits to the carrying capacity of the earth.” As a matter of fact, the word “sustainable,” once the watchword of ecological ethics, is now passé and chimeric. The new watchword is “salvage.” But the oceans are coming for



DANIEL C. MAGUIRE is a professor of theology at Marquette University, where he specializes in religious, medical and ecological ethics and social

justice. His most recent book is *Christianity Without God: Moving beyond the Dogmas and Retrieving the Epic Moral Narrative* (State University of New York Press, 2014).

us. Islands are disappearing. Earth's geography is being redrawn. We have double-basted this privileged planet with CO₂. Irreversible melts have begun. Our poisons have penetrated into the once-immune depths of the oceans, doing irreparable damage. (Here, Rosemary's realism is comparable to that of honest seers like Clive Hamilton and his *Requiem for a Species*, or Alan Weisman's *Countdown*.)

These and other writers look squarely at what scientists are calling the Sixth Great Extinction—comparable to other occasions when the Earth lost the majority of its species—that we are precipitating as we autistically proceed pell-mell with overpopulation and overconsumption. And yet, without implying we can repair the irreparable, Rosemary ends her memoir with a hope-buoyed appeal for “building an alternative

system of survival on a tough new planet.” With environmentalist Bill McKibben, she admits that this is not the old planet; it is a very new and very tough planet that demands cathartic and revolutionary changes.

FEMINIST OR ECOLOGIST?

This is a false dichotomy for Rosemary Radford Ruether. Her theory of ecofeminism does not see feminism as one separate issue and ecological ethics as another. She is deeper than that. Male and female were we made, sexually speaking, with many permutations on those themes. That is the human dyad. You cannot corrupt one half of a correlative. Denigrating the female, seeing her as misbegotten and subordinate, resulted in distorting the female. But it simultaneously distorted the male—even more so. This pitting of one sex against the

other became a genetic fault that poisons the entire corpus, along with all human activity—social and ecological. It is humanity's original sin, the root of our lethality toward one another and towards the Earth. However, feminism well understood is antidotal to a humanity skewed at its roots. To this truth Rosemary gives unparalleled service.

BUT, COME ON! DON'T TELL ME ROSEMARY IS A CATHOLIC

She is a Catholic. She calls herself a “progressive Catholic,” and she is right. Catholicism is a process in constant mutation. There are, of course, thousands of Catholicisms, just as there are multiple Islams and Judaisms. Rosemary breaks a lot of crusty shackles that have hamstrung many Catholic minds, and she pioneers a way of being Catholic that gives a shrinking Catholicism, the Catholicism of empty pews and bare ruined choirs, a chance to live anew.

Her Catholicism parts company with many dogmatic constructions, such as the idea of a personal deity who benignly rules everything from here to the quasars. Most Christians now believe in such a “God,” and in an immortal soul that keeps on living in some invisible alternative universe after the person dies. Says Rosemary: “For me, both of those ideas do not correspond to my own sense of reality....”

Rosemary Radford Ruether's Catholicism is moral-centric. It has a creed, as she shows in her book *Sexism and God-Talk*. There, she says that “the prophetic norm” is “central to biblical faith.” The book's main themes are a concern for the oppressed, a critique of the dominating power systems with their oppressive ideologies and a perception of the realistic possibility of a new age of justice ushering in genuine peace. With those values as core, all the heroes and heroines of Christian and Jewish history, all the poetry, art and rich and inspiring symbolism of the traditions can be embraced, re-appropriated and put to the service of justice-seeking and peace-making on a healing planet. ■

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Money, Money, Money

By Timothy A. Byrnes

God's Bankers: A History of Money and Power at the Vatican

Gerald Posner

(Simon & Schuster, 2015, 752 pp)

978-1416576594, \$20.00

GOD'S BANKERS: A HISTORY OF Money and Power at the Vatican is an astounding and compelling book. After penning the definitive

analyses of the Kennedy and King assassinations (*Case Closed* and *Killing the Dream*), author Gerald Posner has turned his sights on the Vatican Bank (Istituto per le Opere di Religioni, or IOR). What he discovers is an "offshore bank in the heart of Rome," serving as a money laundering instrument of nearly unlimited scope. If

not itself a criminal enterprise—and Posner provides plenty of evidence to support the charge that it was just that—the Vatican Bank was run for decades as, at the very least, a willing accomplice to criminal schemes and financial flim-flam operations whose variety and complexity make the head spin.



TIMOTHY A. BYRNES is the Charles A. Dana Professor of Political Science at Colgate University. His books include *Catholic Bishops in American*

Politics, *Transnational Catholicism in Postcommunist Europe* and most recently *Reverse Mission: Transnational Religious Communities and the Making of US Foreign Policy*.

Parcels of cash were carried into Vatican City so money could be laundered at the IOR and then transferred to a variety of destinations. Beneficiaries were a mixed bag, such as fascists hiding in South America, phantom offshore holding companies in the Caribbean and Solidarity activists challenging the Communist regime in Poland. Slush funds were run out of the IOR—including money traceable to the CIA—in support of Italy's Christian Democratic Party in its political

battles. Counterfeit stock certificates were housed at the IOR and then knowingly used by Vatican officials as fraudulent collateral to secure nearly \$1 billion in loans that were then secretly passed on to the bank's many business associates. Top IOR officials, like president Archbishop Paul Marcinkus, got neck deep in financial interactions and commercial partnerships with some of the most operationally corrupt European financiers of the 20th century.

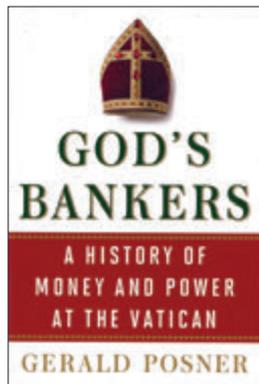
One key to the whole sordid tale becomes clear as one reads, checks the footnotes and tries to keep up with the purposefully complex financial transactions. The Vatican Bank operated in total secrecy, entirely unaccountable to any governmental body or reg-

ulator outside the Holy See itself. The sovereignty afforded the Holy See under international law allowed the IOR to hide money and launder it without anyone outside of the top leadership of the church being able to track the transactions or even to know who was involved. To say that this unique legal status rendered the IOR an attractive partner to all varieties of knaves and speculators is an understatement.

The other key factor in allowing this dynamic to fester for so long, however, was that officials at the IOR enjoyed the complete confidence and complicity of the only powers that really mattered—the many popes who came and went while "God's bankers" sought to diversify portfolios and maximize returns in order to keep the whole teetering edifice of the Vatican City State financially viable and institutionally secure.

Any book that approaches an institution as complex as the Catholic church from a single perspective runs the risk of distortion, and that danger is certainly on display in *God's Bankers*. To be completely fair to the church, one would have to point out that while the bankers that Posner focuses on were scheming endlessly and deviously skirting every financial standard one can think of, the Catholic church and the popes who led it were also denouncing the arms race and calling for the redefinition of international development. They were spearheading, albeit sometimes through secret slush funds, the liberation of East and Central Europe from Soviet rule.

In short, *God's Bankers* does not tell anything like the whole story of the role of the Catholic church over the last century. But Posner explicitly denies that he is trying to do so. He readily grants the complexity of the church and its various roles in the world and in the lives of its adherents. And then he embarks on 500 pages of meticulously documented exposition of one role that the leadership of the



Bookshelf

Transplantation Ethics, 2nd edition

Robert M. Veatch & Lainie F. Ross (Georgetown University Press, 2015, 451 pp)

Building upon the first edition by Georgetown medical ethicist Robert M. Veatch, the second edition of *Transplantation Ethics* examines how a human being is determined to be dead and the ethics of harvesting and distributing organs, as well as more recent developments in hand and face transplants that relate to personal identity.

The Lively Experiment: Religious Toleration in America from Roger Williams to the Present

Chris Beneke and Christopher S. Grenda, editors (Rowman & Littlefield, 2015, 342 pp)

The Lively Experiment is a collection of 19 essays about religious freedom seen through the lens of Roger Williams, founder of Rhode Island and an early proponent of the separation of religion from civil power. Williams' advocacy for freedom of conscience is set against the history of interreligious relations in early America.

Unsafe Abortion and Women's Health: Change and Liberation

Colin Francome (Ashgate, 2015, 224 pp)

Unsafe Abortion and Women's Health compiles data from more than a hundred countries representing more than 90 percent of the world's population. The information reflects regional and global trends related to abortion legality and women's health in developing areas.

The Spirit of Vatican II: Western European Progressive Catholicism in the Long Sixties

Gerd-Rainer Horn (Oxford University Press, 2015, 264 pp)

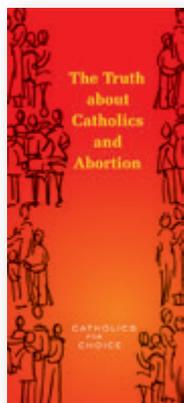
This book covers developments in the Catholic church during the 1960s to mid-1970s. Vatican II is explored as a watershed event for Catholic theology, Catholic student movements, grassroots lay communities and the worker priest movement, along with Catholic workers.

church played with particular verve and shocking hypocrisy.

GOD'S BANKERS ENDS ON THE cautiously hopeful note of the elevation of Pope Francis to the papacy. Posner suggests that this *might* be the pope to finally rein in the IOR and reform the church's financial activities once and for all. The author stops a bit short of offering detailed advice to the new pope, but I think the best approach at this point would be to ask two pointed questions. First, why should the Vatican have its own bank in the first place? The common justification is that the IOR allows dioceses, orders and other arms of the church to place their money beyond the prying eyes of secular powers and regulators. But that so-called advantage is actually a crippling shortcoming. There are many reputable banks in Italy and elsewhere that could responsibly house the church's money without presenting the temptations—the near occasion of sin?—that total autonomy and secrecy have so clearly brought to the steps of the Vatican Bank.

Second, if the IOR is to be retained, then who should legitimately oversee it? As in so many contexts, it is worth keeping in mind here that the Second Vatican Council defined the church as “the people of God.” The church's money held in the IOR, therefore, actually belongs in a profound sense to that people, and some way must be devised to at long last render the stewards of this money accountable to its rightful owners. The most fundamental problem uncovered by *God's Bankers*, in other words, might not be that this pope or that pope could not muster the energy or will to oversee the IOR effectively. The most fundamental problem might be that a mystical body of one billion souls is still governed by an all-male clerical caste locked up in a hothouse of secrecy and intrigue behind the sovereign walls of the world's smallest independent country. How much of *that* is likely to change under Pope Francis? ■

What does the church teach about abortion?



THE TRUTH ABOUT CATHOLICS AND ABORTION

Church teachings on moral decision-making and abortion are complex—far more complex than the bishops would have us believe. This new publication from Catholics for Choice reveals how church teachings leave ample room for Catholics to affirm that abortion can be a moral choice.

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State of the Nation

By Sammie Moshenberg

God and Government: Twenty-Five Years of Fighting for Equality, Secularism, and Freedom of Conscience

Rev. Barry W. Lynn

(Prometheus Books, 2015, 334 pp)

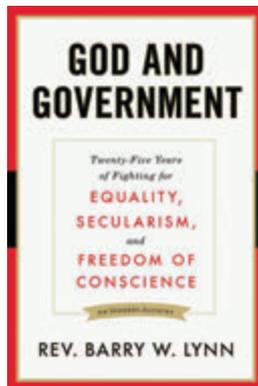
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“THE BATTLE FOR church-state separation may have to be fought all over again.” That’s what Eleanor Roosevelt told

Dr. Glenn L. Archer, the first executive director of Americans United for Separation of Church and State (AU). And that’s what current AU executive director Rev. Barry W. Lynn makes clear in his latest book, *God and Government*, which spans his 25-year fight to maintain what Thomas Jefferson called the “wall of separation between church and state” and to protect both the freedom of religion and from religion.

Largely through use of his speeches and public writings, Lynn’s book documents and explains the key church-state issues of the past two-and-a-half decades. It provides a rare behind-the-scenes look at the personalities on both sides of the

issue—not just the “bold-face names,” including the Revs. Jerry Falwell, Pat Robertson and Jimmy Swaggart, but their anonymous followers who revile Lynn but still want their photos taken with him.



Anyone who has heard Barry Lynn speak, as I have on numerous occasions, knows his self-deprecating, deadpan humor that, combined with the rare ability to make even the most complex constitutional issues accessible to all audiences, makes him a sought-after and riveting public speaker. The book show-

cases this talent by reprinting some of his speeches, which are connected by updates on the issues and personal observations about the circumstances of the presentations.

Lynn makes it clear at the outset that the book is not meant to be a “comprehensive history of First Amendment matters over the past 25 years.” Grouped by topics, the chapters might include speeches from the Bush era interspersed with articles he penned in more recent years. This eclectic format drives home that the battle to preserve the wall of separation persists.

If any one topic takes center stage, it is the so-called Religious Right, beginning with its inception in the

1970s as the Moral Majority. In Lynn’s description, the Right was “offended by a Supreme Court decision that ruled that private religious schools engaged in any form of racial discrimination could be denied precious tax-exempt status.” After the landmark *Roe v. Wade* decision, the conservative Protestant movement united with the Catholic establishment in what was to become a long-term battle against women’s reproductive rights in all its manifestations.

In 1988, on the heels of Pat Robertson’s unsuccessful bid for the Republican presidential nomination, the Christian Coalition was born. Lynn traces this history through his experiences and observations as a frequent participant in the Coalition’s Road to Victory confabs, during which Republican presidential candidates (those who pass muster) are invited to speak and try to outdo each other in their devotion to the cause. Lynn quickly eschewed anonymity at these meetings, as well as at the later Values Voters Summits sponsored by the Family Research Council. The reverend’s exchanges with attendees and leaders, as well as his uncanny ability to court the press at these events—to the chagrin of the Religious Right sponsors—come across as entertaining and enlightening. This is no easy feat for an author chronicling an insidious movement to undermine everything from public education to women’s healthcare.

THE ISSUES COVERED IN LYNN’S book are interconnected. For instance, the efforts to inject religion into the public schools through prayer and the subversion of the curriculum overlapped with the schemes supported by the “Catholic hierarchy and their friends in the Protestant religion” to get taxpayer dollars for their parochial schools, ministries and churches. Government money flowed, and continues to flow, to religious institutions, thanks to both Democratic and



SAMMIE MOSHENBERG is a consultant working to help progressive organizations strengthen grassroots capacity and engagement. Previously, she

headed the National Council of Jewish Women’s Washington operations for more than 30 years.

Republican presidents. The account of the White House Faith-based Initiative makes for an especially compelling and disturbing history. Government funding still goes to faith-based insti-

tutions with discriminatory hiring practices. Even under President Obama, calls to undo these Bush-era policies have gone unanswered.

In addition to persistent issues like

religion in schools, government funding of religion and religiously based attacks on sex education and reproductive health, new controversies have surfaced. The book discusses the

Reports Worth Reading

Sexual Health, Reproductive Services and Abortion Care in Uruguay in the Departments of Rio Negro, Soriano and Paysandú *MYSU (Women and Health in Uruguay), April 2015*

In 2012, President José Mujica of Uruguay signed the current abortion policy into law, allowing women to access abortion upon request up to the 12th week of gestation. Although the law does impose a five-day waiting period and mandates consultations with several doctors, it was an improvement over previous restrictive policies. MYSU (Women and Health in Uruguay), a network of women's rights organizations, investigated how much the new policy has improved women's health. One of MYSU's programs, the Observatorio en Género, Salud Sexual y Reproductiva, conducted surveys of women's health services available through public and private sectors in three departments located in the west/northwest of the country.

The survey found that in the department of Paysandú, 14 out of 16 gynecologists are registered conscientious objectors who refuse to provide abortion. In Paysandú's public health system, the number of registered conscientious objector gynecologists is 79 percent, but some nonobjectors also refuse to perform abortions, bringing the total number to 86 percent not willing to perform the procedure. Furthermore, women from Paysandú transferred elsewhere for care also stand the chance of

encountering the same situation. In the closest major city, Young, all gynecologists are conscientious objectors.

She Is Not a Criminal: The Impact of Ireland's Abortion Law *Amnesty International, 2015*

This report, part of Amnesty International's "My Body My Rights" global campaign, juxtaposes Ireland's restrictive abortion laws with first-person narratives from people affected by these harsh policies.

The 2012 death of Savita Halappanavar after she was denied an abortion in University Hospital Galway helped spur a 2013 reform to the abortion law, which now allows abortion only in cases in which a woman's life is in danger. Many interviewees referred to Savita when expressing their distrust of the country's maternity care system. As one couple said, "They say that Savita was the exception and it is not the exception. The way the staff treated her and postponed all the procedures; that's the way they do it here."

In another case, a woman with severe pregnancy complications was repeatedly denied labor induction and a cesarean section until a 36-hour labor put the child in distress. The woman commented, "The Eighth amendment is currently being abused. It is being used to treat women as objects and not as human beings anymore. I would fear for my life to have another child in Ireland."

State of Birth Control Coverage: Health Plan Violations of the Affordable Care Act

National Women's Law Center, 2015

This study reflects research from the National Women's Law Center, which maintains a CoverHer hotline for women having difficulties with securing reproductive health services under the ACA. Researchers found that not all contraceptive methods were being treated equally by the nation's insurers, and that some women were caught in a frustrating cycle of bureaucratic denials.

Even though all FDA-approved methods of contraception must be covered without out-of-pocket costs, women using methods like the contraceptive ring, the patch and long-acting methods such as the IUD are the most likely to encounter hurdles.

In addition, some insurance providers only cover generic birth control or, for a method that is only available as a brand-name, require a woman and her physician to complete cumbersome paperwork before allowing a waiver. Then there are insurance plans like one offered in Missouri, which refused to pay the \$228.31 a woman was charged for a follow-up visit after an IUD insertion.

Authors call on the Department of Health and Human Services and the Departments of Labor and the Treasury to provide better regulations and then enforce these requirements.

role of the Religious Right in the unsuccessful effort to quash marriage equality. In addition, the Supreme Court's decision in the Hobby Lobby case gave a boost to a rising "corporate

theocracy." *God and Government* provides a valuable context for today's battles over religion.

Lynn, both a minister and a lawyer with decades of experience, closes on a

note of optimism: "Things change—often quite slowly, but on balance I would submit that there will be more 'separation of church and state' in 2035 than there is today." ■

Facility-based Treatment for Medical Complications Resulting from Unsafe Pregnancy Termination in the Developing World, 2012: A Review of Evidence from 26 Countries

S. Singh and I. Maddow-Zimet, BJOG: An International Journal of Obstetrics and Gynaecology, August 19, 2015

This report lists 2012 treatment rates for care after unsafe abortion in developing nations, which includes complications such as incomplete abortions, hemorrhage, sepsis and uterine perforation. These rates reflect the morbidity rate (incidence of disease) associated with unsafe abortion and/or low access to care.

Since the last study on treatment for unsafe pregnancy terminations in 2005, misoprostol has helped reduce the severity of complications, although some data shows that not all women have access to both quality medication and correct instructions.

Overall, approximately seven million women in the developing world were treated for complications from an unsafe abortion in 2012, a 20 percent increase in the treatment rate since 2005. This number is inflated because of better data collection and treatment options in South-Central Asia. Better data for Latin America indicates that the treatment rate in that region was 7.7 per 1,000 women in 2005, but this dropped to 5.3 in 2012. The authors hypothesize that morbidity must have gone down as access to postabortion care is not likely to have increased in the region.

Besides the human toll, this care comes at a cost: an estimated \$232 million dollars are spent annually on postabortion care in the developing world.

Three Studies Move Closer to an AIDS Vaccine

In June, three studies were published indicating researchers had made significant steps forward in the search for an AIDS vaccine. A major challenge has been finding an intervention that is effective against different strains of the virus.

"Immunization for HIV-1 Broadly Neutralizing Antibodies in Human Ig Knockin Mice," published by Pia Dosenovic et al., in *Cell*, demonstrated that a particular immunoreceptor, eOD-GT8 6omer, could be a good starting place for a series of immunizations against HIV. "The vaccine appears to work well in our mouse model to 'prime' the antibody response," said Prof. David Nemazee of the Scripps Research Institute.

The same month, "HIV-1 Neutralizing Antibodies Induced by Native-like Envelope Trimmers," was published in *Science* by Rogier W. Sanders et al. This research indicated that lab-created immunogens worked to create an immune response in both rabbits and nonhuman primates.

Also in *Cell*, a team from the Sanford-Burnham Medical Research Institute released the results of a study, "PQBP1 Is a Proximal Sensor of the cGAS-Dependent Innate Response to HIV-1." They found that a protein

(PQBP) works as a sort of first responder in the body, creating a protective environment upon encountering the HIV virus.

Still Needed: The Family Planning Safety Net under Health Reform

Kinsey Hasstedt, Yana Vierboom and Rachel Benson Gold, Guttmacher Policy Review, Vol. 18, No. 3, Summer 2015

Since 1970, federally funded Title X centers have acted as a safety net for uninsured individuals seeking family planning. The advent of the Affordable Care Act has promised to bring healthcare coverage to more people, who could then seek care elsewhere. This Guttmacher study investigated whether expanding coverage will mean that fewer people need to rely on Title X clinics.

During the first year of the Affordable Care Act, the 32 Title X centers in this study saw an increase in the proportions of consults for family planning covered by insurance—both for patients covered by public funds (i.e., Medicaid) and those with private insurance plans. Twenty-one of the Title X centers experienced a markedly lower proportion of family planning visits by the uninsured. It's clear that thousands of women still rely on these safety net providers for family planning services. The authors recommend that federal and state legislation include Title X centers in health plan networks so that providers can be reimbursed for care provided to patients who now have public or private coverage.

*"I am disappointed."*¹

—Jim Sedlak, vice president of the American Life League, referring to the fact that Pope Francis did not explicitly refer to abortion in his speech before the US Congress.

*"At least we aren't poisoning each other's chalices anymore."*²

—Rev. Timothy Radcliffe, a British priest speaking to the *Washington Post* in praise of the open discussion within the church, even though he was "afraid" of "some of what we're seeing."

*"Voices are not Hints from Heloise. They are indeed the magisterium that was appointed by Jesus Christ."*³

—Bishop Oscar Cantú of Las Cruces, New Mexico, reminding "so-called serious Catholics" about the authoritative voice of the magisterium of the church.

*"[T]he pope is not really a theological liberal in the way the Western media generally understands the term; he's certainly not Garry Wills with a miter."*⁴

—*New York Times* columnist Ross Douthat, challenging the idea that the pope is cut from the same cloth as a liberal Catholic author.

*"But I doubt Dolan is betting the archdiocesan cemetery fund on getting such a reaction from the pope of the poor."*⁵

—Robert Mickens, referring to Cardinal Timothy M. Dolan's hopes that Pope Francis would say "'Wow,' when he sees the splendor" of the renovated St. Patrick's Cathedral.

*"So soft and fluffy was the report that it should have been delivered with a big pink ribbon tied around it and pictures of Walt Disney characters on its cover."*⁶

—Kevin McKenna, a Catholic journalist writing for the *Guardian* (UK) about the McLellan Report on clergy abuse in the Scottish church.

*"[W]ould it have killed us to have a female presider at one or two prayer services?"*⁷

—Sr. Christine Schenk, reflecting on the lack of women in the liturgies celebrated by Francis in the US, even though half of the prayer services were not Masses.

*"He is the last of the absolute monarchs."*⁸

—*National Catholic Reporter* columnist Kieran Tapsell, explaining that the pontifical secret for clergy abuse cases could be abolished if the pope were to "take out his pen at breakfast, and write on his napkin."

*"It is impossible, Holy Father, to be serious about doing anything for the poor and at the same time do little or nothing for women."*⁹

—Sr. Joan Chittister, in an open letter to Pope Francis.

*"You should also feel free not to admire him: there's no obligation, not even for Catholics."*¹⁰

—Matthew Boudway, blogger for dotCommonweal, discussing the Catholic freedom to disagree with the pope while maintaining "respect."

¹ Jim Sedlak, "Disappointed," American Life League, September 25, 2015. ² Anthony Faiola, "Conservative Dissent Is Brewing Inside the Vatican," *Washington Post*, September 7, 2015. ³ Brian Roewe, "Bishops Briefed on Rollout of Environmental Encyclical at Spring Meeting," *National Catholic Reporter*, June 10, 2015. ⁴ Ross Douthat, "What Does Pope Francis Believe?" *New York Times*, October 1, 2015. ⁵ Robert Mickens, "With the Pope in Washington; Dolan's Hopes," *Commonweal*, September 23, 2015. ⁶ Kevin McKenna, "The Catholic Church Must Think upon Its Sins," *Guardian* (UK), September 5, 2015. ⁷ Christine Schenk, "Why Wasn't a Woman Invited to Preside at a Papal Prayer Service?" *National Catholic Reporter*, October 1, 2015. ⁸ Kieran Tapsell, "The Strange Disconnect between Pope Francis' Words and Actions about Sex Abuse," *National Catholic Reporter*, October 1, 2015. ⁹ Joan Chittister, "Dear Pope Francis," JoanChittister.org, September 19, 2015. ¹⁰ Matthew Boudway, "Whose Side Is He On, Anyway?" dotCommonweal, October 1, 2015.

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Citations from back cover

Waiting periods: Guttmacher Institute, State Policies in Brief: "Counseling and Waiting Periods for Abortion, as of October 1, 2015."

Travel: Two one-way web-only tickets (AM and PM) on Greyhound.com, except Houghton, MI to Milwaukee, WI via Indian Trails Bus.

Hotel and meals/incidentals: FY 2016 rates according to per diem rates on GSA.gov.

Childcare: Childcare Aware of America, "2015 State Fact Sheets," Average annual fees for full-time care of a 4-year-old child in a center (2014 rates) / 251 business days.

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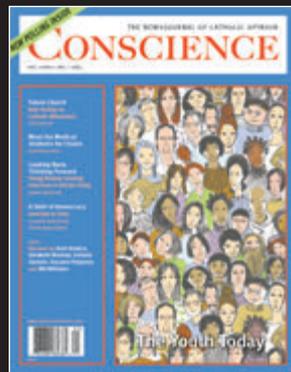
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