

CONSCIENCE

THE NEWSJOURNAL OF CATHOLIC OPINION

VOL. XXXIV—NO. 3 2013

Why I Am Prochoice Essays from around the World

Featuring

Rep. Rosa L. DeLauro
Jersey Garcia
Sophie in 't Veld
Dr. John Nyamu
Dawn Purvis
Ruth Riddick
Rabbi Dennis S. Ross
Steven W. Sinding
Rep. Louise M. Slaughter
Dame Margaret Sparrow
and many more

ALSO:

Book reviews by
Mary E. Hunt,
Sarah Lipton-Lubet
and Dena Sher,
Pierre-Arnaud Perrouty,
Kelly C. Cleland
and Bill Williams

WWW.CATHOLICSFORCHOICE.ORG



\$5.00



“Reason often makes mistakes, but **CONSCIENCE** never does.”

— *Henry Wheeler Shaw*

“He who acts against his **CONSCIENCE** always sins.”

— *St. Thomas Aquinas*

“**CONSCIENCE** is the most sacred of all property.” — *James Madison*

“A good **CONSCIENCE** is the palace of Christ.” — *St. Augustine*

“I shall drink—to the Pope, if you please—still to **CONSCIENCE** first and to the Pope afterwards.” — *Blessed John Henry Newman*

“But no man has a monopoly of **CONSCIENCE**.” — *Mary A. Ward*

“The voice of **CONSCIENCE** is so delicate that it is easy to stifle it; but it is also so clear that it is impossible to mistake it.”

— *Germaine De Stael*

Great minds think alike.

Subscribe to **CONSCIENCE** today
\$15 for a year's subscription
www.conscience-magazine.org

Executive Editor

Jon O'Brien

Editor

David J. Nolan

conscience@CatholicsForChoice.org

Contributing Editor

Sara Morello

Editorial Adviser

Rosemary Radford Ruether

Editorial Associate

Kim Puchir

Design And Production

Letterforms Typography & Graphic Design

Design Consultants

Point Five, NY

Conscience is published by Catholics for Choice.

ISSN 0740-6835

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.

President

Jon O'Brien

Executive Vice President

Sara Morello

Board Of Directors

Susan Wysocki, PhD, BSN, NP, Chair

Sheila Briggs, MA

Neil Corkery

Daniel A. Dombrowski, PhD

Susan Farrell, PhD

Janet Gallagher, JD

Anka Grzywacz

John Lesch, JD

Anthony Padovano, MA, PhD, STD

Denise Shannon

Rosemary Radford Ruether, PhD, Emerita

Catholics for Choice

1436 U St., NW • Suite 301 • Washington, DC

20009-3997 • USA • +1 (202) 986-6093

www.CatholicsForChoice.org

cfc@CatholicsForChoice.org

EDITOR'S NOTE

AT TIMES, THE WORK TO DEFEND AND ADVANCE WOMEN'S reproductive rights can be a frustrating and exhausting endeavor. From the work that Catholics for Choice does around the world, we know that reminding ourselves about the ethical and moral underpinnings of our work, recalling the importance of respecting the autonomy of all women and men, can give us a tremendous boost. It creates an energy that gives us new focus, better insights and more inspiration. Most of all, it reminds us that our cause is a just one.

To that end, we invited advocates, activists, policymakers and reproductive health workers from around the world to tell us why they are prochoice. We were overwhelmed by the heartfelt and thoughtful responses from every continent and walk of life.

In this issue, you will be amazed, saddened, moved to anger and joy, affirmed and challenged. I hope that as you read these stories, you will marvel, as we did, at the global community that is not afraid to stand up for individuals' right to make decisions about their lives.

The exercise was so fruitful it made us want to know more, and so we open up the discussion to you, our readers. Why are you prochoice?

If you would like to add your voice to the conversation about choice, please visit our home page, www.catholicsforchoice.org, and click on the link to submit your story, along with a photo if you wish to include one. Alternatively, you can e-mail us at cfc@catholicsforchoice.org with your submission. We prefer essays of 500 words or less but are happy to include longer ones. All will be edited for grammar and clarity and we'll endeavor to publish those we receive within 14 days. Your response will appear on an interactive map on the site.

We are also fortunate to include in this issue a very strong book review section featuring something for everybody: secularism in Europe, separation of church and state, controversial reproductive health medicines in the US, the sex abuse crisis and a cracking autobiography by Dan Maguire, a longtime contributor to *Conscience* and prochoice Catholicism.

I look forward to hearing from you.



Submit an essay.

DAVID J. NOLAN

Editor

Conscience is a unique magazine, and one 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.

A commitment to choice means that we make sure there is a level playing field, so the ability of a woman to act on her choice isn't limited by economic, social or political factors.

— *Why I Am Prochoice*

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.

TABLE OF CONTENTS

THE NEWSJOURNAL OF CATHOLIC OPINION CONSCIENCE

DEPARTMENTS

- 1 Editor's Note**
- 4 Letters**
- 6 In Catholic Circles**
- 44 Classic and Remarkable:**
The Theologian Courageous Enough to Change
Daniel C. Maguire's *A Merry Memoir of Sex, Death, and Religion*
MARY E. HUNT
- 46 The Wall of Separation:**
Freedom of and from Religion
Andrew Koppelman's *Defending American Religious Neutrality*
SARAH LIPTON-LUBET AND DENA SHER
- 48 Europe: A Secular Space with Room for Religion**
Peter Cumper and Tom Lewis's *Religion, Rights and Secular Society: European Perspectives*
PIERRE-ARNAUD PERROUTY
- 50 Business and Politics First, Women Second:**
The FDA's Drug Approval Process
Melissa Haussman's *Reproductive Rights and the State: Getting the Birth Control, RU-486, and Morning-After Pills and the Gardasil Vaccine to the U.S. Market*
KELLY C. CLELAND



FEATURES

52 ‘A Tragedy in Three Parts’:
 The Sex Abuse Scandal
 in the Catholic Church
 Michael D’Antonio’s
*Mortal Sins: Sex, Crime,
 and the Era of
 Catholic Scandal*
BILL WILLIAMS

45 Bookshelf

54 Reports Worth Reading

56 Postscript

Back Cover

Index: Abortion Costs
 around the World

Why I Am Prochoice

Essays from around the World

- | | | |
|--------------------------------|---------------------------------------|------------------------------------|
| 14 CURTIS BOYD, MD | 23 SUSANA CRUZALTA | 34 STEVEN W. SINDING |
| 15 DANIELA COLOMBO | 24 MORGAN MCDANIEL | 35 REP. LOUISE M. SLAUGHTER |
| 16 KELLIE ROSE FERGUSON | 24 LUKOYE ATWOLI, MD | 36 DAME MARGARET SPARROW |
| 16 KELLY CIEZA | 25 MARINA DAVIDASHVILI | 36 MARTA ALANIS |
| 17 JESSIE CLYDE | 26 KRISTI MILLER | 37 DUARTE VILAR |
| 18 REP. ROSA L. DELAURO | 26 GLENN NORTHERN | 38 CHI LAIGO VALLIDO |
| 18 JERSEY GARCIA | 27 SUZANNE POPPEMA, MD | 38 WHITNEY YOUNG |
| 19 CLARE COLEMAN | 30 JOHN NYAMU, MD | 39 JUDY WAXMAN |
| 20 ROSA GUTIERREZ | 30 DAWN PURVIS | 40 CALLIE ODULA-OBONYO, MD |
| 20 SOPHIE IN ’T VELD | 31 HANH LE | 40 JANET GALLAGHER |
| 21 TAMMI KROMENAKER | 32 MÓNICA ROA | 41 MAGDALENA LOPEZ |
| 22 REV. VINCENT LACHINA | 32 RUTH RIDDICK | 42 AILBHE SMYTH |
| 22 MARY LARSON | 33 RABBI DENNIS S. ROSS | 42 ROSEMARY MUGWE |
| | 34 ROSEMARY RADFORD
RUETHER | |

COVER: © CORBIS IMAGES/ROBERT DALE;
 TYPOGRAPHY BY LETTERFORMS TYPOGRAPHY & GRAPHIC DESIGN

ABOVE: PROCHOICE DEMONSTRATORS FILL THE ROTUNDA OF THE TEXAS STATE CAPITOL BEFORE
 THE SENATE VOTE ON ABORTION RESTRICTIONS. © AP PHOTO/TAMIR KALIFA

Religion, Extremism Should Not Be Conflated

THANK YOU SO MUCH for taking up the issue of religious extremism.

Human rights law is clear that while we have the freedom to think and believe anything we want, respect for the rights of others requires temperance in the manner in which our thoughts and beliefs are expressed. This is particularly true for state-imposed policies and laws. Last year, the Inter-American Court on Human Rights held that states may not implement laws that reflect one particular faith, because that would impose this faith on those who do not share it. State-sponsored religious extremism is an obvious example of this.

Through the years, I have spoken to hundreds of women who've had abortions, many of whom found deep meaning in their faith. Without exception, they were able to reconcile the decisions they made with regard to their health and families with a strengthened faith in a loving God, even as many faced condemnation from public representatives of their religion. To me, this is the strongest possible proof that faith, religion and

Letters may be edited for clarity and length.

extremism are separate concepts, which we must take care not to conflate.

MARIANNE MOLLMANN
Senior Policy Advisor,
Amnesty International
New York, NY

Religious Extremism and Human Rights

IN "PLAYING HARBALL against Women's Rights" (*Vol. XXXIV, No. 2*), Joanne Omang discusses the role of the Holy See in advancing a regressive international development agenda at the UN Commission on the Status of Women (CSW). The Holy See relies on support from governments with equally regressive ideologies, including Russia and Egypt, to advance a well-coordinated and strategic offensive on women and girls' human rights, their value in society, their right to make free and informed decisions, their existence as sexual beings, and their access to sexual and reproductive health services, even in cases of sexual violence.

Examples extend beyond the CSW to include the Human Rights Council resolution led by Russia on "traditional values" and the Egypt-led draft text on the "protection of the family," which could potentially exempt states from their

responsibility to protect individuals' human rights, in favor of protecting harmful practices including female genital mutilation, early and forced marriage, so-called "honor" killings, intimate partner violence and targeted discrimination.

Confronting such gross human rights violations requires states to act in a coordinated manner, across regions and constituencies to advance a progressive human rights-based development agenda.

SARAH KENNELL
Action Canada for Population
and Development (ACPD)
Ontario, Canada

Rhode Island's Home-Grown Religious Extremism

THE ARTICLE "MEET SOME Religious Extremists" (*Vol. XXXIV, No. 2*), resonated with me because of home-grown religious extremists in Rhode Island, where church officials exert pressure upon elected leaders to enact antiabortion policies. Rather than addressing the rising budget deficits, high unemployment rates and high school dropout rates with real interventions, the state General Assembly spent its final hours trying to fund religiously affiliated crisis pregnancy centers. Yes, Rhode Island has the highest unintended pregnancy rates in New England, but the root of the problem is the need for low-cost contraceptive access for low-income families.

Even after the law recognizing same-sex marriages was passed, Bishop Thomas J. Tobin threatened parishioners with the instruction

to "think hard" before attending the weddings of gay friends or family members. Recently, Bishop Tobin publicly announced he had switched his political affiliation to the Republican Party, citing the party's platform against reproductive rights.

Thankfully Gov. Lincoln Chafee vetoed the license plate program that would have funded a CareNet crisis pregnancy center, citing the separation of church and state. But I begin to wonder—when are we going to start making laws that honor all beliefs in the Ocean State?

PAULA HODGES
RI Public Policy & Advocacy
Director, Planned Parenthood
of Southern New England
Providence, RI

An End to the Holy See's Privilege?

IN 1984, I WAS AMONG THE plaintiffs who challenged President Ronald Reagan's decision to extend US diplomatic recognition to the Holy See, elevating one faith over all others in violation of the separation of church and state. In Joanne Omang's excellent article, "Playing Harball against Women's Rights" (*Vol. XXXIV, No. 2*), she rightly states that the Holy See's permanent observer status at the UN privileges one religious body over all others—especially when the Holy See uses (misuses?) that position to block international efforts to advance women's and children's rights. Pope Francis should change the Holy See's position at the UN to match

that of other faith and nongovernmental groups.

Incidentally, Bennett Elliott's informative review of Eric Berkowitz's book, *Sex and Punishment* from the same issue reminded me of a lecture I attended more than 50 years ago with Dr. Alfred Kinsey at his Institute for Sex Research at Indiana University. During the informal gathering Kinsey let it be known that the institute boasted the largest library in the world on all matters sexual, except for one even larger—the Vatican's. He asserted that the church had tried to amass information about sexual behavior as a first step towards deciding what to condemn as sinful and what regulations to make.

EDD DOERR

President, Americans for Religious Liberty Silver Spring, MD

Contraception, Sex Education Keys to Switzerland's Reproductive Health Access

IN "40 YEARS OF ROE" (*Vol. XXXIV, No. 2*), Rep. Brendan F. Boyle rightly pointed out that restrictive abortion laws do not reduce abortions. But he is wrong in saying "Germany is the country with the lowest abortion rate on the planet." The abortion rate in Switzerland is still lower (in 2012 it was 6.7 abortions per 1,000 women aged 15-44, compared to 7.2 in Germany). Switzerland has one of the most liberal abortion laws (more liberal than Germany) and there is easy

access to the procedure.

The support for women and families with children certainly is an important measure which contributes to lower abortion rates, as Rep. Boyle writes in his article. But still far more important is information on sexuality and contraception (provided as part of sex education at school) and good access to all methods of contraception for all women and teenagers (including the "morning after pill," which is available over the counter in Switzerland). Switzerland also has the lowest teenage birth rate (3.3 per 1,000 15-19-year-olds) and is a good example of why the best way to reduce the number of abortions and the cost associated with teenage pregnancies is to reduce unwanted pregnancies in the first place.

ANNE-MARIE REY

SVSS Abortion-Information Bern, Switzerland

Philippines Has Often Followed Holy See's Lead on Family Planning

THE FORTUNES OF FAMILY planning in the Philippines have gone up and down depending on how closely the government followed the Holy See's playbook, as outlined by Joanne Omang (*Vol. XXXIV, No. 2*). The inconsistency in government commitment to reproductive health led to a logistical breakdown in services, especially for lower-income people. For 30 years, the Philippine government was fully dependent on the donation of family planning materials by the United States Agency for International Development (USAID). In 1998, the American government told President Joseph Estrada that the program would be phased out, with the Philippine government agreeing to ensure family planning access for poor Filipino families. But the sudden

change in administration in 2001 installed a regime closely allied to the Catholic Bishops' Conference of the Philippines, which then scuttled the national government's provision of family planning supplies. The catastrophe was most acute in the City of Manila, where an antagonistic mayor literally banned all reproductive health activities for nine years.

The Reproductive Health and Responsible Parenthood Law (the "RH Bill") is being debated in the Supreme Court. Hopefully this is the last barrier to finally having an official national policy on the provision of reproductive health information, services and supplies agreed by all government branches.

ALBERTO ROMUALDEZ

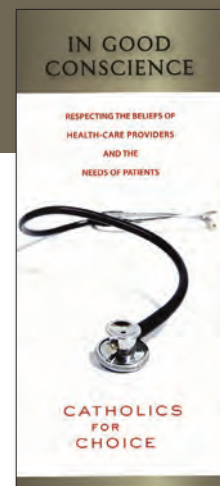
Chair, Board of Trustees, Catholics for Reproductive Health Former Secretary of Health, Philippines Department of Health

Let us know what you think.

Send in your
Letter to the Editor
and receive a free copy of
Catholics for Choice's
"In Good Conscience."

PLEASE E-MAIL LETTERS TO:

conscience@catholicsforchoice.org



Pope's World Youth Day Message Different in Tone, Not Substance

Church and State

Second Fortnight for Freedom Reflects Bishops' Values, Not Those of Lay Catholics

JULY 4 MARKED THE CLOSING of the second “Fortnight for Freedom,” the initiative spearheaded by the United States Conference of Catholic Bishops (USCCB) encouraging dioceses across the country to raise awareness about “threats to religious liberty” the bishops perceive in the US.

Although there was less media coverage of the Fortnight this year compared to 2012, a major focus remained the inclusion of contraception coverage in most employee insurance plans. As part of the proceedings, the bishops organized an open letter, “Standing Together for Religious Freedom,” protesting the Affordable Care Act’s contraception requirements for private businesses. As Religion News Service noted, the Catholic signatories were almost entirely from the ultraconservative wing of the church, such as Ave Maria University and the Franciscan University at Steubenville, and Evangelical groups, with few or no representatives from Jewish denominations, mainline Protestant congregations, Eastern Orthodox churches, Islam or secular organizations holding a pluralistic view of religious freedom.

The USCCB added same-sex marriage as a



Pope Francis (L) and Cardinal Tarcisio Bertone return from their trip to Brazil for World Youth Day.

IN HIS FIRST MAJOR TRIP SINCE becoming pontiff, Pope Francis headlined World Youth Day 2013 events across Rio de Janeiro, Brazil, a country whose Catholic population has declined from 74 percent in 2000 to 65 percent in 2010, according to Pew research.

Greeting crowds from a more open vehicle than the closed “Popemobiles” used in the last two papacies, the pope visited slums, reached out to leaders of other faiths and urged Catholic youth to “make noise ... and essentially shake up the life of the church,” according to CBS News. In an airplane inter-

view on his way back to Rome, Francis seemed to break from his predecessors’ condemnation of homosexual clergy, asking “Who am I to judge?” about gay priests. However, when it comes to women’s ordination, Francis took the same hardline stance as Pope John Paul II, stating that “that door is closed.”

No changes in the church’s teachings on sexually active gay Catholics—or reproductive health issues like contraception and abortion, which clearly impact the poor—came out of World Youth Day 2013. Speaking

to BBC News, Jon O’Brien, president of Catholics for Choice, described the impression left by Pope Francis: “The rhetoric does not match the reality. It’s business as usual, albeit with a more friendly face.”

Pre-event estimates of attendees were low, prompting the Vatican to ask Brazilian officials for an additional \$40 million on top of the more than \$60 million the host country had already committed, according to the Irish *Independent*. An estimated 3 million pilgrims attended the pope’s closing Mass on Copacabana beach.

major target for the 2013 event, even though the bishops have experienced key losses on state-level marriage equality votes. In Archbishop William E. Lori's closing homily, the Supreme Court's decision to rescind the Defense of Marriage Act's provision forbidding federal recognition of same-sex marriage seemed far from settled, as he urged his listeners, "I beg you not to be silenced or unfairly shamed into remaining silent when it comes to supporting marriage." A March poll by Quinnipiac University found that Catholics continue to support same-sex marriage at margins greater than the rest of the American public.

New US Ambassador to the Holy See Confirmed

THE FORMER PRESIDENT OF the Catholic Relief Services (CRS), Ken Hackett, has been confirmed as the next US ambassador to the Holy See. His nomination was approved by Congress after he was selected by President Obama and received diplomatic approval from the Holy See.

The choice of Hackett, a USCCB insider who has relationships with Vatican offices on foreign policy and charity, according to the *National Catholic Reporter*, means "his nomination likely avoids yet another source of tension in the sometimes strained relationship between the Obama administration and the bishops."

Hackett's background in overseas international aid reflects a mixture of policy positions, ranging from a 2010 letter to Congress in support of the Mexico City Policy, which prevented US-funded organizations from performing or referring for abortion, to a 2008 letter produced by CRS under his leadership, which stated that affiliated charities should give information on condoms, which are "highly effective when used correctly."

The Church and Contraception

Catholic Hospitals Find Contraceptive Policy 'Workable,' Bishops Not Appeased

THE US DEPARTMENT OF Health and Human Services (HHS) issued the final version of the contraceptive coverage required in employer health plans under

the Affordable Care Act in late June. The United States Conference of Catholic Bishops (USCCB) quickly released a preliminary statement from president Cardinal Timothy Dolan stating that, while there were some changes from the initial version, the bishops had not discovered anything in the new language that "eliminates the need to continue defending our rights in Congress and the courts."

This stance does not match the position taken by Sister Carol Keehan, president and CEO of the Catholic Health Association (CHAUSA), who said the final ACA compromise was "workable from a legal and theological perspective" and thus "a solution we could make work" in the organization representing the majority of the Catholic hospitals in the country. Keehan's remarks came during an interview with the Religion News

Service in early July.


While Cardinal Dolan, who is the Archbishop of New York, maintained the USCCB's position that the definition of "religious employers" exempted from providing contraception coverage was still too narrow under the ACA, the Archdiocese of New York continued its decades-long policy of paying for the contraceptive coverage for thousands of unionized employees. At ArchCare nursing homes and clinics, 3,000 people have access to contraception and abortion through employee insurance plans provided by the archdiocese, according to the *New York Times*. "We provide the services under protest," clarified Joseph Zwilling, an archdiocese spokesman. The employee benefits flow through a benefits fund administered by a third-party league of nursing homes, in which ArchCare's membership is voluntary.

Outpouring of Support for Student Group that Distributes Condoms

IN MARCH 2013, BOSTON College Students for Sexual Health, an unofficial student group, was asked by the college administration to cease the distribution of condoms and STI information on campus, which the group has provided for four years. "The distribution of condoms is not congruent with our values and traditions," read a letter signed by Paul J. Chebator, the dean of students, and George Arey, the director of residential life, according to the *New*

INFORM YOUR

CONSCIENCE



WITH

CATHOLICS FOR CHOICE

Scan with your smart phone to follow the latest news and action alerts about reproductive rights, sexuality and gender, church and state and individual conscience on the Catholics for Choice website.

York Times. The letter threatened any students handing out condoms on campus with “disciplinary action.”

Lizzie Jekanowski, chairwoman of the group, said that the students pass out approximately 5,000 condoms each semester, an activity that constituted “lawful and constitutionally protected activity,” according to Carol Rose, executive director of the American Civil Liberties Union (ACLU) of Massachusetts, which is prepared to take legal action on the students’ behalf, NBC News reported. Some professors have also sided with the students, such as history

professor James O’Toole, who enumerated other debates for the Boston College *Chronicle* and said Catholic college campuses were places where the “views of lay people on compelling issues of the day can or should be taken into account.”

Government Confident that Philippines RH Bill Will Survive Supreme Court Challenge

THE PHILIPPINES’ Reproductive Health Bill (RH Bill), signed by President Benigno Aquino III last December, will overcome its opposition and be implemented soon, according to

presidential spokeswoman Abigail Valte in an interview with the *Philippines Star* in July. Not accepting the defeat of its campaign against the RH Bill, the Catholic Bishops’ Conference of the Philippines (CBCP) lodged complaints about the legislation, which makes contraception more available to lower-income women, with the Supreme Court.

In mid-July, the Supreme Court allowed for an indefinite amount of time to consider arguments against the policy, partially because there is debate among the justices themselves about whether the Court is the

correct place to decide medical matters. Justice Antonio Carpio told Philippines GMA News Online that the matter should have been brought to the Food and Drug Administration before taking it to the Supreme Court. Former Health Secretary Esperanza Cabral remarked to GMA that “when you do not have a medical background, you are not competent enough to interpret what you read.”

Claiming “we are not a lobby group,” the CBCP’s new president, Archbishop Socrates Villegas, stated that the bishops’ conference was involved in the Supreme



© AP PHOTO/ BULLIT MARQUEZ, 2013

RH Bill supporters hold a vigil outside the Philippines Supreme Court in March to protest the delay in implementing the law signed in December by President Benigno Aquino III.

Court challenges to the RH Bill because “our spiritual mission mandates us to do that,” the *Philippines Daily Inquirer* reported. Other Catholics are taking the opposite side in the court proceedings, with Filipino Catholic Voices for RH joining other organizations in refuting the CBCP and other petitioners’ claim that their religious freedom is being infringed upon by the RH Bill, according to the *Inquirer*.

Catholic Healthcare

Catholic Hospital Merger Trend Reaches Three More Communities

SEVERAL MERGERS INITIATED by Catholic healthcare entities in recent months provided examples of different outcomes in their respective communities. When Hoag Memorial Hospital Presbyterian, based in California, merged with St. Joseph Health this year, Hoag’s former president and the new leader of the combined Covenant Health Network, Dr. Richard Afable, was open about the changes in store for patients, disclosing to the Associated Press that the hospital decided to stop offering elective abortions, prompting a protest by the community.

By contrast, when Catholic Health Initiatives merged with St. Luke’s Episcopal Health System in Houston, Michael Romano, national director of media relations for Catholic Health Initiatives, minimized the



Prochoice supporters demonstrate in front of the gates of the Irish Parliament building in Dublin in July, just before the new abortion legislation was approved.

© PETER MUHLY/AFP/GETTY IMAGES, 2013

implications for patient care, telling the *Houston Chronicle*, “Episcopal policies are very similar to Catholic directives” and that St. Luke’s would work to ensure its patients found care elsewhere for services no longer offered. A search of the *stlukeshouston.com* website performed in mid 2013 found that an earlier “Gynecology” page—which listed sterilization as one of its offerings—had been replaced by a more general “Women’s Health Services” page that does not mention the procedure.

Community outcry succeeded in halting a proposed merger between the University of Arkansas for Medical Sciences (UAMS) in Little Rock, AR, and St. Vincent Health System (SVHS), a Catholic entity and one of the largest nonprofit health systems in the country. At first, UAMS Chancellor Dan Rahn stated that a merger would bring “no changes in the scope of

clinical practice” with respect to the full complement of reproductive health services offered by the hospital, according to the *Arkansas Times*. Concerned citizens were unconvinced, however, because drafts of the agreement between the two hospitals expressed the intent to “fully integrate SVHS’s and UAMS’s facilities and services into a single network entity,” as reported in the *Arkansas Blog*. Bishop Anthony Taylor of the Diocese of Arkansas later affirmed that he would not support “any jointly governed institution that would result in our material cooperation with any of the immoral medical practices” offered by UAMS, including abortion, in vitro fertilization and sterilization. Public concern over the merger reached state legislators, according to the *Arkansas Times*, and ultimately the talks between the two hospitals were abandoned in July.

The Church and Abortion

Irish Law Makes Abortion Available under Narrow Circumstances

IRELAND PASSED NEW abortion legislation, the “Protection of Life during Pregnancy Bill,” making abortion legally available only when a woman’s life is threatened by the pregnancy. In late July, President Michael D. Higgins signed the bill into law. Prime Minister Enda Kenny was one of several politicians who encountered opposition from the bishops and ultra-conservative Catholics for his support of a change in the abortion law. Seventy-five percent of the Irish public supported the bill, according to a June poll conducted by the *Irish Times*/Ipsos MRBI.

One of the most debated sections, the inclusion of suicide as a threat to a woman’s life, made it into

the final text with the stipulation that each case must be approved unanimously by three doctors in consultation with a woman's GP, as opposed to two doctors in the case of life-threatening physical illness. Discussing the extra burden placed upon these women, Dr. Anthony McCarthy, one of Ireland's leading psychiatrists, called the original plan to require six doctors' opinions "some sort of sick joke," according to the *Irish Independent*.

Some would have preferred a more far-reaching reform, including Justice Minister Alan Shatter, who called denying abortion in cases of rape or fatal genetic defects a "great cruelty," according to the *Associated Press*. The law also falls far short of decriminalization, as it retains a clause allowing for the imprisonment for "a term not exceeding 14 years" of those who "intentionally destroy unborn human life." As Fintan O'Toole of the *Irish Times* pointed out, the 14-year sentence imposed on a man convicted of a fatal stabbing had recently been reduced to eight.

Opposition Fails to Force a Referendum on Uruguay's Law Easing Access to Abortion

A BILL DECRIMINALIZING abortion in Uruguay during the first three weeks of pregnancy will not be subject to a popular referendum. In October 2012, President José Mujica signed the bill into law, but the measure faced challenges from right-wing



Rev. Michael Fugee appears in a Hackensack, NJ court, facing charges of contempt of a judicial order to never work with children.

groups, including the Uruguay bishops' conference, calling for it to be put to a vote among the people. The preliminary step of a vote requesting the referendum was held in June but failed by a wide margin, collecting less than half of the required ballots.

While women must have their applications for an abortion approved before a panel and are subject to a waiting period before the procedure, the law is still one of the most liberal in Latin America. "The fact that it wasn't enough for a referendum clearly shows that the Uruguayan society is willing to continue moving forward," the activist group *Mujer y Salud en Uruguay* (Woman and Health) said, according to the *Associated Press*.

The Church and Abuse

NJ Archbishop Criticized for Mismanagement of Priest Found Violating Court Restrictions on Ministry to Children

CONTROVERSY OVER THE WAY the Archdiocese of Newark handled the case of Fr. Michael Fugee, a priest who continued ministering to children in violation of a court order after being tried for sexually assaulting a teenage boy, has led to calls for Archbishop John J. Myers to resign. Fugee's legal arrangement stemmed from a 2007 agreement in which he confessed to groping a teenage boy, and he was subsequently found to have persisted in having contact with children, some-

times without supervision.

After evidence of Fugee's activities was documented by the *NJ Star-Ledger*, Myers initially claimed that all the priest's contact with children had been supervised. But the archdiocese admitted in May that Fugee had engaged in activities it was not aware of and "we would never have approved." That same month, Myers demoted Msgr. John E. Doran, whose signature is on the archdiocese's agreement to supervise Fugee's ministry.

Fugee resigned and is no longer in active ministry as a priest. In response to those calling for his own resignation, Archbishop Myers told *Catholic World News* that what he had learned from the situation was "what I don't think we will do again

is enter into an agreement with a civil authority that gives the supervisory function to the archdiocese.”

Updates on Clergy Abuse in the Catholic Church

■ After submitting an update to the UN Committee on the Rights of the Child 15 years late, the Holy See has been asked by the committee to report on the measures it has taken to “ensure that no member of the clergy currently accused of sexual abuse should be allowed to remain in contact with children,” according to Religion News Service. The hearing will be in January 2014.

■ An audit inspecting dioceses’ compliance with the US bishops’ Charter for the Protection of Children and Young People found “the fewest allegations and victims reported” since the annual reporting process began in 2004, according to *America*.

■ According to figures released by the United States Conference of Catholic Bishops in April, the clergy sexual abuse crisis cost American dioceses over \$109 million in 2011 and a total of \$2.49 billion since 2004.

■ Capuchin leaders from 10 US states protected accused abusers over a period of eight decades, according to a report released by the community of Franciscan fathers and brothers in June.

■ Cardinal George Pell admitted to a parliamentary

panel in May that the Australian Catholic church had covered up clergy sexual abuse cases, although he personally was not involved, according to AFP.

■ The Newcastle diocese in Australia knew that Fr. Denis McAlinden sexually abused children but did not report him to the police for 50 years, according to the *National Catholic Reporter*.

■ Survivors of the Catholic-run Magdalene laundries in Ireland will receive at least \$45 million in compensation for their unpaid labor, according to a July article from the *Irish Times*, which also reported that the four orders of nuns that ran the laundries will not contribute to the fund.

End Notes

Ohio Teacher Dismissed for Same-Sex Relationship Reflects Conservative Trend in Catholic Institutions

THE FIRING OF CARLA HALE, A long-time teacher at an Ohio high school, began with a complaint about a same-sex

partner mentioned in the obituary for Hale’s mother, but the situation may prove to be a legal showdown for the rights of LGBT employees at Catholic institutions.

Bishop Frederick Campbell of Columbus claimed that he dismissed Hale, a Methodist who had taught physical education at Bishop Watterson High for 19 years, because her “quasi-spousal relationship” with another woman was in violation of church teachings and not, he specified, for her sexual orientation, according to the *Columbus Dispatch*. The paper further reported that there is a contractual basis for the diocese dismissing instructors on the basis of “immorality” or “serious unethical conduct.”

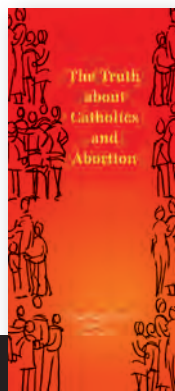
The former teacher’s move to contest the decision was not supported by her union, the Central Ohio Association of Catholic Educators, though other local unions such as the AFL-CIO have passed resolutions supporting Hale’s request for reinstatement, according to the People’s

World union website.

In a similar case, a Catholic school system in Wisconsin rescinded a job offer made to a man, allegedly because his same-sex roommate—not a romantic partner—was mentioned in his father’s obituary. Nick Johns, a former organist for a Georgia parish, claims he was dismissed because of information on his Facebook page indicating he was gay.

Prominent canon lawyer Fr. James Coriden spoke to the *National Catholic Reporter* about the spate of firings for same-sex relationships, stating that while church employees dismissed on grounds of morality are guaranteed recourse by canon law, in effect they have nowhere to turn: “Canon law doesn’t have much really to do with it.” Another canon lawyer, Fr. John Beal, said that the church was so committed to its stance against same-sex marriage and homosexuality that it “would rather let the institution close for lack of applicants than change the policy.” ■

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.

TO DOWNLOAD:

www.catholicsforchoice.org

Be Catholic. Be Prochoice. Be Informed.

The information contained in the publications below, and others available from Catholics for Choice, will enhance your faith and your principles and help you repudiate the arguments of those who oppose women's rights, reproductive rights, the separation of church and state and church reform.

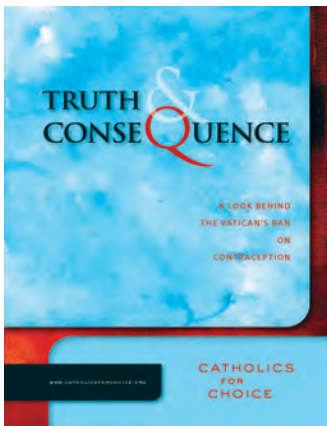


IN GOOD CONSCIENCE:

Respecting the Beliefs of Healthcare Providers and the Needs of Patients

\$5.00 each

Conscience clauses in the United States, Latin America and Europe are discussed in this series of publications. Each publication answers many questions, including: Who should conscience clauses protect? How do they affect patients who need reproductive healthcare? How does one follow one's own conscience while providing ethical treatment for all?



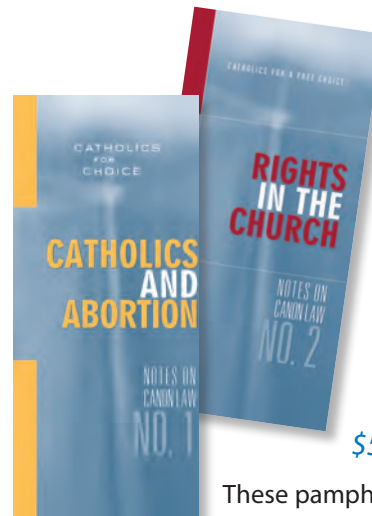
TRUTH & CONSEQUENCE:

A Look behind the Vatican's Ban on Contraception

\$15.00

On the eve of the pope's visit to the US in 2008, Catholics for Choice released a publication examining the impact of

40 years of *Humanae Vitae*, the Vatican document that cemented the ban on contraception. Widely acknowledged as a defining moment in modern church history, *Humanae Vitae* has become a source of great conflict and division in the church.



CATHOLICS AND ABORTION

Notes on Canon Law #1

RIGHTS IN THE CHURCH

Notes on Canon Law #2

\$5.00 each

These pamphlets provide a brief and straightforward analysis of what the Catholic church's canon law says about abortion, the rights of prochoice Catholics and the rights policymakers and individuals have under the Catholic church's canon law.

To order by phone: +1 (202) 986-6093



OPPOSITION REPORTS \$15.00 each

The Knights of Columbus • Human Life International • Opus Dei
 The Catholic League for Religious and Civil Rights • Catholic Answers
 The American Life League • Priests for Life • The Cardinal Newman Society

Opposition Notes is a series of investigative reports that expose the tactics and beliefs of those who oppose women's rights and access to reproductive healthcare services. A mixture of careful research and incisive analysis, these reports allow the words and actions of ultraconservative organizations to speak for themselves.

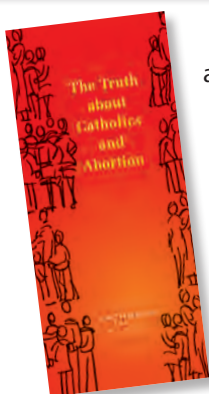


THE FACTS TELL THE STORY:
Catholics and Choice \$1.00

The Facts Tell the Story provides the latest data about American Catholics' support for and use of legal abortion, contraception and other reproductive healthcare issues. This succinct collection of statistics is a handy reference on polling related to abortion access, contraception and comprehensive sexuality education as well as the separation of church and state.

Also Available:

THE TRUTH ABOUT CATHOLICS AND ABORTION
 \$5.00



Also Available:

CONDOMS FOR LIFE POSTER \$1.00

To order online: www.catholicsforchoice.org

Why I Am Prochoice

Jon O'Brien, President of Catholics for Choice

Why are you prochoice? For this issue of *Conscience* magazine, we asked people from around the world, from diverse backgrounds, experiences, cultures and religions, to answer that question.

I want to let you know why Catholics for Choice is prochoice.

At Catholics for Choice, we approach the word “choice” from an ideological standpoint. As a result of our faith and our political convictions, we believe in the power of choice.

As Catholics, we believe in conscience. We believe that everyone has a God-given voice that resonates within us and guides us in our decision-making. Nothing and nobody less than God can take that voice away from us. Choice respects each person’s right and responsibility to listen to our inner voice when making moral decisions, including the one to continue or end a pregnancy.

Our work to make sure that women can make their choices a reality is rooted in our faith’s tradition of social justice. We are called by our faith to advocate most strongly for policies that

protect and lift up all people, particularly the marginalized and the poor. Our religious beliefs compel us to recognize the dignity and rights of all people, including that they deserve respect and equal access to reproductive healthcare, irrespective of race, color, class or creed. No matter what she decides, a woman should be able to carry out her choice safely, with dignity and without having to circumvent coercion, stigmatization or unnecessary obstacles. A commitment to choice means that we make sure there is a level playing field, so the ability of a woman to act on her choice isn’t limited by economic, social or political factors. It means striving to ensure that you can carry out your choice as easily as I would like it to be to carry out mine.

At its very core, our commitment to choice is rooted in trusting women and in the deepest respect for personal autonomy. We believe it is the best, most just way to approach advocacy on public policies that deal with these very personal decisions. To be prochoice is to acknowledge that we cannot make a critical life decision for anybody else, just as they cannot do so for us.

In its insistence that personal autonomy is nonnegotiable, choice applies to each and every person in each and every situation. It does not change even as political climates, public perceptions and social realities come and go.

This is why we are prochoice. It is why we lead the way on issues like public funding for abortion and access to later abortion. It is for these reasons that Catholics for Choice will continue to talk about these issues and why we will ask you to talk about them with us. I hope you find this issue and our colleagues’ stories stimulating, inspiring and challenging, and that you visit catholicsforchoice.org/prochoice-essays to tell us why you are prochoice. ■

Curtis Boyd, MD

TODAY, PEOPLE SEEM TO THINK that if you are Christian, you are opposed to abortion. However, it was my Christian values that brought me to this work. I am a physician who has provided abortion care for over 40 years, but I was a Baptist preacher before I went to medical school. I first thought about “problem pregnancy” from a Christian perspective. My extended family raised me to believe in kindness, gentleness and compassion. God was love. God was merciful and forgiving.



Abortion Provider, Co-Owner, Southwestern Women’s Options

In medical school my need for religion led me to Unitarianism, which in turn led

me to social activism in the 1960s. By then, I had a busy family practice in the small town where I’d gone to high school. I had established a Unitarian Fellowship there and was its president. The Unitarian Universalists were involved in a number of social issues, and since I was a doctor, I was recruited to work with the Clergy Consultation for Problem Pregnancy. I joined a large group of college and university chaplains and ministers from many denominations. These clergymen (and they were all men) believed that their Christian duty compelled them to serve the needs of their students and their congregations. Like me, they believed in a God of understanding, compassion and love.

Like most men, I'd given little thought to women's issues. Sometime in childhood I realized that our culture was not entirely fair to girls, and in high school I clearly saw how an unplanned pregnancy could ruin a girl's life. But the depth of the unfairness did not register with me. I believed racial equality and stopping the war in Vietnam were the important causes of the day. So when some of the women I was working with on social justice said, "Look, we have our own issues," I didn't get it. "What issues could women have that men don't have?" was my question. I got an answer: "We want to control our bodies and our lives. We must be able to control our

reproduction if we are to plan our lives—our families, our careers. We want abortion to be available." I was shocked ... and my consciousness was being raised.

As a physician, I knew that a pregnant woman had no voice in whether she got a desired abortion or not. The ethics committees that met in hospitals to decide whether a woman deserved the abortion she sought were all male. It was that way everywhere—church leaders were men, politicians were men, most doctors were men. No one considered the pregnant woman's point of view, much less her "rights."

In the 1960s, the feminist movement

said for the first time that the pregnant woman should be involved in the decision-making process about abortion, and the Supreme Court finally granted her the right to decide, in consultation with her doctor, in 1973. I believed the matter was settled, and that the solution was just.

I still believe the pregnant woman is the only person who should have the right to decide. Since 1973, I have listened to tens of thousands of women weigh their options. I know that a pregnant woman considers what is best for everyone in her life, including what is best for the pregnancy she carries. I am in awe of the depth of women's moral thinking. ■

Daniela Colombo

WAS BORN BEFORE WORLD WAR II TO a very liberal family in a small town in northern Italy. At age 11, I asked my grandfather, a pharmacist and a socialist, what a condom was and had my first sexual education lesson. I was 14 when I heard my father—a doctor—saying that many children should have been named Ogino. When I asked why, he explained in very simple terms the Ogino Knauss (rhythm) method, and that it was not a safe method if a woman did not want to have children. The birth control pill was already available when I had my first sexual experience. I have had only one daughter, with whom I have always had a marvelous relationship. I chose not to have more children and I never had an abortion.

In my family, only one of my grandmothers was a believer; she was raised in a boarding school for girls run by nuns and had six children in seven years before undergoing a hysterectomy. The other grandmother used to wear a Fatima hand (not usually a Christian symbol) and I regret I never asked her why. We were 10 cousins more or less of the same age, all baptized, but our spiritual guidance came from a Dominican priest who, when we were teenagers, organized a two-day retreat in a convent for us and



President, Italian Association for Women in Development (AIDOS)

our friends to speak about the sexuality of Jesus Christ. He died in Brazil fighting with the guerrillas. I stopped going to church when I was a graduate student in development economics at UCLA.

I joined the women's liberation movement in 1972, after I had moved to Rome and gotten married. We were a small group of radical women and men, most of whom had studied in the US on a Fulbright scholarship, and we immediately decided to include the liberalization of Italy's abortion law as part of our mission.

I remember talking about this to my mother, who was involved in many programs for the poor, and she shared with me her story of a voluntary interruption of a pregnancy immediately after the war. She also told me that for her, the wife of

a doctor, an abortion was not difficult, but that it was very hard for most women, who had to terminate a pregnancy unsafely. My mother felt that it was all right for me to fight for women's freedom of choice.

When I was expecting my child, I used to march in the first rallies for free abortion access while wearing a sandwich poster that read: "desired motherhood, happy motherhood."

My prochoice view was thus a political conviction but it soon became also part of my professional commitment. In 1973, I was one of the founders of a feminist magazine, *EFFE*, which followed the abortion campaign until the law was approved and later, the referendum in which the anti-choice movement was badly defeated. I also worked for several years as a producer for a very famous Italian public television program, "Si dice donna" (So say women), for which I did four reports on the Italian campaign for abortion rights.

In 1981, the TV program was cancelled because my last report, covering 10 years of the women's movement for the legalization of abortion, created an uproar among all of Italy's political parties. This was when I founded AIDOS, the Italian Association for Women in Development. Its mission was naturally to support "the rights, the dignity and the freedom of choice of women" with an integrated, holistic approach to women's sexual and reproductive health and rights. ■

Kellie Rose Ferguson

BEING A PROCHOICE REPUBLICAN is at the core of my political and personal convictions. My political leanings were formed early in my home state of Massachusetts, when decades of inflated tax policy and government spending put a strain on the budgets of businesses and families, leading to the state moniker “Taxachusetts.” The entrée of William Weld, Paul Cellucci and Jane Swift, along with an increase of mainstream Republicans in the state legislature, brought a new discussion that made me keenly aware of priorities of the GOP. These Republicans were champions of limiting the government’s control of our pocketbooks and our personal lives. They promoted the ideal that the role of government was to do only that which citizens could not do for themselves. The GOP control of the state’s corner office for more than 15 years led to groundbreaking improvements in tax policy, welfare reform, education reform and balanced budgets. These *Republican* policies improved the lives of the states citizenry while decreasing tax burdens and protecting individual freedom.

“Prochoice” is a political label—one that is not about promoting abortion, but that means supporting the full range of reproductive health options while upholding our nation’s ideal of personal freedom and respecting the views and decisions of others. Many Republicans identify as prolife; yet they understand that the true conservative position is to ensure that government does not insert itself into medical decisions.

During my first pregnancy, I remember well the massive amount of information and constant swarm of concerns. While my husband and I were thrilled to be adding to our family, we were simultaneously worried about the unknown. From the prenatal classes to the unending pamphlets about ways to ensure my health and that of our child, we wanted to do everything “right.” One of our primary



Executive Director, Republican Majority for Choice

concerns involved the many tests offered throughout the pregnancy to ensure everything was on track and, if any problems were detected, to allow us to take early precautions in order to provide the best care to our child. I know for certain that there was never one time that I thought, “If only I could have the advice of my congressman.” I wanted facts—from a medical professional, not a politician—about which tests were necessary, what the side effects could be for both me and our

baby. It is because our doctors gave us accurate information that we were able to make informed decisions about which tests we would or would not go through.

Ours was a relatively easy pregnancy and we count our blessings for our children daily. We wish the same for every family who wants to grow. I also

When I was pregnant I never thought, “If only I could have the advice of my congressman.”

know that we were lucky—we never encountered the life-threatening situations of many families who are forced to make heartbreaking decisions. Laws that mandate one-size-fits-all medical care are dangerous because every family situation is different. We must place a premium on education about and access to contraception, knowing that these investments are proven effective ways to ensure healthy families and fewer unintended pregnancies and abortions. These are surely goals that all sides can embrace. ■

Kelly Cieza

WHEN I BEGAN TO CONSIDER myself a feminist, I questioned what has been described as “natural” and “normal” for women, reflected on making visible that which had been rendered invisible and giving a voice to that which had been silenced. I wondered whether I could also be a Catholic, because it is precisely the patriarchal dogmas of Catholicism that have kept women from being independent and free.

Then I understood that many Catholic women are fighting for the right to choose. We are constructing our own discourses and interpretations of Christianity based on our own experiences and feelings. We are fighting to have diversity recognized within our churches and to have silenced voices be heard. We are



Chair of the Board of Directors, Católicas por el Derecho a Decidir – Perú

trying to build and comprehend a Catholicism that will make us free, rather than oppress us. We believe that each person builds his or her own relationship with God, a God who liberates us and understands us.

That is precisely what motivated me to

join up with the political efforts of *Católicas por el Derecho a Decidir – Perú* (CDD - Perú), which is part of the Latin American Network of *Católicas por el Derecho a Decidir*. CDD - Perú is a movement of feminist Catholic women whose aim is to safeguard freedom of choice and freedom of conscience, which is part of Catholic doctrine itself.

I now have a clear understanding that it is not natural for women to have to be obedient or to be only mothers or virgins, or to have to be silenced, oppressed or violated. Our bodies are not opposed to the spirit; they are not base nature, fear, shame or original sin. They are a vocation and pathway toward the sacred, and must be placed in a context of freedom and self-determination. Many Catholic women do not accept the notion that the purpose of sexuality must be reproduction, or that heterosexuality is the only sexual orientation.

Catholicism must be the standard-bearer of equality, justice and freedom. It must understand people's circumstances and needs and support them in their decisions on private matters. If a

It is not natural for women to have to be obedient or to be only mothers or virgins, or to have to be silenced, oppressed or violated.

woman decides to use contraception, she is not committing a sin, because she is listening to her conscience and writing her own history. If she decides to have an abortion, she is not committing a sin, because she is preventing a serious harm—as described in canon law—and she is making a decision about herself. Motherhood cannot be imposed as an obligation or punishment.

The right to choose has been recognized after long, historic battles waged by women against the patriarchy, but many women are still unable to exercise it. To this end, the government must

Jessie Clyde

After my first child was born, a friend asked me if my views on abortion had changed. I believe I surprised him when I responded, “Yes! I never thought I could be more prochoice than I was ... but I am.” I suspect he thought that my becoming a mother might make it harder to understand why some women make a different decision. However, the experience had quite the opposite effect and served to strengthen my conviction that all women should be able to make this life-changing decision freely.

My son is now a talkative, inquisitive two-year old who fills my apartment with drawings of dinosaurs, has conversations about trains and popsicles and gives sticky hugs. There are, of course, times (fairly often) when I get nostalgic for my pre-parenting days, but I have come a long way from the year following his birth, when I suffered from postpartum depression. Unlike some mothers who delight in their babies' first smile, cooing and tentative steps, I felt trapped being alone with a baby all day. I found the experience to be isolating and lonely, at worst, and boring at best. There was not a day that went by when I did not find myself crying helplessly in a heap on the couch. I feared that my life had taken a wrong turn and that I might not be cut out for parenting. I felt completely out of control of my life and missed my job, my friends and the free time to read, explore the city or take a run. It did not help that it was the dead of winter in the Northeast!

However, the one thing that made me feel empowered and determined to get through the darkest days was the knowledge that motherhood had been my choice. It was a decision that I made with a wonderful partner who was doing everything possible to help me. It brought joy to my extended family and offers to support me in any way possible. It was a decision that I made after determining that my health insurance covered all the necessary medical expenses and that my employer offered sufficient paid maternity leave. And it was a conclusion I came to after finding out that I could pay for childcare when I returned to work.

Becoming a mother was completely my choice, and yet I was still struggling day in and day out to care for this new member of the family. Time and time again I thought of the millions of women out there who were going through what I was going through without the luxury of it having been a choice. I thought about the women who were forced to become mothers without the emotional and financial support that quite honestly were the only reasons I got through that tough year. So yes, becoming a mother did change my views on abortion. Motherhood, and the ups and downs that come with it, should always be a choice.



Program Officer, Adolescents, International Planned Parenthood Federation/Western Hemisphere Region

ensure freedom of conscience and sexual and reproductive rights, and it must strengthen the secular nature of the state by affirming its independence from religion. Meanwhile, we must promote a more democratic and diverse Catholic

church: one that truly includes and represents all Catholics; one that respects people's right to make decisions about their own bodies, lives and histories. The struggles of feminist Catholic women continue. ■

Rep. Rosa L. DeLauro

TO ME, ABORTION IS A MORALLY complex matter of conscience that speaks to our most fundamental values as citizens and as legislators. As my record indicates, I have been and will always be a strong supporter of a woman's right to choose. This, I believe, is consistent with my work as a Member of Congress to advance respect for life and respect for the dignity of every human being.

While I know that my legislative record on this issue puts me at odds with some of my fellow Catholics and the church's hierarchy, I also know there are many other areas where we all agree. We all envision a world in which every child belongs to a loving family. And we are all committed to reducing the need for abortion, creating an environment that encourages pregnancies to be carried to term and supporting new parents. I believe achieving these goals must include promoting alternatives to abortion, such as adoption, improving access to healthcare and child care, and supporting policies that encourage paternal and maternal responsibility.

That being said, I do find troubling the choice by some in the church's hierarchy to make the divisive issue of abortion seemingly the only issue that matters in the public realm. Whether from the pulpit, in the media or in the halls of Congress, church leaders pursue the issue of abortion as the only issue of consequence. Given all the challenges we face as a society, this single-mindedness is disappointing. Our church should be a moral force in the broadest sense, working to mold a more just America and a more just world. So why does the church only judge Catholic Members of Congress on whether they support a women's right to choose? A member's commitment to feeding the hungry and lifting up the poor is as important. Yet no members have been threatened with being barred from communion for this



Congresswoman representing the 3rd District of Connecticut

lack of commitment, as I have been for my prochoice stance. The focus on abortion alone by a few bishops risks a moral selectivity that weakens the church's authority on other issues.

On this point, I wholeheartedly agree with Sister Joan Chittister when she says: "I do not believe that just because you are opposed to abortion, that that makes you prolife. In fact, I think in many cases, your morality is deeply lacking if all you want is a child born but not a child fed, not a child educated, not a child

housed. That is not prolife. That is pro-birth. We need a much broader conversation on what the morality of prolife is."

This is why I am so moved by the recent proclamations of our new pope,

I have been and will always be a strong supporter of a woman's right to choose.

Francis. In his short tenure as the leader of the church, Pope Francis has been bold in highlighting the richness of Catholic social teaching. His words and actions point to a church rightly preoccupied with the common good and the preferential option for the poor. Recently, he also announced that his first encyclical will be on the theme of global poverty—the first one to ever deal with this issue.

My hope for the future is that Pope Francis will continue to proclaim our rich Catholic tradition and speak to the broad range of issues we all care about, including life, dignity and social justice. That choice could make a world of difference for so many. ■

Jersey Garcia

WHEN I THINK ABOUT THE word "choice" in the context of sexual and reproductive health, I can't help but think about my maternal grandmother's 22 pregnancies and 19 live births and whether, if she had had access to information and services, that would have helped her understand her options—what type of choices would she have made? At that time many others were choosing for her: a *machista* husband who emotionally and sexually abused her; a religious system that told her it was not OK to refuse her husband's oppressive sexual overtures, nor to protect herself from unwanted pregnancies; and a government that did not provide a poor



Co-founder of Mi Lola, a women of color-led volunteer organization that advocates for women's health justice in south Florida

and illiterate woman access to affordable healthcare for herself and her family.

I think of the meaning of choice when I try to picture the story my mother told me about my birth: days of painful labor,

no food, high blood pressure and screaming matches between my mom and the nurses who didn't understand Spanish. "You don't understand this pain? Have you ever given birth to a child—have you?" she asked them. "Shut up, lady; if you don't calm down we will have to restrain you. Maybe you will shut your trap when we tie you to the bed," they responded.

On day four my mom finally got a cesarean. Drained, in pain and very swollen, she was not able to fight for my name when the nurse brought her my birth certificate stating that my name was Jersey, instead of the one my mom had chosen for me, Suleika. What choices regarding birthing options and patient rights did an immigrant, non-English speaking and, for lack of a better word, uneducated woman know she had in the 1970s? While lying in bed in the maternity ward of a large public hospital in New York City, there didn't seem to be many.

Growing up, I watched several of my cousins get pregnant before the age of 16, hiding their pregnancies until a sister's casual touch on her belly found it unusually hard, or being rushed to the hospital unconscious with heavily bloodied pants, having secretly self-induced an abortion with misoprostol.

"Prochoice," I believe, goes beyond being able to make a decision about a pregnancy.

What choices were they aware of when all the sexual and reproductive health education they got was, "If you come to this house pregnant, you will be kicked out and disowned"?

"Prochoice," I believe, goes beyond being able to make a decision about a pregnancy. What is choice without access, without information, without support? An empty promise, I suppose, or a suppressed reality, because who decides, and who chooses in that context? I am pro-choice because I am the product of—and

Clare Coleman

I was raised in the Catholic church, and our family life was built around it. I played parish softball and sang in the children's choir; my dad was a lector, my mom a Eucharistic minister. My years of religious education emphasized stories about Jesus and the values of love, forgiveness, care for the poor and social justice. Ah, the church in the 1970s.

For me, being prochoice is fully in the tradition of my religious teaching and family upbringing. I believe that the right to choose is, in its essence, about our society recognizing that women have worth—that our lives are worth nurturing, our contributions valuable, whether or not we are mothers. I believe in the importance of community—where individuals are bound by mutual obligation and affection, and we can depend upon our welcome and take action together to help those in need. Because the institutional church stands in opposition to my beliefs about worth and community, I have separated from it rather than separate my values and beliefs from my work.

I watched a friend stop going to Mass after an unplanned pregnancy ended in abortion, alienating her from our tradition without anyone reaching out to bring her back. I met with couples in great despair after terminating a pregnancy that they wanted desperately, and then attended Masses where priests prayed for the unborn without ever mentioning women who are seeking to give birth or parents who are raising children. I stood up as godmother at the baptism of a beloved friend's child, and less than seven weeks later, sat with a priest to suggest readings and hymns for that friend's funeral. When the priest learned that I was a Planned Parenthood affiliate CEO, he protested, "You mean the clinic? But you seem so Catholic!" Then I confronted the fear that he might take the step of refusing me Communion, and thus call attention to me at my friend's funeral Mass.

I helped Members of Congress prepare for votes related to contraception and abortion. Often, I saw them differentiate what they truly believed from what they thought constituents would expect from them. They feared being unwelcome in parishes and other faith communities in which they and their families had worshipped for years or even generations. And sometimes, despite what they believed was right, these policymakers would not vote to support access to abortion because the church had promised to make them pay—a cost that, in personal as much as in political terms, was very high.

The institutional church would not call me Catholic, and I don't seek the affiliation. I had to choose the work. I have put years of effort into prochoice organizations that exemplify what Sargent Shriver identified as "spiritual values"—service, dedication, compassion, humility, reciprocity and the spirit of charity. I have kept faith with the faith, and the family, that raised me, and my commitment transforms everyday work into a mission.



President & CEO of the National Family Planning & Reproductive Health Association

the witness to—so many unrealized choices. I hope that voicing them now will free other women to demand, fight for and secure what is rightfully theirs. ■

Rosa Gutierrez

MY EXPERIENCES AS A NURSE were a catalyst for me to realize that the right to choose is very important for people, and more so for women, because the right to choose is not just about me wanting to drink water. This right goes beyond that, because it involves women's bodies and the prospect of breaking away from the centuries-old social mandate that has kept women from controlling their own bodies.

Amanda is a 20-year-old mother of two: a seven-year-old boy and a five-year-old girl. She inserted the spokes of an umbrella into her uterus because she was pregnant, placing cotton at the end

The government should not allow the Catholic hierarchy or any religion to interfere in this public-health issue, and it should finally decriminalize abortion.

of the spokes so they wouldn't hurt. She was brought to the hospital with septicemia. "Can I die from this?" she asked. "We'll do everything we can," we said. "I don't care about dying, but I don't want this!" she replied.

Back then no one knew about misoprostol, and it was a criminal offense for a woman to have an abortion, although the laws weren't so strict.

I saw women who were absolutely determined not to continue with their pregnancy, although they were fully aware of the risks. I saw them make decisions that women only make out of the need to discontinue an unwanted pregnancy, decisions that would lead them to either freedom or death.

My support for the right to choose, as a woman and as a healthcare professional, brought me problems. I think I started to be a feminist, but I was not aware of my own gradual change, dulled by



Coordinating Committee for *Católicas por el Derecho a Decidir* – El Salvador

what I'd been taught at nursing school, the nuns ...

The three legal exceptions whereby an abortion could be performed for medical reasons did not fully apply in practice because the latest technology was not available. An anencephalic pregnancy would be taken to term despite the complications involved. Information was lacking.

As a Catholic, it confused me to see women making such bold decisions about their own bodies, including the decision to die. But these were all poor

women; some women got a proper abortion because they paid for it. That was just the way things were.

In my 15 years as a professional, from 1998 to 2013, the laws have gotten tougher. But the tougher they make the laws, the more abortions take place, and the more women die. Teenage girls commit suicide, or they place themselves at obstetric risk and then go to prison, with no judicial investigation—to serve sentences of up to 40 years.

The Salvadoran government has an obligation to women: it should educate on sexual and reproductive matters in a way that is free of prejudices, of cultural and religious strictures, of myths and beliefs, of sins and guilt. Sex education should promote self-care and provide the information people need to make free, responsible decisions. We should be speaking about free, voluntary motherhood and pregnancy prevention. Information on readily accessible contraception and on emergency contraception should be made available.

The government should not allow the Catholic hierarchy or any religion to interfere in this public-health issue, and it should finally decriminalize abortion and guarantee the right to an abortion that is legal, safe and free of charge. ■

Sophie in 't Veld

THE SHORT ANSWER TO WHY I am prochoice would be another question: can a civilized person be anything else but prochoice? No society can call itself truly free and democratic if people cannot freely decide over the most important and intimate aspects of the private lives: procreation and sexuality. Of course there are difficult ethical dilemmas. But as a humanist I do not believe ethical dilemmas can be solved with simple, one-size-fits-all truths to be imposed on everyone. As a humanist, I believe asking questions is more important than providing ready-made answers.



Dutch member of the European Parliament, D66/ALDE

Ethical dilemmas cannot be solved by closing our eyes to reality, either.

It has been proven that the number of unplanned pregnancies is lowest in countries with very liberal abortion policies and, inversely, highest in countries with very strict, conservative policies. Good sex education and accessible family planning services are the best ways to reduce abortion rates. Very strict abortion laws, or an outright ban, only lead to unsafe abortions, which, in turn, cause a great deal of anxiety and medical complications.

I am grateful I grew up in a country with very liberal policies. In my own environment, I have seen up close what a blessing it is to have wide access to safe and legal abortion services. Take a case I know of involving a severely handicapped fetus that would not have survived after birth—which was not discovered until very far into the pregnancy. The couple chose to terminate just within the legal 24-week mark. Such a situation is a tragedy in itself for the expecting parents. But at least they did not have to worry about an unsafe abortion carried out covertly; they did not have to fear prosecution. They were surrounded by all the medical and psychological care they needed, and they could focus on dealing with their loss. What drives me is that I feel all people are entitled to such services. It hurts me to see so many people, women in particular, are not the masters of their own bodies and their own lives. It hurts me to hear the stories

Can a civilized person be anything else but prochoice?

of women who have been raped and abused but are obliged to carry the baby of their aggressor. I am unable to understand how religion can be distorted as a pretext to deny these women the care and support they need, or how religion can be misused to justify horrible suffering for so many women around the world. I hope one day all people will live in a world as safe and free as the one I grew up in. ■

Tammi Kromenaker

I COULD SAY THAT I AM PROCHOICE because I value women's full participation in society, and that to ensure this freedom, women must have the right to decide when and how many children they will bear. I could say I am prochoice because I don't want to go back to pre-*Roe* days. I could say I am prochoice because it is part of my progressive political leanings. I could also say that I am prochoice because I want my daughter to live in a society that values her.

The real reason why I am prochoice is because I work at an abortion clinic, where I have witnessed thousands of different reasons for why women decide to have abortions.

Women speak. Women speak of their parenting dreams, disasters and realities. I have heard about their lives, loves, relationships, religions, children, future children, hopes, dreams and aspirations. I have listened as they have talked about failed birth control and no birth control. I have heard heartbreakingly real stories about fear, abuse and assaults. I have heard about conceiving while in the most loving and rewarding relationships.

I have heard women speak about their anger and resentment for being in this position. I have let women cry, have a moment, speak in fear and, yes, many times I have even laughed with women.

I have made their appointments, discussed their decisions, held their hands through the procedure, checked in with them in the days and weeks after their abortion and I have seen many of those same women return to the clinic for more than one abortion.

When faced with an unintended pregnancy, women examine their lives: who they are, who they want to be, how they want to be the best person they can be. They do not take this decision lightly. Women value life, and for that very reason they often choose abortion when faced with an unintended pregnancy. Women grapple with this decision on a



Director, Red River Women's Clinic, Fargo, ND

The real reason why I am prochoice is because I work at an abortion clinic, where I have witnessed thousands of different reasons for why women decide to have abortions.

level of moral reasoning that most of us will never experience.

Women make the decision to have an abortion, even when this decision is so stigmatized in our society. They tolerate protesters at their doctor's office. They have had to beg, borrow, steal and even sometimes sell themselves to pay for their abortions. They expect to be judged, treated with disdain and looked down upon. Yet, they still choose abortion.

I have heard the voices of thousands of real women who have had abortions. I am prochoice because of those women. I am prochoice because I trust them. I trust women to make the best decisions for their realities. I have heard only a small portion of the 53 million-plus American women who have had abortions since *Roe*. And, when I listen to them, I know that there is only one way to be, and that is standing with these women, honoring their very real decisions about their own lives. That is why I am prochoice. ■

Rev. Vincent Lachina

HOW DOES A PERSON WHO GREW up in the Deep South, who as a teenager joined one of the most conservative denominations in the US, was educated in a religious college and seminary and ordained in that conservative denomination decades ago, and who has served in ministry for 50 years find himself to be not only prochoice, but a feminist? That has been the incredible journey that has led me to take such a passionate stand on reproductive justice.

Perhaps the most fortuitous aspect of my life's journey is having been born at a time when great change was sweeping across America. As a teenage high school student, I was confronted with integration and was forced to put my faith beliefs about equality into practice by supporting the first African-American students who came to my all-white school. As a college student, the reality of war and its cost for humankind led me to become a Vietnam war resister on my campus. During my seminary days, the introduction of the Equal Rights Amendment brought me face to face with the reality of gender inequity, something that remains very real to me to this day. As a minister in Kansas, observing the shocking and hateful acts committed by the antichoice group Operation Rescue against Dr. George Tiller and the women he cared for opened my eyes to the struggle for reproductive justice in America.

All of these major movements, in my opinion, have at their core one common theme: human dignity and compassionate justice. Over and over again, I have relied on my own understanding of the sacred scriptures I as a minister and believer hold to be true to provide my foundation for advocacy and activism. These same beliefs also lead me to be passionately opposed to and outspoken about the abuse and misuse of faith and religion to oppress any people, without exception. No one can lay claim to being



Northwest Regional Chaplain, Planned Parenthood Votes Northwest

Mary Larson

IAM AN 85-YEAR-OLD PROCHOICE United Methodist, obviously long past the time when issues relating to childbearing have a direct impact upon my life. As I reflect upon why it is that I continue to work on behalf of the prochoice movement, countless memories come flooding back.

In the small rural town in Minnesota where I grew up, no one talked openly about issues related to sexuality. We all knew why my neighbor had to quit high school and get married. But no one talked about it. Just a few years later, when I tried to talk to my pastor about my relationship with my then-fiancé, he didn't want to talk about it. I left that session frustrated and deeply aware that something was wrong. In the first few years of my subsequent marriage, every time my husband and I had sex, my sense of well-being was tempered by my fear that I would become pregnant. But we never talked about it.

I have only a fading memory as to when I decided it was time to start talking about the wondrous gift of sexuality that God has given us mortals. It might have been when I first read that my own denomination believed that "each couple has the right and the duty to prayerfully and responsibly to control conception according to their circum-

a follower of any loving God and practice hateful acts towards others. Those two acts are at such diametrically opposed ends that there can never be reconciliation of the two.

Over the years, I have been often asked why I am prochoice. That, for me, is such an easy question to answer. I am prochoice because I believe in women, and in believing in them, I recognize their right of self-governance, trusting that each woman knows what is best for her and does not need my direction nor anyone else's. It's really just that simple. ■



President of the California Religious Coalition for Reproductive Choice

stances." Or when I read, "We [United Methodists] believe that continuance of a pregnancy that endangers the life or health of the mother, or poses other serious problems concerning the life, health or mental capability of the child to be, is not a moral necessity."

If that is what my church believes, why was nobody talking about it? Those who know me best know that I do not believe in the idea of an intervening God, but that I have come to accept the concept of the movement of the Holy Spirit. Whatever the reason, I began working on behalf of the prochoice, reproductive justice movement. This effort to encourage both men and women within our faith community to openly deal with these issues so central to our existence continues to consume much of my time and energy. ■

Susana Cruzalta

I was born and raised in Cuernavaca, Mexico. My mother was a member of the Comunidades Eclesiales de Base (CEBs, or grassroots church organizations), which were very active in my state during the 1970s and '80s. I grew up taking part in the weekly CEBs meetings with her, where I was surrounded by people interpreting the Bible in the light of liberation theology and talking about the Second Vatican Council. There was also a bishop, Sergio Méndez Arceo, who was a promoter of this theology and a human rights advocate. In addition, when I was six years old my brother decided to join the Dominican order and become a human rights activist within the church. For these reasons, I do not see religion as something that constrains my freedom; rather, it is a way to live a full life.

At the university I had a group of friends who became my second family. We were very close since we were living far away from our families. During different semesters, two of my friends became pregnant, were not ready to face the responsibility of raising a child and decided to have an abortion. I was with them during the painful decision-making process. I saw them crying, suffering and being afraid of the consequences. Abortion is illegal in Mexico—with the exception, since 2007, of Mexico City. My university is based in the state of Puebla, which is a very conservative place where abortion is criminalized. Of course, there are always doctors who want to make money by doing business with women's bodies. There was a doctor like this close to the campus. We went to his practice, and as soon as he knew we were studying in a private university, he doubled the price we were told he charged. We, as a group, raised the money and my two friends were able to have the procedure. The doctor caused severe damage to the uterus of one of my friends and told her she might not be able to have children in the future. She was devastated.



Human rights advocate

Fortunately he was wrong, and now she's the mother of a healthy boy.

In my ethics course, a group of students made a presentation on abortion. They showed a film and made statements condemning women who have had one. I imagined if one of my classmates had had an abortion—how would she feel at that moment? I told the professor I wanted to do a presentation from a prochoice perspective, and he agreed. At that moment there was not a lot of prochoice literature in Mexico. I talked to my brother and he sent me the materials of *Católicas por el Derecho a Decidir* (a sister organization of Catholics for Choice). I learned that abortion is a social justice problem and that thousands of poor women die every year as a result of illegal abortions, while others, like my friends, were lucky enough to afford them.

When I graduated, I decided I wanted to work in favor of women's right to choose because I trust women and am convinced that women possess the moral authority over their own bodies and reproduction. I am prochoice because I do believe that the right to decide—when to have children, how many of them to have or not to have them at all—is a fundamental right that influences the enjoyment of other civil, economic and social rights. I am prochoice because I do not believe that pregnancy should be a punishment for having sex. I believe it should be a wonderful stage of a woman's

or a couple's life, a time to feel blessed. I am prochoice because I care about children. I believe that the right to life does not end when a baby is born; on the contrary, it is a broader right that includes the right to live in dignity, the right to education, health, housing, food, etc. I am prochoice because girls' and women's lives are worth it. I do not want another woman to die as a result of an illegal abortion or to live the rest of her life with fear and without dignity. I want girls, boys, women and men to be physically and emotionally healthy, to enjoy their sexuality in an informed and responsible way. I want them to be happy.

I am prochoice because respect for sexual and reproductive rights shouldn't depend on the country where you were born; every human being in every country should enjoy them. Having the opportunity to live in Germany and Italy (countries where abortion is legal) gave me the first-hand experience to understand that promoting comprehensive sexuality education, affordable and accessible contraception, social support for pregnant women and women with children, pre- and postnatal healthcare and affordable childcare results in prosperity, social well-being, gender equality, lower maternal and infant mortality rates and lower abortion rates for the country.

I wonder if men could get pregnant, would there be a different approach to the right to choose?

Morgan McDaniel

(Adapted from *Feminists-at-Large* blog)

THERE IS A PICTURE OF ME standing proudly in the free speech zone of Red Square, holding a piece of paper with a statement that some people might find controversial, disrespectful or downright heretical: “Choice is a Jesuit value.” To me, it is one of many beautiful pockets of truth amid the messy contradictions that are part of the Jesuit Georgetown identity.

Choice is a Jesuit value. But the reason H*yas for Choice has to use an asterisk instead of an o, and the reason we can give out condoms only in a free speech zone, is that the Vatican finds contraception and abortion morally unacceptable under any circumstances, so our Catholic university is prohibited from giving us access to these benefits. If we look at church history, this prohibition is completely arbitrary, and following it blindly is completely out of step with the Jesuit values I was taught to embrace since my first moment on Georgetown’s campus.

“*Cura Personalis* suggests individualized attention to the needs of the other, distinct respect for his or her unique circumstances and concerns, and an appropriate appreciation for his or her particular gifts and insights.” This is straight from Georgetown’s website for Mission and Ministry. Maybe it shouldn’t be surprising that this language so closely echoes Planned Parenthood’s talking points—that we must respect each woman’s knowledge and understanding of her own situation, as well as her needs and priorities.

“This commitment links the authentic following of the Gospel of Jesus with an obligation to address the social realities of poverty, oppression, and injustice.” This is an important point on the site. People who oppose contraception and abortion rush right past living, breathing women in need to worry about justice for the unborn or unconceived. Poverty and oppression are inextricably linked to a woman’s ability to control when she has



H*yas for Choice

children and how many she has. Without being able to control her own reproduction, a woman cannot control her own income, ensure access to education or have any job security.

“Approximately 52 percent of our student body are women,” says the Mission and Ministry site. That’s 52 percent of the student body who will face choices that the male authorities of the Catholic church will never have to face. How can Georgetown value diversity if it expects all students to conform to the same behaviors, same ideas and same morality

Lukoye Atwoli, MD

DO NOT CONSIDER MYSELF TO HAVE taken a side as either “prochoice” or “prolife.” I consider myself to be both prochoice and prolife, in the sense that I place a huge value on life. Because of both a personal commitment and a professional calling, I would do everything in my power to save and preserve life. However, when it comes to the decision to terminate a pregnancy, I do not hold a dogmatic view, because I realize that this decision is a tough one and involves another person’s own lived experience that I may not understand very well. I therefore seek to understand each person’s decision-making process, and as long as the final decision will help the indi-

vidual live a healthier, happier life, I would not deign to interfere. If I were in a position to make a decision on behalf of a patient or close relative of

When we say we are prochoice, we mean we hold a distinct respect for each person’s unique circumstances and concerns and an appreciation for his or her particular gifts and insights.

and accept that different people have different needs and different contexts.

We’ve heard people say that H*yas for Choice is anti-religion, anti-Catholic, anti-Georgetown. That’s not it at all. When we say we are prochoice, we mean we hold a distinct respect for each person’s unique circumstances and concerns and an appreciation for his or her particular gifts and insights. We mean we feel an obligation to address the social realities of poverty, oppression and injustice. We mean we value the diverse needs, contexts and choices of every member of our community.

Choice is a Jesuit value. Pass it on. ■



Honorary Chair, Kenya Medical Association, Eldoret Division; Consultant Psychiatrist and Senior Lecturer, Moi University School of Medicine, Kenya

vidual live a healthier, happier life, I would not deign to interfere. If I were in a position to make a decision on behalf of a patient or close relative of

mine, I would try and make a decision that I think promotes her own well-being, rather than furthering my own ideological goals.

I arrived at my current position on abortion through a combination of factors. First, from a very early age, I have always questioned received wisdom. My skeptical mindset would not allow me to accept any dogmatic posturing on abortion, or indeed on any other social or political issue. Instead, I always made a stand after doing some research and seeking to understand individual points of view, especially from those that would be directly affected if my opinion were to hold. Secondly, my profession has exposed me to the suffering that women undergo because of decisions made on their behalf by men who hold intolerant opinions on matters that they experience only remotely. This is why I have made it a practice to listen first, before I come to any conclusions on issues considered controversial.

As for my faith, I do not have a “faith” in any sense of the word. I was born into a family of Christians, but I never quite accepted the faith. Today I am referred to as an atheist, although I am not bothered overmuch by what anyone calls me as far as religion and faith is concerned. My life simply does not have that dimension.

I realize that this decision is a tough one and involves another person’s own lived experience that I may not understand very well.

But clearly, my philosophical stance from an early age has influenced my positions on various issues, including my political and social views, as well as my own personal decision-making processes.

I think there are no straight answers in some of these issues, but I assure you I grapple with each individual situation I meet in an attempt to discern a pattern that would guide my future decisions. ■



Senior Policy Officer, European Parliamentary Forum on Population and Development (EPF)

Marina Davidashvili

When I was about 15 years old, I overheard my mom talking to her friend. The friend was about to get her 25th abortion. She already had four kids and did not want to have another one. Her husband did not interfere too much with how his wife was dealing with her “family planning” methods and refused to use condoms.

While this story may seem extreme, it was not unusual in Azerbaijan, where I was born, or other republics of the former Soviet Union, especially in the early 1990s. Modern contraceptives were highly discouraged by doctors, who claimed they were dangerous or would lead to weight gain, excess hair growth and other scary bodily

dysfunctions. While the number of abortions that particular woman had is startling, one thing was evident to me at the time: women did not have to consult anyone about what they did with their bodies and what decisions they made about reproduction. This is how I grew up.

As I grew older and went to the US and then moved to Europe, this story often floated back from my memory, and I realized the extent to which the Soviet Union had failed to educate its population about the methods of modern family planning that women in the West enjoyed for so long. But as they say, “The grass is always greener on the other side of the fence.” Who could have known that this West—the region that has been an example of quality and access to medical services for the rest of the world—continually fails to protect women from intrusion into their bodily integrity!

A question would pop in my head: how can we keep the freedoms women had during Communism while giving them education about and access to all the latest scientific evidence about family planning? This would mean avoiding any obscurantism on the part of health professionals and politicians.

I am one of those lucky people who can combine personal interests and beliefs with their daily work tasks. A big part of my work is devoted to advocating for sexual and reproductive rights and health in Europe, where the picture is not ideal: alongside full access to the latest family planning information and services, women’s rights become a football on the playing field of big politics. That’s why we see the “we adopt the law/we repeal the law” sequence depending who is currently in the government.

One day, women’s rights, their ability to make reproductive decisions and the choices they make will be universally accepted and respected. I hope I will live to see that day. And if one day, my work will help save one life in this world—then it was worth it. Then I am truly blessed.

Kristi Miller

I AM PROCHOICE BECAUSE I GREW UP in a family that taught me the value of women. My parents instilled in my siblings and me that women themselves are the best people to decide when and if to get pregnant, give birth and raise children. I am prochoice because I believe that the right to control your own reproduction is a fundamental right, and is protected both under our Constitution and by basic human rights. That fundamental right includes the right to prevent pregnancy, the right to get pregnant, the right to carry a pregnancy to term and the right to terminate a pregnancy. I believe in sexuality education and in responsible sex. However, we live in an imperfect world: one in which violence is common and where sexual abuse and sexual violence are perpetrated against girls and women. Our imperfect world contains many families who are struggling economically and not in a position to be able to provide for another child. Our world challenges us with different



Program Manager, WestWind Foundation

health conditions that put the life of the mother or child at risk.

I have been fortunate to be able to visit a number of developing countries. In each country I learned a new lesson and was reminded why women are the best people to decide their own fate. Governments should not be restricting a woman's freedom to decide her future, which is what is sacrificed when laws limit a woman's right and access to safe healthcare. As a result, 80,000 women die every year from complications from illegal

abortions and hundreds of thousands more are injured. Access to safe healthcare should not be contingent on where you happened to be born.

Being prochoice is personal for me,

My parents instilled in my siblings and me that women themselves are the best people to decide when and if to get pregnant, give birth and raise children.

but I have also decided to make a professional commitment to the movement fighting for what I believe is a fundamental right for women. I am prochoice because I see what places look like when abortion is safe, legal and available; contraception is accessible; and sex is considered natural, normal, and something we should take responsibility for and not be ashamed of. I plan on being the voice for the women who may not have access to the resources they need to tell their stories. ■

Glenn Northern

I AM A MAN. I AM BLACK. I AM CATHOLIC. And I am a feminist who supports a woman's right to make her own healthcare decisions. Some might see dissonance in those identities. Obviously, I don't. I work at Planned Parenthood Federation of America, and have spent all my adult professional life advocating to ensure women (and men) have access to needed reproductive healthcare because it is fundamental and vital to our wholeness.

I grew up staunchly Catholic and was an altar boy from age 11 until I left for college. I even considered priesthood for a while. I'm grateful for the many life



Constituency Outreach Manager, Planned Parenthood Federation of America

lessons the church taught me, and I still carry them with me today. Ironically,

Catholicism also gave me the very tools I used to dismantle much of the hypocrisy and "un-Christian" views I felt the Catholic hierarchy often preached.

There is no real dissonance between the heart of true Catholicism ... and my work at Planned Parenthood.

The most important lesson Catholicism taught me comes from Matthew 22:37: "You shall love the Lord your God with all your heart and with all your soul and with all your mind." That sums it all up. The rest is just exposition.

Compassion is my North Star— my

work at Planned Parenthood and in women's health are driven by it. Compassion, for me, means we must feel with others and that starts with women. It means that when we talk about incredibly complex and deeply personal topics like abortion, I don't believe you can honestly make that decision for someone else. Decisions about whether to choose adoption, end a pregnancy or raise a child must be left to a woman and the circle of people she trusts: her doctor, family, clergy and God. I have sat and cried, laughed and celebrated with people

near and dear as they made important life-changing reproductive health decisions. It is not simple and is certainly not the domain for politicians.

When I became a parent, I wondered if it would change my views about abortion. And to no surprise, it did. It cemented the enormous beauty and gravity of bringing new life into the world, sustaining it and nurturing it, which is no easy task. It also cemented my belief that reproductive health decisions are to be made by a woman, not someone she doesn't know.

There is no real dissonance between the heart of true Catholicism—and as opposed to the conservative interpretation of Catholicism we get from the hierarchy—and my work at Planned Parenthood. The heart of Catholicism, like the heart of all religions, is unflinching love. That is what I strive for at Planned Parenthood—to use love to make a difference in people's lives and care for them, no matter what. I would urge the Catholic hierarchy to breathe deeply and once again centralize love and truth. ■

Suzanne Poppema, MD

AM A PHYSICIAN—NOW RETIRED from seeing patients—but I have been performing abortions for women since 1974. That said, my reproductive justice activism was late in developing. I grew up in a Roman Catholic family and went to Catholic school from first grade through high school. I don't think I ever even heard or said the word abortion until I was at university. It was becoming evident to me that women were expected to be satisfied with a dismayingly small amount of personal power in their lives, a situation I was determined to change. A career as a family physician, one who would make sure all of my patients had access to excellent healthcare, seemed the perfect way to make the world a better place.

It was during my last year at Harvard Medical School that a respected colleague was embroiled in a criminal case for performing an abortion. The tribulations he went through really awakened my sense of outrage about the hypocrisy of both the medical and judicial systems with regards to abortion. I became an activist. This was also at the early stages of the feminist movement of the 1970s, and it was clear to me that if women could not decide



Abortion provider

when and if to be pregnant, none of our other "rights" would be of much use.

I chose family medicine as my specialty and moved west to Seattle for my residency. From the very first year, I obtained training in abortion care as well as obstetrics, gynecology, pediatrics and adult medicine. It was now clearer than ever that my professional obligation was to help women who wanted them to have healthy babies, and to help women not have babies when they didn't want to be pregnant. I delivered many healthy babies and prevented as many unwanted pregnancies as I could by providing contraception—and also abortion, when contraception failed.

My politics became personal when I had an unintended pregnancy during my

residency and did not recognize it (denial is a strong defense mechanism) until the second trimester. The desperation and resolve I felt because of this situation made me understand the needs of my

My politics became personal

when I had an unintended pregnancy during my residency and did not recognize it ... until the second trimester.

patients more deeply. When a woman knows she cannot be a mother at that time, she (myself included) will do whatever it takes to end the pregnancy. Luckily for me, abortion was legal at the time, a very fine physician performed my second-trimester abortion and all is well. A woman's right to bodily integrity is paramount; only she can decide if she is able to carry a pregnancy to term. We grieve for the lost pregnancy, of course, but it is a grief tempered by relief and strength of conviction. My abortion patients have taught me that all women make this decision with gravity and feelings of loss, and that they have an absolute right to receive compassionate, respectful and skilled care from the medical profession. Yes, I am prochoice in every fiber of my being. ■

Why I Am

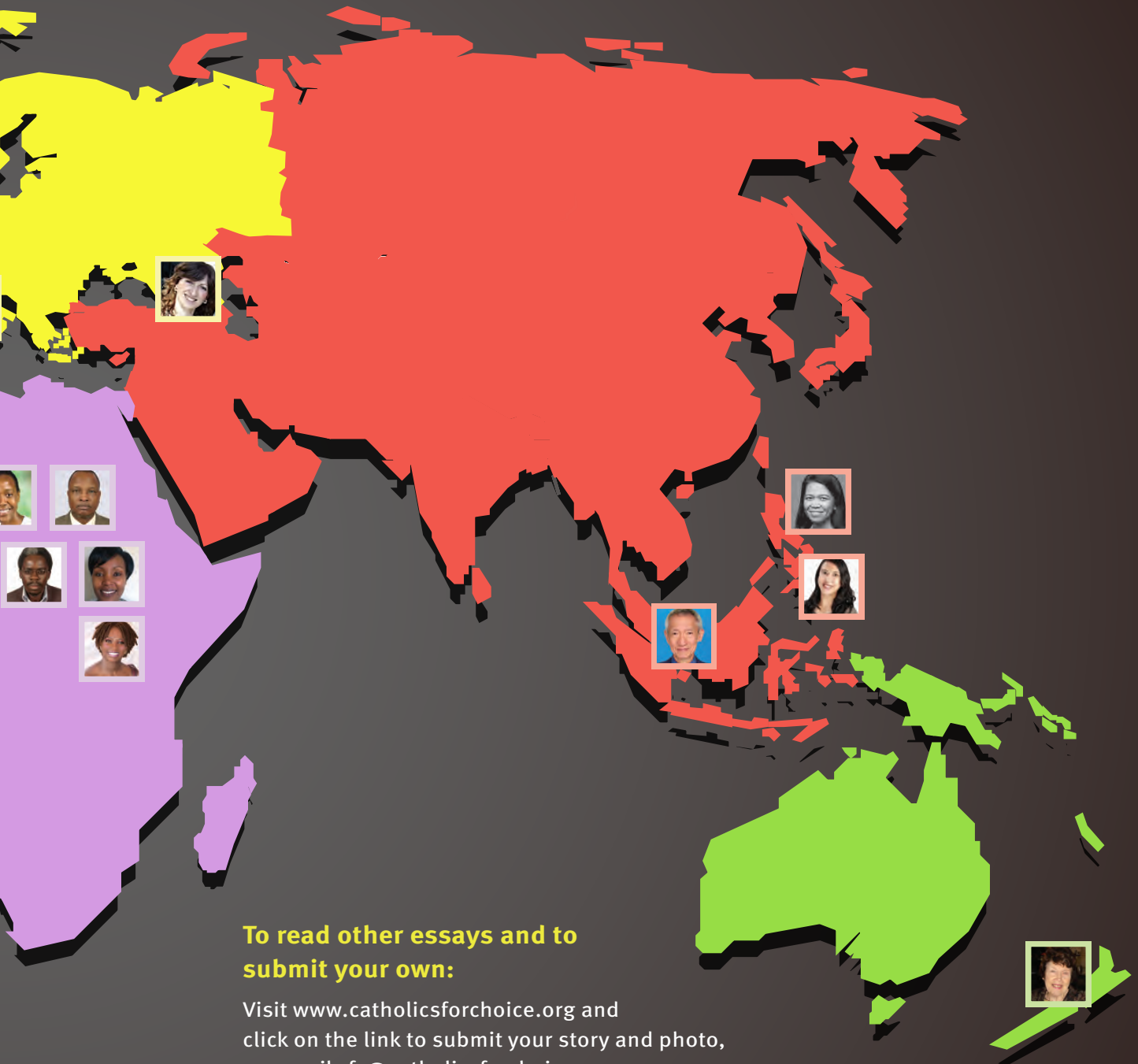


Catholics for Choice invited advocates, activists, policymakers and reproductive health workers from around the world to tell us why they are prochoice.

You may read all the essays and submit your own on the interactive map on our website.

Essays 500 words or fewer preferred.
Submissions will be edited for clarity and length.

Prochoice



To read other essays and to submit your own:

Visit www.catholicsforchoice.org and click on the link to submit your story and photo, or e-mail cfc@catholicsforchoice.org.



www.catholicsforchoice.org/prochoice-essays

John Nyamu, MD

A SA SPECIALIST GYNECOLOGIST and a person with extensive knowledge in sexual and reproductive health and rights, being prochoice for me is a part of my professional commitment to preserve the life and health of women in need. During the recent constitutional reform, I was part of a team that participated in significant advocacy initiatives that sought to enshrine SRHR gains for the women and girls in Kenya within the bounds of the current constitution, which was passed in 2010.

These gains included the right to access a safe abortion in an emergency situation, when the life or health of the mother is in danger, or as permitted by any other written law. This means that women and girls in need of a termination of pregnancy now have the legal authority to do so, as spelled out within parameters that I see as a major step in addressing the issue of



Consultant Obstetrician and Gynecologist; Founder, Pro-choice Kenya

unsafe abortion that has claimed the lives and affected the health of many of them.

As a young doctor, it was disheartening to constantly find many women seeking care for abortion-related complications, with some of them losing their lives simply because the previously restrictive Kenyan law on abortion had forced them to seek out unsafe abortions. Out of this grew an impetus on my part

to help women in need of safe abortion services within the law. I was also compelled to participate in advocacy efforts for law and policy reform, as well as public awareness on what the law said, because many Kenyans believed that abortion was illegal in Kenya at the time.

As a young doctor, I found many women having complications and even dying from unsafe abortion.

Being prochoice therefore means that as a provider, my additional role is to continue educating the public on what this more progressive abortion law means and how it translates into provision of safe abortion services.

I embrace the role of an SRHR advocate as I seek to ensure that women and girls are not dying and suffering due to unsafe abortion while the law allows for legal termination of pregnancy. ■

Dawn Purvis

I GREW UP IN A SMALL, TIGHT-KNIT working-class community in Belfast, Northern Ireland, during the conflict known as “The Troubles.” My area was like many others at that time, full of families struggling with the daily occurrence of violence on our streets and trying to make ends meet with the little amount of money they had coming into the house. The street where I lived was always lively with mothers and grandmothers huddled around doorways gossiping about the latest news while we kids played in the street.

It was as a young girl of about seven or eight that I first became aware of the risks women will take when faced with an unplanned pregnancy.



Former member, Northern Ireland Assembly

I heard a group of women talking about a young woman I knew. They said she had gotten herself into “trouble.” As a small child I wondered what she had done that was so awful and how she had got the whole street talking about her. I

started listening to the adult conversations and looking out for the young woman to see if she was okay. But I never saw her again.

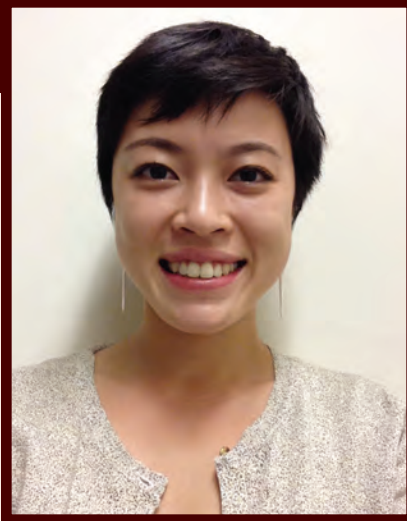
Being prochoice is not an option: it’s a fundamental right and one that I am proud to defend for women.

The adults said she had gone to see a doctor who would “sort her out.” This doctor was an alcoholic who had been struck off the medical register, and the stories I heard about him were frightening. He could be found in a hotel bar not far from where I lived, and for a few drinks or a bottle of scotch he would tell the woman where and when to show up so he could “end her troubles.” Many of

Hanh Le

I was in the bleachers at a high school football game when my best friend told me she was pregnant. Moments later, the crowd around us erupted in cheers for the boys on the field, but Marina and I were completely still. The next five months were a constant, stressful exercise in keeping secrets and keeping up appearances. We were 15 years old, honors students in middle-class suburbia. Perhaps we were both wishing that, like all bad things in our privileged bubble, the pregnancy would miraculously go away on its own. At the time, I knew we were both going through something important, but I had no idea how much I would be shaped by that pregnancy—one that wasn't even mine.

For a long time, I was the only person Marina trusted with her secret, and I couldn't betray her trust even as I watched her grow sicker with each week. Miraculously, she found a sympathetic doctor who committed himself to treating her prenatal complications, which were distressingly frequent and ranged from anemia to preeclampsia. It is not an overstatement to say that he saved her life. By January, Marina's feelings had changed: her fear of being pregnant at 15 was slowly replaced by



Operations and Projects Assistant, Catholics for Choice

a sort of pride for continuing the hardship of pregnancy and a sense of guilt for originally refusing the challenge. Unfortunately, her health never quite caught up with her maternal resolve. It was only one cold, lonely day that Caleb Abel lived and died.

When I think about why I became prochoice, I think of Marina. But she didn't choose abortion, and neither I nor her doctor ever tried to convince her to. Though I took on Marina's troubles as my own and stood firmly by her side throughout her pregnancy, I could never speak for her. Though I would have chosen abortion in her shoes, to declare my preferences to be a better decision for her would have been unhelpful and

arrogant. Similarly, while I now stand in solidarity with women in their struggle for reproductive justice, I do not wish to speak for them. I do not confuse my singular voice as a woman with the full chorus of women's voices. The sheer diversity and complexity of women's lives makes that impossible.

Rather, the most I can do, and what the prochoice movement affirms, is to respect and validate each individual woman's feelings and decisions. As a prochoice activist, I advocate not on behalf of women, but for the right of all women to advocate for themselves. Although each woman makes her own decision within a particular context, *all* women deserve equal dignity, whether they are seeking an abortion, an adoption or alternative birthing methods.

There's a lot that can be said about my high school experience with Marina—the stigma of pregnancy among a gossiping student body; the cost of abortion for a teenager earning minimum wage; the importance of having a doctor willing to treat her—and treat her as an adult. To be prochoice is to have trust in women and their doctors. I am thankful that Marina chose to confide in someone whom she trusted and, more importantly, who trusted her.

these women were found bleeding in the back alleyways around our streets. Some escaped with serious infections. Others were not so lucky. I learned in later years that he had been convicted of medical negligence in relation to the death of a young woman he had performed an abortion on.

As I grew up, I knew how to reach this man; where he hung out; what he looked like; the clothes he wore; how

he smelled; what his favourite tippie (drink) was. As a child I was used to accompanying women who needed this man's services. I wondered to myself why they could not see their own doctor to get the help they needed; why some went across the water on the boat to get help; and why others just disappeared.

It wasn't until I was older that I understood why women in my commu-

nity were not able to choose what they did with their own bodies. The law did not allow women to exercise their own individual moral autonomy; their right to choice; the right to decide when to have children and how many they wished to have. I saw this and continue to see this as a gross injustice. Being prochoice is not an option: it's a fundamental right and one that I am proud to defend for women. ■

Mónica Roa

ABORTION USED TO BE completely illegal in Colombia. In high school, all I knew from word of mouth among my friends was that if one had enough money, one could easily access safe abortions, but I never gave it too much thought. It was not an issue.

Then, during law school, when I was first confronted with the legal abortion debate, I tended to sympathize with fetuses, those without a voice and completely helpless. I do not recall anyone articulating a reasonable argument on behalf of the woman. However, I do remember the “liberal” professor shying away from the debate when we started arguing on behalf of the unborn. Again, it was not an issue.

The first thing that drew my attention was a decision from the Constitutional Court in 1997 that cited papal decrees declaring that the complete ban on abortion was constitutional. It was strange to find a reference to papal decrees in the case law of a recently created court that took pride in being modern, secular and the ultimate human rights defender. This memory became relevant when, a couple of years later, I studied the international human rights legal framework, as well as abortion law in other countries. All the arguments were on behalf of women’s rights: our rights to life, health, integrity, dignity and autonomy—and the right to live free from discrimination—were among the most important areas affected by restrictive abortion laws. I started reading all about the women whose lives and health had been endangered by pregnancy, those who did not want to give birth to the child of a rapist, those whose lives were so complicated for so many different reasons they could not responsibly raise a child. And I understood.

I decided I needed to bring this side of the debate to my country: to present all the arguments to the court and offer people the opportunity to think for



Lawyer and Programmes Director,
Women’s Link Worldwide, Colombia

themselves and take an informed stand. And while doing this, I met Martha Solay Gonzalez. She was diagnosed with cancer when pregnant with her fourth child after a failed tubal ligation. She was denied chemotherapy and forced to carry the pregnancy to term, while the cancer

metastasized in several organs. She died a year after the Constitutional Court decided in favor of the constitutional challenge I brought. Martha Solay had

Martha Solay had told me she had been offered an abortion when there was still time to save her own life, but ... she just did not have the money.

told me she had been offered an abortion when there was still time to save her own life, but having struggled all her life to barely support herself and her daughters, she just did not have the money. It was only then that I understood what choice is about: regardless of the legal status of abortion, only women with resources truly have a choice. ■

Ruth Riddick

“YOUR HUSBAND WILL decide how many children you have.” My mother’s voice was authoritative.

She would not be entertaining an argument. And what did I know anyway? Twelve years old and ignorant as the day is long. My sex education was yet to

At single-sex school, nuns were peddling the party line: if it comes to a choice in childbirth between mother and baby, the doctor is obliged to favor the baby.

come—and not from home or school.

I never questioned my father on the matter. He was known, in the whiskey-spirit of his time, to hold that “women’s things” were beneath serious consider-



PHOTO: JAMES HIGGINS

Reproductive rights activist, educator, and former pregnancy counseling service provider; awarded a freedom-of-information judgment against Ireland at the European Court of Human Rights (Open Door Counselling, 1992)

ation, daughters and their concerns less important.

Following her too-young death not ten years later, I found a hardback copy of something called “The Fertility Cycle” buried among my mother’s possessions. Yes, it was a manual describing the rhythm method. Of course, contraception—even within marriage—was still

illegal in Holy Catholic Ireland; abortion unmentionable. My parents viewed *Humanae Vitae* as a terrible mistake.

The relatively small size of our family had been explained to us children as a medical matter. Childbirth was too risky for my mother; the doctor told her so. Any implications for, or adjustments in, the marital relationship were not discussed.

Meanwhile, at single-sex school, nuns were peddling the party line: if it comes to a choice in childbirth between mother and baby, the doctor is obliged to favor the baby. (It was understood that such a

fatal eventuality was unfortunate.) The purpose of this message was unclear and, perhaps, less than motivating for the female adolescents to whom it was addressed. It certainly had a chilling effect on me. As an adult, I was publicly challenged by a male representative of the church who denied the nuns would ever have spoken thus. As if he could know.

Portrait of the prochoice activist as a young girl? Absolutely, even if it took me years to understand the cumulative dynamic of these and other experiences:

that the personal is political.

My parents, whose support was ambiguous at best, died before I became one of those Irish feminists who brought demands for legalized contraception to Dublin's streets and abortion rights to international law courts. Their absence is coincidence. Activism for me never depended on their approval or complicity.

But it was—and continues as—a tribute to my mother's reproductive struggles. And to give the lie to her dictum, for myself and for my global sisters. ■

Rabbi Dennis S. Ross

“WHAT DOES THE *PATIENT* want?” I heard asked time and time again when I served on a patient care hospital ethics committee and we deliberated about important medical decisions. With the concept of “patient autonomy” firmly established as a pillar of medical ethics, “what the patient wants” was always at the center of the committee's conversations. It all boiled down to one word: conscience.

I came to recognize the importance of conscience as a seminarian while I worked in a hospital learning how to be a pastor. A doctor would present a patient with a dilemma, such as: the most effective treatment would likely leave significant side effects, while a less-effective treatment would not leave that impairment. Which to choose? The doctor provided medical information, advice and support, but left the decision to the patient who had to live with the consequences. The patient typically sought out advice from other doctors, family, trusted friends and me, the chaplain. But when decision time came, the patient's conscience ruled.

The centrality of conscience appears in a bedrock statement of my denomination, Reform Judaism. We read, “Jewish obligation begins with the informed will of every individual.” “Informed will”



Director, Concerned Clergy for Choice for Family Planning Advocates of New York State

means that each one of us is to arrive at a learned and considered decision about the Jewish way of life. Informed will begins with the study of traditional teachings—sacred texts including the Bible, the Mishnah, Talmud and later rabbinic writings. This comprehensive body of literature instructs about prayer, ritual diet, Sabbath and holiday observance, social justice and everything else that makes for Jewish living. Informed will calls for examination of those ancient and modern religious teachings in light of personal experience, and then it demands arriving at a considered and individual conclusion. Informed will is at the heart of my rabbinate, of religious advocacy and of Jewish being.

As the years went on, my understanding of informed will expanded as I turned to deeper study of the great Jewish thinker, Martin Buber. In writing my book *God in*

Our Relationships: Spirituality between People from the Teachings of Martin Buber (Jewish Lights), I came to appreciate Buber's I-Thou relationship. I-Thou

How fortunate we are to have one another, as people of faith who would support laws and policies that honor the conscience of each and every faithful person.

means that the person in the relationship responds to a unique constellation of time and circumstances, which is Buber's way of describing how a person exercises conscience. And when I went on to write *All Politics Is Religious: Speaking Faith to the Media, Policy Makers and Community*, I examined those religious groups who would trample the conscience of others—and how we can respond.

Some religious people want to turn the sins of their faith into legal prohibitions for everybody else, the religious liberties of others notwithstanding. How fortunate we are to have one another, as people of faith who would support laws and policies that honor the conscience of each and every faithful person and safeguard church-state separation. I am proud and gratified for times like these, when we work together—across religious lines—on behalf of the greater good. ■

Rosemary Radford Ruether

HAVE BEEN A PROCHOICE CATHOLIC for 50 years. But it took a little struggle to get there. Herman Ruether and I were married in 1957, when I was in my last year of college. Both of us favored family planning, but, under pressure from the pastor of his hometown church, we decided to use the Catholic “rhythm method” to space our children. That produced three children in six years. When I was pregnant with our third child, we decided to move on to the use of the birth control pill, then coming into favor. This was not a difficult decision for us. We simply came to the conclusion that we needed to be practical and use a more effective method. We did not think of this as a public issue, but simply a personal matter. Both of us had academic work to finish and planned to be teachers as well as parents. Three children were enough!

However, during my stay in the hospital where my third child, Mimi, was born, I had a transforming experience. In the bed next to me was a woman who had just endured the very difficult delivery of her ninth child. Her doctor came to her room several times to tell her that her health was in danger and she must not have any more children. She responded by weeping, declaring that her parish priest insisted that birth control was wrong. Her husband accepted this view. But they were very poor, were living in an unheated house and she had to turn on the heat from the stove to warm the kitchen. The stove leaked gas and her health and that of her children were in danger. As I listened to this drama unfolding next to me, I became more and more angry.

I left the hospital with a beautiful daughter, but also with a new determination to become politically involved in the issue of birth control. It had become evident to me that this was not simply our private issue, but a glaring social justice question. Many people were suffering



Visiting Professor of Feminist Theology, Claremont Graduate School; Board Member Emerita, Catholics for Choice

deeply because of the Catholic church’s teaching on birth control.

I quickly penned an article criticizing the bishops’ position, which was published as “A Catholic Mother Speaks Out on Birth Control” in the *Saturday Evening Post*. The article was picked up and

republished in *The Reader’s Digest*, which meant it received national distribution. I also joined a group that was being organized in New York on prochoice Catholicism. This group became Catholics for a Free Choice, and I joined their board and

Many people were suffering deeply because of the hierarchy’s teaching on birth control.

worked with them for many years. Thus, I became politically engaged in the pro-choice movement for the next 50 years.

Unfortunately, despite many years of struggle, this issue is not over. We still have both the Catholic bishops and right-wing Protestant leaders seeking to deny women the right to choose. Women around the world still suffer from this denial. The fight must continue. ■

Steven W. Sinding

IN THE SUMMER OF 1967, WHILE I WAS A graduate student in political science at the University of North Carolina at Chapel Hill, I was engaged to write a case study of the North Carolina Abortion Act of 1967, one of the first liberal abortion laws passed in the country. I learned a great deal from that experience and it convinced me that a woman’s choice whether or not to carry a pregnancy to term was not only a fundamental right, but also a public health good. In that sense, I have been prochoice for as long as I can remember.

But in another sense, my journey to become a champion of reproductive freedom was considerably more tortuous.

Like many of my generation, I had become alarmed about the so-called “population explosion” while still a college undergraduate in the early 1960s. In 1971, an opportunity arose to join the population program at the US Agency for



Former Director-General of the International Planned Parenthood Federation (IPPF)

International Development (USAID). As a teacher of international development, I decided that there were few more useful ways that I could make a contribution.

I was influenced by the prevailing view that high fertility was a natural response to subsistence agriculture that required many hands, lack of old age security systems, high infant and child mortality and the subjugation of women. My first field

experience in Pakistan, with its unsuccessful efforts to introduce family planning, reinforced my view that only by overcoming extreme poverty would childbearing decisions change. But since socioeconomic change occurred so slowly, I came to believe that, given the rate at which populations were growing in many countries, the only option was to restrict reproductive freedom, or to create incentives for lower fertility.

Fortunately, I had the opportunity soon thereafter to study family planning programs in several other countries: Tunisia, Indonesia, Thailand and Bangladesh, among others. There, due to strong, well-administered family planning programs, especially when combined with good maternal and child health services, fertility was falling rapidly—far faster than from improved living conditions alone. Studies were beginning to show very strong unmet demand for contraception in a broad cross-section of countries. Throughout the 1980s, fertility behavior was changing quite rapidly in many countries in response to public policies that encouraged smaller families.

Then, in the run-up to the 1994 International Conference on Population and Development, a confrontation developed between population-control advocates and human rights activists, the latter insisting on a less numbers-driven approach to reproductive health. To find common ground between the two opposing forces, in 1992 I conducted an analysis showing that if governments focused on satisfying the unmet need for contraception, the result in almost all the countries studied would be higher rates of contraceptive use than the targets those countries had set for themselves. Programs that respected individual choice were likely to be far more effective from a demographic standpoint than almost all the coercive or semi-coercive approaches.

This was the beginning of my transformation from population alarmist to sexual and reproductive health champion, a role I was able to play most fully when I became the head of the International Planned Parenthood Federation in 2002 and helped to

Rep. Louise M. Slaughter

My decision to be prochoice can be traced to an experience I had with a roommate while in graduate school at the University of Kentucky in the early 1950s. This smart, motivated, strong woman had lost her parents early on in life and was raised by her grandmother. She became pregnant while we were working on our Master's degrees. The young man immediately abandoned her and married someone else. In the meantime, her grandmother had become ill and was dying of cancer, and my friend was terrified to go back home to care for her relative "in her condition." Her grandmother, like so many people at the time, would have been simply unable to accept her as an unmarried pregnant woman.

The search for a healthcare provider who could assist my friend was a monumental effort. For me, this was the first experience that drove home the idea that women simply had no choice in these situations. My friend had been deserted and was facing losing her chance to complete her education, being ostracized by her family and sacrificing a future that she had worked so hard for all her life.

I am happy to say that my friend was finally able to find the health services she needed, and she went on to have a successful career, marriage and three children, none of which would have been possible had she not had the ability to choose her future. Everything I did for women's rights and for choice from then on—and I have spent nearly 40 years of my career fighting those battles—was rooted in that experience.

Being prochoice certainly influences my professional life, as evidenced by my role as the co-chair of the House of Representatives Pro-Choice Caucus, along with the many stands I have taken for women's health and choice over the years as a Member of Congress. However, being prochoice is not a politically motivated decision for me, although part of the reason I came into Congress was to be sure that these rights were not compromised on the national level.

My faith was also not a motivating factor in my decision to be prochoice, although I am proud to be part of a denomination—the Episcopal church—that fully supports the rights of women to make the decisions they believe are right for themselves and their families. Rather, being prochoice is rooted in my deeply held belief that we all have a responsibility to care for our sisters. This responsibility calls each one of us to stand together in the fight to allow women to make decisions about their lives and their healthcare for themselves and those they love.



Congresswoman representing the 25th District of New York

move IPPF to a position of global leadership on sexual and reproductive health and rights, including abortion rights. I had

finally become truly prochoice. ■

A longer version of this piece is available at www.catholicsforchoice.org.

Dame Margaret Sparrow

WHEN I WAS 21 YEARS OLD and married in 1956, I chose to abort my first pregnancy at a time when abortion was a crime in New Zealand. Ignoring the risks, I tried DIY methods, and the one that worked was an abortifacient mixture from a mail-order chemist. It was not in the least traumatic—anticlimactic really.

In 1961, then a medical student with two preschool children, I took the brand-new oral contraceptive pill. Without that choice I doubt if I would have finished my medical degree. In our medical training we received one lecture on contraception and none on therapeutic abortion.

In 1964, I was working at a rural hospital when a local GP was charged with performing an illegal abortion. His patient had died and I experienced close up the devastating effect that such an event has on all concerned. It made me aware of the dishonesty, hypocrisy and double standards that surround abortion, because abortions under the guise of D&C operations sometimes took place within the hospital.

In 1969, I joined the Student Health Service at Victoria University. My training had left me ill-prepared for the needs of students. Abortions were then legally available in Australia across the Tasman Sea, and I became involved in making referrals.

In January 1973, I attended a Student Health Conference in Australia where I presented a paper on my pioneering work with emergency contraception. I remember the buzz that morning when the news came through from the US about the *Roe v. Wade* decision.

In 1974, a private clinic opened in Auckland, but after only four months it was raided by the police and the abortion provider, Dr. Woolnough, was charged with procuring abortions. As a referring doctor my convictions were significantly



Author of *Abortion Then and Now: New Zealand abortion stories from 1940 to 1980*

tested, first in the Magistrates' Court and then in the two jury trials. Dr. Woolnough was acquitted, but to defuse public controversy the government appointed a Royal Commission.

In August 1974, I was a member of the New Zealand delegation to the United Nations World Population Conference in

Bucharest, Romania. Although abortion was not the major focus of the conference, I met a number of world leaders working in this field and was inspired by their advocacy. I joined the Abortion Law Reform Association of New Zealand.

In 1976, thanks to Professor Malcolm Potts, I had a rewarding sabbatical based in London. I learned how to do early suction abortions under Dr. Dorothea Kerslake and worked for the British Pregnancy Advisory Service making referrals. I gained a diploma in venereology and on my way back to New Zealand learned how to do vasectomies in India.

As a result of the commission, Parliament introduced legislation in 1977 providing a complicated pathway for a legal abortion, and I became an abortion provider. I have spent over four decades helping women to make their own best choice. Thinking back to my own “medical” abortion, it is not surprising I have been at the forefront in making medical abortion an alternative for New Zealand women. ■

Marta Alanis

IT'S VERY HARD FOR ME TO SAY EXACTLY when I felt I have the right to choose. As a child I was raised in the values of the Catholic religion. I went to Mass and fulfilled all of the sacraments. But I didn't believe in all of the teachings, and not just in sexual matters; I also didn't understand the catechism they had us study, which was based on 99 questions. I didn't agree with everything, but at church I found a place to live my faith, and it was a very important social gathering spot in a small town.

I was always rather rebellious, and I was inclined to question things. From a very early age, I started joining up with the emerging popular movements in Argentina and Latin America. Circulating in these milieus were various discourses, some of which were quite liberating, while others reproduced the church's sexual morals.

I was born in 1949, and as a teenager



Founder, Director for Political and Institutional Relations, *Católicas por el Derecho a Decidir - Argentina*

my major transgression was to engage in sex with greater freedom than recommended by my family and the church. But the main thing that led me to fully believe in the right to choose was my early quest for independence. I couldn't stand having my parents watch over me, and I didn't feel I had to obey all of the church's teachings. I started working at age 14 in various jobs

opportunities that allowed me to go to school in the evening. My family was of humble means. My mother took care of the house, and my father was an unskilled railroad worker. They did not force me to work; it was my personal quest to do what I wanted.

In the experiences with sexuality in my youth, everything happened free of guilt and was linked to a politically progressive environment. We didn't talk about abortion rights back then, and we had the birth control pill. I got married and became a mother even as I continued my political activism, and life became more complicated. I am the mother of three sons and one daughter who grew up in hiding—in exile—with many hardships, never settling down. The idea of terminating a pregnancy was not on the menu of allowable choices in my mind at the time. While it was difficult, I enjoyed being a mom and learned a lot from it. But I also started thinking that all this effort could not be based on an obligation, but rather, that it had to be based on a woman's free choice.

We returned from exile in 1984 with four children, no money and one piece of hand luggage each. Just as we were settling back into our country, which was not the same as we had left it, I was surprised to find out I was pregnant. I did not hesitate in deciding to terminate the pregnancy. Feelings of doubt and guilt combined with the dictates of reality and the responsibility of bringing another human being into this world. I felt greatly relieved to be able to choose, and I never regretted it. I had started to consider abortion a right soon after I got into feminism, feminist theology and the women's movement, which is very strong in Argentina. I always had the support of my lifelong partner. In abortion rights activism I found one of the greatest challenges to the mandates that the patriarchy tries to impose on women. And I continue to insist that financial independence, control over our reproductive capacity and access to decision-making processes are the things that will give us more freedom. ■

Duarte Vilar

FIRST OF ALL, LET ME SAY THAT I grew up in a Catholic family and had a religious education during my childhood and adolescence in a Salesian school. I was Catholic until I was 17 years old, and I was even an activist in the Catholic university movement in Lisbon.

During this period, sexuality was mainly approached as a matter of sin and hell. Every sexual behavior was immoral and unacceptable. However, during my religious education I knew more progressive priests that approached sexuality on other terms. The Catholic university movement was also very open about these issues. Even in the last year of secondary school, contraception was discussed, but in a Catholic way that condemned the birth control pill but supported the Ogino Knauss method (natural family planning). But it was still the first time that somebody talked to me about pills and contraception. Abortion, though, was not even an issue that could be talked about, it was so hidden.

Up until this point I was a committed Catholic, but I started to disagree with the Catholic church because of several things, among them, its complicity with the Portuguese dictatorship before 1974, but also because of the negative values it placed on sexuality. I stopped practicing my faith when I was 17.

I was still Catholic when an unwanted pregnancy situation happened. It turned out that there was no pregnancy at all—I was really ignorant on these issues—but I remember it was the first time that I really reflected on abortion. At that time, I remember thinking that nobody had asked me if I wanted to be born or not because this would be impossible to ask.

Then I logically concluded that the people involved in a pregnancy should make the decision to continue it or not. I was far away from imagining that I would be deeply involved in sexual and



Executive Director, Family Planning Association of Portugal (Lisbon)

reproductive rights some years later. In fact, in 1979 I started to work in the Portuguese Family Planning Association (APF). In 1988, I became the executive director of APF.

When I joined APF on a professional basis in 1979, I already had strong ideas about being prochoice (even if this word was not so much used at that time). Basically, I thought that sexual life and parenthood were such important and transcendental parts of human life that people should have total freedom to decide what would be better for them. Nobody, including religious or nonreligious activists or professionals, should be allowed to point someone towards a certain decision.

My professional experience only confirmed the personal convictions that I had. Though I started to be involved in political activities later on, my prochoice ideas were born earlier from my beliefs. Political values and discussions also reconfirmed and enriched my ideas on issues like contraception, abortion, sexual rights, non-discrimination and so on.

Today I am not a believer, but I began to be prochoice when I was a believer, specifically from the Catholic tradition. I have no doubts that the great humanistic values of Christianity were part of my thoughts, my basic values and my arguments for being prochoice. They still are. ■

Chi Laigo Vallido

LOOKING THROUGH THE LENS OF reproductive rights, an irony about the evolution of democracy in the Philippines becomes apparent. I was born in the 1970s, during the time when our country was under martial law. This was also the time when the government implemented a strong family planning program. I was aware that my mother was taking the birth control pill and the supplies were available. But all of this changed when the dictator, President Ferdinand Marcos, was toppled by a peaceful revolt of the Filipino people with the support of leaders in the Roman Catholic church. Ironically, the dawn of democracy in the Philippines was also the beginning of the suppression of the right to reproductive health (RH) access, such as family planning.

I was raised to believe that I have choices and the freedom to make the right ones, which made it hard to understand that there were women who didn't have choices. Particularly on matters related to family planning and RH, this reality became even more evident when I worked in health programs for the NGO sector. My first job in the nonprofit world exposed me to reproductive healthcare as a human right and a development issue. I was already involved in advocacy work as early as 1999, when the first RH Bill was filed in Congress. What I didn't realize is that it would take us nearly 14 years before this bill would finally be signed into law in December 2012. But the law faces another hurdle, as petitions were filed against it in the Supreme Court by forces led by the Catholic hierarchy in the Philippines.

My Catholic faith instilled a passion for social and development work. This same Catholic upbringing taught me about free choice, but specified that choice didn't extend to RH and family planning. This contradiction has caused me many years of sadness and disappoint-



Advocacy Specialist, Forum for Family Planning and Development, Inc., Philippines

Whitney Young

GREW UP IN A HOUSE OF "SOCIAL justice" Catholics—what my grandfather imagined as "Kennedy Catholics." I was raised so that my faith in action was about serving the poor and working for peace. The guiding hand of my mother, who is among the most deeply spiritual women I've known, led me away from prolife marches and instead into homeless shelters, soup kitchens and around the world to live and work with the poor and marginalized.

It wasn't that I was unaware of the pro-life movement in the church, but it was never at the forefront of my living faith. I knew that I didn't identify as a "prolifer," but this was mainly because the tactics and rhetoric the movement used often did more to polarize and dehumanize than focus on "life" at all. But I certainly did not identify as a prochoice advocate either. Instead, I stuck to pragmatic arguments: There is a significantly stronger correlation between social safety nets and lower abortion rates than any restrictive laws on the books. Shouldn't those of us concerned with the lives of fetuses focus our energy towards efforts that actually prove effective?

Needless to say, I wasn't the sort of person who would have marched to the Texas Senate to stand with Wendy Davis, but I also wouldn't have raised my voice at the March for Life. However, this place of uncertainty changed

ment towards a church and religion that I love. But fighting for freedom of choice also made me realize that my faith must be strong enough to fight the status quo upheld by the Catholic hierarchy in the Philippines. I have to love the church deeply enough to speak out about what I think is wrong and unjust. Will changes happen in my lifetime? Maybe not, but all over the world, Catholics are starting to speak out about atrocities and are starting to stand up against the hierarchy, so why should Filipinos be silenced? ■



Human rights advocate

Sarah was dying in her school bed, but she was unable to explain why she was in pain because she feared the repercussions if anyone were to have learned what she had done.

shape as my vocation took me abroad to work in the global South—namely, in South Asia and East Africa. I was confronted with serious questions about women's health and the role of access to contraception and abortion. This confrontation was never more profound or tragic than during my final weeks living in Uganda.

I met a bright young teenage girl who had achieved academic success and hoped to attend university and make a better life for her family. She was concluding her

final years at a secondary school not far from where I lived. She was kind-hearted, with a great sense of humor and even greater aspirations. For our purposes, I will call her Sarah.

One day, Sarah arrived late to school. She said she was feeling ill. It was not uncommon for students to regularly suffer from malaria, so she was sent to her dormitory to sleep and await treatment. However, it quickly became clear that Sarah was suffering from something far beyond malaria. Her condition worsened rapidly. Sarah was dying in her school bed, but she was unable to explain why she was in pain because she feared the repercussions if anyone were to have learned what she had done. She did not survive the night.

Sarah's mother, full of regret and guilt, later explained that her daughter had become pregnant. She recognized the great future ahead of her daughter and knew Sarah would not be able to finish school if she had a child, nor would she have the means to provide for the child. She took her daughter to get what we would call a black market abortion. Because Ugandan abortion laws are both restrictive and unclear, medical practitioners are reluctant to perform the procedure. Instead, women often seek illegal, unsafe abortions.

I recounted the story to a friend in the medical profession and he said, "This is the cost of living in a country that restricts access to reproductive health-care." He was right. What should have been a low-risk procedure became fatal, and Sarah was gone.

I still don't know if I would be one of those voices standing with Wendy Davis in Austin. But, I do know that when I think about reproductive rights and access to contraception and abortion, I don't see a Senate hall filled with chanting prochoice advocates. I don't see gruesome photographs of dismembered fetuses. I don't see congressmen or bishops or NOW. I see Sarah—I see Sarah during those final frightening moments where she was embattled with both physical pain and the internal

Judy Waxman

I probably have always been "prochoice," but a lot had to happen before I realized it. I am a Baby Boomer, and in my youth we did not talk about such things. It took a revolution to make me realize all that I could do with my life; what women across the country and the globe are up against; and why every individual deserves to make choices about her own life.

I was already married and a mom when the "click" (as described in *Ms. Magazine's* first edition) hit me. I had always thought I would be a lawyer if I were a boy, but instead I became a 4th grade teacher, married my high school sweetheart, became a mom at 24 and then quit my job to stay home, all of which I wanted to do, but also thought I had to do. When the "click" hit, my eyes were opened to vast new worlds, not the least of which was the awareness that women could and should be in control of their professional choices, their relationship choices and their reproductive choices.

During those years, "everything changed" (as Gail Collins put it in the title of her wonderful book on the subject). I learned what a woman had to do to be able to fulfill her potential, why she needed to rely on and be in charge of herself and be responsible for her choices to become the person she wants to be. This realization included the understanding that a woman must be in charge of her own body. How could she be the person she wanted to be on the job, in a relationship or as a parent or daughter if she did not control her own reproduction?

Luckily, I was born at a time when politics and science had advanced enough so that the means existed for women to exert this control. The Supreme Court helped also. It was only two years before I became a wife at age 20, when the court had agreed that states could not prohibit married couples from using contraceptives. The "second wave" had begun. We discussed our concerns at length in our consciousness-raising group. We stood in line for a long time so we could see 10 minutes of the *Roe v. Wade* argument. We organized and lobbied and entered politics. I started law school. Along with the other women of my generation, I became committed to being prochoice—not just for myself, but for women everywhere. We learned together that being prochoice on abortion is an integral part of being pro- all choices for women.

shame for what she believed she had done. I try to imagine her final thoughts, but it is all too troubling. I can only hope

that she found comfort in the love of God and that all that the fear and shame and pain faded away. ■



Vice President, Health and Reproductive Rights, National Women's Law Center

Callie Odula-Obonyo, MD

DURING BOTH MY UNDERGRADUATE and postgraduate training, I encountered many women, mostly of younger age groups, who, because of pressure—societal or otherwise—just couldn't go ahead with their pregnancies. They landed at our teaching hospital, Kenyatta National Hospital, which is, incidentally, also a referral hospital. I remember struggling during the admission nights to prepare them for surgery to remove objects from their pelvises after running around the hospital looking for life-saving blood, intravenous fluids and antibiotics. This situation weighed heavily on my conscience, and when I tried to do some postoperative follow-up in the wards, I realized that the psychosocial side of our management at that time must unfortunately have been quite wanting.

The hospital setting was in stark contrast to my role at the Marie Stopes Nursing Home on the outskirts of Nairobi as a junior consultant. I performed surgical abortions with analgesia (at a small fee) after counseling and then did follow-up with contraception and antibiotics at the same sitting. This was back in 2003, when the laws in Kenya were quite restrictive. Providing this care ended up throwing me into the ring during the 2010 referendum on the new abortion law; when discussions with policymakers and lawmakers commenced, I stood up to be counted without fear or favor.

The Kenyan presidential elections were a time when citizens were again divided along the issue of abortion. We had built the capacity of one side, which had positive language, but one of the contenders for deputy president then said in a debate that "abortion was illegal in Kenya." I believe that politicians must not misrepresent the facts that pertain to abortion, because the Kenya Constitu-



OB-GYN; Board member, Coalition on Violence against Women, Kenya

tion promulgated in August 2010 is the supreme law of Kenya—the environment has been expanded for the benefit of women and girls.

Being prochoice is now part of my professional ethics, but my personal commitment is just as strong, if not stronger. My feeling is that I would rather "repair a leaking tap than continuously mop the floor" as regards the morbidity and mortality of unintended, risky and unplanned pregnancies that

drive women to unsafe abortions. This position has elevated me to be the National Focal Person in the International Federation of Gynecology and Obstetrics initiative on the prevention of unsafe abortions.

Being prochoice is now part of my professional ethics, but my personal commitment is just as strong, if not stronger.

This engagement with the prochoice cause plays out in every aspect of my life. I happen to be a strong Roman Catholic since I converted before marrying a strong Roman Catholic man (he was actually a former altar boy). In our congregation, the A (abortion) word is taboo, along with all modern contraceptive methods. When invited to speak to young people in large gatherings, to the media and even during workshops that I facilitate, I encourage open discussion so that myths and misconceptions about abortion are dispelled. It works well for me. ■

Janet Gallagher

IHAVE BEEN A REPRODUCTIVE RIGHTS activist and attorney for over 30 years. I'm also born-and-bred Brooklyn Irish and a practicing Catholic who took an unorthodox road to prochoice politics.

My mother, unsurprisingly for a woman of her era, had 11 pregnancies; six of us survived into adulthood. I went to parochial school and to a Catholic women's college, where, to my surprise and that of my family, I became deeply religious. After graduation, I entered the novitiate of the nuns who had been my professors.

That was in 1968, an apocalyptic year of war, rebellion and political assassination. I anguished over the Vietnam War for nine months before deciding that my



Attorney, former director of the ACLU's Women's Rights and Reproductive Freedom Projects; Board member, Catholics for Choice

most urgent religious calling was to help end it. I left the novitiate, took a job working on housing in a poor section of Brooklyn and plunged into work with the Catholic Peace Fellowship.

Soon, I joined one of the women's conscious raising groups then forming all over the country. I'd never grappled with the question of abortion; it was just wrong. But the fact that all the non-Catholic pacifist women in my group disagreed shook my assumptions. Still, it wasn't until Congress passed the Hyde Amendment in 1976, cutting off Medicaid funding for abortion, that I was converted. The legislation targeted poor women in a way that offended my very Catholic sense of social justice.

Over years of struggling with this issue, I've learned that it's much more complicated than ideologues and politicians would have us believe. Women don't choose abortion, or joyfully welcome a pregnancy, based on beliefs about the

definition of personhood. They decide based on the interweaving of their relationships and responsibilities at that moment in time.

Congress passed the Hyde Amendment in 1976.... The legislation targeted poor women in a way that offended my very Catholic sense of social justice.

Some years ago, I spent a year at Harvard Divinity School researching some religious aspects of abortion—elements

not easily reduced to sound bites or legal arguments. A Hispanic student group organized a service for the "Day of the Dead," a festival honoring the memory of the departed. The service was dedicated to the "Desaparecidos," those killed or missing due to war, insurrection or oppression. The altar was covered with candles and pictures of loved ones like Bishop Romero and the four US churchwomen murdered in El Salvador in 1980. Among them was a newspaper photo of Dr. Barnett Slepian, a Buffalo obstetrician and abortion provider who had been shot dead in his home just that week by an anti-abortion extremist.

The altar seemed to me a reflection of the deep continuity underlying my choices and callings through the years. ■

Magdalena Lopez

GREW UP IN A TRADITIONAL AND religious Filipino household and went to a Catholic school from elementary to high school in a small town outside of the capital. I went through childhood and puberty safely ensconced in traditions and norms related to what is expected of a good Catholic Filipino woman. These included: never show your interest in men, hide your sexuality and obey your parents and elders first and foremost.

My sheltered existence was somewhat shattered when I attended the state university in Manila at a time that coincided with tumultuous events in our country's history. The call to be engaged in the larger community and the country's future became prevailing mantras of my college days. Heady from the fall of the dictator and the promise of a new democracy, I gravitated towards work in health development projects and got drawn into women's health issues.

At the time, the Philippines was also trying to adapt the policies and programs of the ICPD Programme of Action. Involvement in these projects afforded



International Program Director, Catholics for Choice

me the opportunity to see the situation of women around the country and really gave me a chance to have serious discussions about their health and about their lives. Many women and their families were and are very much dependent on the government to provide for their reproductive health services, but with the decentralization of the health system in the early 1990s, income disparities across municipalities, towns, cities and provinces translated to health inequalities. Furthermore, some elected officials were led by dogma to ban all forms of modern contraceptives in their respective areas. In such cases, choices for

many women living in these areas were severely limited.

For many of the women I encountered, choice is hard to come by, as they

The issue of faith was less of a concern for these women as they believe in a more forgiving God than what the priests and bishops would paint.

are often tied to the limitations posed by their circumstances in life: where they live, their socioeconomic class, their religion, their education. In many instances, though, what I know is that women make choices not only for themselves but most often in consideration of their own realities and the significant people in their lives. The issue of faith was less of a concern for these women as they believe in a more forgiving God than what the priests and bishops would paint. The lived experiences of these women are simply too powerful to ignore and those long-ago encounters taught me about how choice is defined in day-to-day existence: not by dogma but by a sheer determination to have a life worth living. ■

Ailbhe Smyth

I'VE BEEN PROCHOICE FOR OVER 40 years, spanning most of my adult life. I couldn't say at what particular moment I decided to nail my colors to the mast, although I know only too well that for most of that time, the decision has put me at odds with the establishment in all its multifarious forms. Campaigning for the right to abortion in Ireland was considered an act of radical defiance by all the elites, whether clerical (the power of the Catholic church only began to wane in the early 1990s), political, professional or academic. Not a very comfortable position for a young woman academic from a middle-class Catholic family. To be a known "abortionist" (the term was applied indiscriminately and quite improperly to prochoice activists) was seen in some bizarre, convoluted way as a betrayal not only of one's class, but of the very nation itself. And it was certainly not a sensible route to a successful career in a university environment then still heavily marked by clericalism.

But you do what you must. In my case, as part of the burgeoning women's liberation movement, I believed (as I still do, most ardently) that control of our reproductive bodies is a baseline requirement for equality and autonomy. I believe that a woman has the right to decide whether or when she will have a child. In a world where there is often still inadequate or no information about, or access to, contraception, and where contraception can and does fail; where sex education may be minimal or nonexistent; where social and economic conditions are atrocious (increasingly so); where women are impregnated by men against their will; and where, by no means least, mistakes quite simply happen, abortion is a necessity and a reality for countless numbers of women, not an abstract philosophical or moral issue.

Way back then, 40 years ago, I saw young women like me being forced



Former head of the Department for Women's Studies at University College, Dublin

either to go through with pregnancies they didn't choose, or having to make the lonely journey to the UK for an abortion. I knew I'd go to the UK myself if I had an unplanned pregnancy. I saw the misery and difficulty and the pain. I hated a society and a value system that

forced women to give birth against their will. I thought it was wrong and that it should be changed. So I suppose my decision was both intensely personal and acutely political.

I believe that control of our reproductive bodies is a baseline requirement for equality and autonomy.

Things have shifted in Ireland since then, but not much. We've had a referendum on the issue roughly every decade since 1983 and seem set to have another in the near future. We have a law protecting women's lives in pregnancy (but only just, and only maybe), and it is at least easier now to say "I'm prochoice: I stand for every woman's right to have an abortion if that's what she considers to be in her best interests." But there's still a long way to go. ■

Rosemary Mugwe

TEN YEARS BACK, I MET A 17-YEAR-old girl in a public hospital. She was a high school student who had gotten pregnant and did not intend to keep the pregnancy. Believing that she could be imprisoned for seeking an abortion, she chose to do it herself. She inserted a fork through her vagina to a point that she couldn't reach. After two days she was found severely bleeding and in pain and rushed to the hospital. The girl underwent surgery to remove the fork, and then additional surgery to repair her severely perforated uterus, but ultimately died on her fifth day in hospital. This case shocked me because I felt like I understood her. This student was afraid to discontinue her education, she was afraid of the stigma of being pregnant, and thus, by hook or by crook, she had to rescue herself from



Human Rights and Gender Consultant, Kenya

that ordeal. I still say that she did not deserve to die.

I am prochoice because, firstly, I believe in human autonomy and human rights. No human being can realize their full dignity and potential until their human rights are protected and respected. Secondly, I believe in equality for men, women, girls and boys. I have

witnessed young girls and women suffer diseases, mutilation and even death due to restrictive laws and the stigma that surrounds sexual and reproductive health services, including abortion. The fact that only women and girls become pregnant means that these laws constitute discrimination and a setback to gender equality. Thirdly, I have seen women and girls carry unwanted pregnancies to term and know that this does not contribute to child welfare. I believe children should be born to parents who are ready, able and willing to feed, clothe, educate and love them.

I cannot sit by and accept a world in which childbearing is a woman's destiny, not her choice; where women are trapped by absolute poverty, pregnancy and disease; a world in which desperate women and girls, with no other recourse, are compelled to resort to unsafe abortions and are injured or die in the process, thus, robbing them of their full potential for economic, social and political progress. I can make a difference and that is why being prochoice

No human being can realize their full dignity and potential until their human rights are protected and respected.

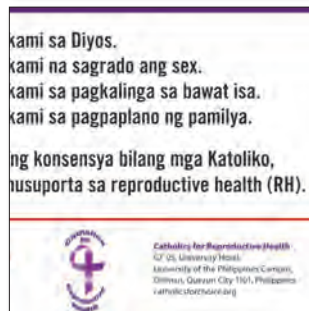
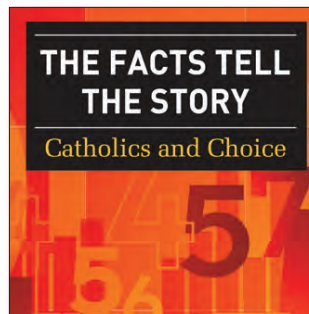
is an essential part of my professional commitment.

I am from a Catholic family. It is my firm belief that there can be no prescription for how women should lead their lives. Research has shown that if women are healthy and educated, their families will thrive. If women have a chance to work and earn as full and equal partners in society, their families will thrive. Consequently, when families prosper, communities and nations will prosper. That is why we must respect the reproductive healthcare choices that each woman makes for herself and her family. Every woman deserves to be listened to and the chance to realize her God-given potential. ■

CATHOLICS FOR CHOICE


IN GOOD CONSCIENCE

 **Find it** on our website



 **ISSUES:** Abortion, contraception, HIV & AIDS, sex & sexuality, new reproductive health technologies, religion in public policy.

 **NEWS:** Separate fact from fiction about Catholicism and the latest reproductive rights stories from around the world.

 **ACTION:** Prochoice Catholics can change the tone of the debate on reproductive health—in the media and in legislatures in the US and beyond.

 **Campaigns, publications, polling and more. Get involved today!**

www.catholicsforchoice.org

Classic and Remarkable: The Theologian Courageous Enough to Change

By Mary E. Hunt

A Merry Memoir of Sex, Death, and Religion

Daniel C. Maguire

(Caritas Communications, 2013, 136 pp)

978-0615766669, \$11.57 (paperback)

GREAT ARTISTS, GREAT athletes, great writers: alas, even great theologians are not always great people. But as the Irish would have it, every rule has its exceptions, and Daniel C. Maguire is one on this score. In this short memoir, Dan does his best to blame his goodness on others—his mother, his parishioners, his sons—but there is no disguising the core of a world-class theologian who is also a mensch of the first order.

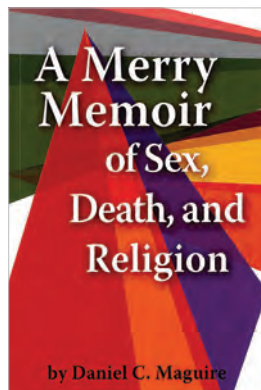
Dan's story is at once classic and remarkable. He was raised in ever-so-Catholic Philadelphia (where parishes trump neighborhoods for identity purposes) in a large Irish family. That Dan was one of three out of four brothers to become priests was notable but not unheard of. He studied at the North American College in Rome, the training ground for future bishops, but happily escaped that fate. Dan swallowed the party line until he matured enough to see the complexities of human life.

MARY E. HUNT is a feminist theologian who is co-founder and co-director of the Women's Alliance for Theology, Ethics and Ritual in Silver Spring, MD.

Parishioners showed him the error of the Vatican's narrow ways. He was honest and courageous enough to change. Note to Catholic clergy: read this book.

In Daniel Maguire's case, change meant becoming a professor of moral theology at the Catholic University of America, where he and his friend, Professor Charles Curran, tilted at Roman windmills in an organized effort to overturn *Humanae Vitae*, the so-called birth control encyclical. Curran was sacked, Maguire married and Catholic University remains intellectually suspect at this writing decades later.

Professor Maguire then landed at Marquette University, a Jesuit institution (full disclosure: my undergraduate alma mater) that has by and large had his academic back throughout his tenure. Many a right-wing opponent has tried to derail his career there, but successive administrations, beginning with President John P. Raynor, SJ, have realized that having him around makes them look good. A Catholic university with a "dissenting voice" has credibility. In fact, they are very lucky he has stayed to bring his theological luster to an otherwise increasingly beige place.



Dan tells his story with an Irish flair. His mother, Cassie, was a grand soul but a lousy cook by Dan's lights. I am in possession of her scone recipe and plan to try to exonerate her on the culinary count. She adored her family, instilled a sense of fun and taught them the basics of love and justice. Later on, even she came to see the folly of the institutional church on many issues that her pelvic-zone specialist son and friends worked hard to change.

For someone brought up to think that Protestants and Publics (those who, God forbid, did not go to Catholic schools) were consigned to the deepest reaches of hell, it is ironic that Dan Maguire became a seasoned champion of interreligious living. His Sacred Choices Initiative, "a worldwide issues campaign aimed at expanding scholarly and lay perceptions of the positions of the world's religions on contraception and abortion," brought together scholars from diverse backgrounds for the purpose of improving women's rights through religious reasoning. But you will not find this initiative in his memoir, because Dan turns instead to the signal moments that showed him how the world works.

The most moving matter is the life and death of his older son, Danny, who suffered from Hunter's syndrome and died at the age of 10. Confronted with a flock of birds and ducks, little Danny uttered words that were to give his father marching orders for life: "Daddy, look, Daddy look." Dan has looked hard at virtually every moral question of our time—sexism, economics, war, environment, racism and heterosexism. He has "looked" and then lent this insight to the world through the hundreds of articles, chapters, op-eds to his credit, not to mention more than a dozen books written or edited, countless letters to editors, and more lectures, classes and consultations than many a large department could muster collectively. Thanks, Danny.

What stuns Maguire's listeners at lectures, and now readers of this magazine, is how one person can move so

Bookshelf

seamlessly from Aquinas to an Irish story, from Latin to slang, from erudite theory to common sense, from classical theology to innovative, courageous theo-ethics. Dan's data is grounded in a life lived richly and with faith, good fortune mixed with bad, tragedy writ large and humor, in the Maguire mold, always having "the right of way." This mixture is a method that works.

No wonder when he met Cardinal Joseph Ratzinger while on the road with his son Tommy that Dan could see the three sides of the future pope—delight, recognition, fury. The Inquisitor figured out too late who the father was of the son with whom he had so readily had his picture taken. Gotcha Joe.

No wonder when Geraldine Ferraro quoted Dan's obvious statement to the effect that "the Catholic position on abortion is not monolithic" she incurred the wrath of Cardinal John O'Connor in New York. Catholics come in many shapes and sizes, and most of the ones worth paying attention to, like Dan, do not wear miters.

No wonder when Clarence Thomas, pre-Supreme Court, heard Dan lecture he accused Maguire of "Republican bashing." Dan had protested the government's spurious claim that ketchup was a vegetable, thus perpetrating malnutrition on poor children. Thomas' subsequent silence on the Court may actually be a blessing. Dan handles his fame and infamy with equal aplomb because he keeps a light touch even in the heaviest of moments.

MEMOIRS ARE SELECTIVE BY nature. Many stories remain untold here—hopefully the stuff of a second volume perhaps now in progress by an ever-prolific writer. This book is a wonderful rendition of Maguire's highlights. He demonstrates how one person went from a pre-Vatican II Catholicism that had all the answers, to a healthy dose of more questions than answers that is appropriate in postmodernity, especially for people of faith. Many readers will find themselves in

Bible, Gender, Sexuality: Reframing the Church's Debate on Same-Sex Relationships

James V. Brownson (Wm. B. Eerdmans Publishing Co., 2013, 293 pp)

The author is a professor of the New Testament in a seminary for the Reformed Church in America, a mainline Protestant denomination, but his message contains many useful elements for Catholics interested in gender and sexuality in Scripture. Brownson examines the textual and cultural context for biblical passages often used in modern-day justifications for the sinfulness of homosexual activity and same-sex marriage. He finds that the complementarity argument—that men and women are anatomically different and thus meant for certain sexual and social roles—is not really biblical in nature.

Contemporary Catholic Health Care Ethics, Second Edition

David F. Kelly, Gerard Magill and Henk Ten Have (Georgetown University Press, 2013, pp. 377)

Contemporary Catholic Health Care Ethics is a pleasant surprise. The title leads one to expect a laundry list of prohibitions, such as the bishops usually offer when discussing reproductive health. This book, however, provides a mixture of medical and religious wisdom that helps explain how and why the Catholic healthcare establishment arrives at its conclusions. For example, in the overview on contraception and *Humanae Vitae*, the authors begin with Augustine, whose theology they recognize is largely discounted on sexuality, but his misgivings on contraception still stand. "This leaves a conclusion in search of a reason," they write, and then follow the evolution of the church's teaching on contraception along with its nuances, like natural family planning, emergency contraception after rape, as well as the nuns who have been allowed to take birth control when they are in danger of being raped. This complexity makes it difficult for the authors to rely upon the traditional objection to birth control: i.e., that its intrinsic evil lies in the separation of the sexual act from its intended end in procreation.

From genetics to sterilization to new reproductive technologies, the authors present both theological and medical sources to support their arguments.

Culture Wars: The Threat to Your Family and Your Freedom

Marie Alena Castle (Sea Sharp Press, 2013, 235 pp)

Culture Wars documents some of the major sticking points about church-state separation that have been explored in the pages of *Conscience*: tax subsidies for religious groups; the denial of individual rights justified by conservative religious ideology (notably, the Catholic hierarchy); the expansion of Catholic healthcare directives through mergers; and the inefficacy of abstinence-only sex education. The inconsistencies in these arguments, and their incompatibility with a pluralistic society, are explicated in sufficient detail, as are the areas where the bishops have tried to tear down the wall separating church and state.

Keesha and Joanie and JANE: Characters, Dialogue and Conflict including Opinions, Memories and Strategic Planning Filled with Hope, Disappointment and Inspiration

Judith Arcana (Eberhardt Press, 2013, 59 pp)

Written by a poet and essayist with strong roots in the reproductive rights movement, "Keesha and Joanie and JANE" is a collection of women's voices as they struggle with the ongoing threats to abortion access in the US. These current challenges are set against the backdrop of some of the older women's experiences—

(continued on page 49)

these pages; others will better understand people they know. I predict that all will laugh and cry. I did.

I have no reason to flatter Dr. Maguire. I served with him for years on the board of then Catholics for a Free Choice (he might joke that choice has only gotten more expensive). We have been involved in several collective schol-

arly efforts through the Religious Consultation on Population, Reproductive Health and Ethics, which he created to produce the gold standard in contemporary religious ethical work. I have shared both tea and spirits with him so I know the man well enough to say that while all human beings have their faults, some have fewer than others.

This is not a book to read on an airplane. The person sitting next to you will wonder what about “sex, death, and religion” is so hysterical one minute, so tragic the next. Just tell her/him that the author is among the smartest, funniest and most compassionate people ever created. Then give her/him your copy and consider that you have given gold. ■

The Wall of Separation: Freedom of and from Religion

By Sarah Lipton-Lubet and Dena Sher

Defending American Religious Neutrality

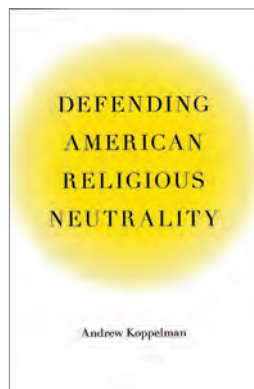
Andrew Koppelman,

(Harvard University Press, 2012, 256 pp)

978-0674066465, \$49.50

RECENTLY, THE CLAIM THAT religious liberty is under attack has reached a fevered pitch in some quarters. In *Defending American Religious Neutrality*, Andrew Koppelman posits that the present state of American law is not too “hostile” toward religion, nor is it too “friendly”—it gets it just right. Applying insights from political theory to the daunting task of bringing coherence to this widely criticized set of doctrines, he concludes that neutrality is the “master concept” that can help make sense of the religion clauses and the way they have been interpreted over time. According to the author, neutrality is “one of the world’s most

successful legal strategies” to address religious diversity, which flourishes in our country. He cautions that dismantling this regime could result in “heightened civil strife, corruption of religion, and oppression of religious minorities.”



Indeed, throughout this well-written and tightly argued account, Koppelman makes the key point—often ignored by those who claim that law is too stingy toward religion—that a central impulse animating American laws dealing with religion over the last several hundred years is the desire to keep government from corrupting religion.

Although Koppelman describes his book as “primarily directed at scholars of law and political philosophy,” it nonetheless tees up questions directly relevant to ongoing public policy debates. In particular, he touches on two he dubs “central axes of controversy”—government funding for reli-

gion and religious exemptions from generally applicable laws.

It is black-letter law that government money cannot directly fund religious activities. Koppelman explains how this principle, which has been clearly spelled out in legal statutes, fits into his overarching neutrality principle. “[N]o subsidy could possibly achieve the requisite neutrality among religions. Were government to attempt to *fund* religion-as-such, it would have to pick and choose whom to fund, and this would inevitably lead to discrimination among religions.” But that, of course, is not where the harms of government-funded religion end.

The book examines an Iowa prison program run by a religious group that privileged prisoners who allowed themselves and their families to be proselytized, and thereby disadvantaged prisoners that who would not submit to religious indoctrination. This clear constitutional violation was shot down by the federal courts (full disclosure: one of this review’s authors participated in the litigation).

Drawing an evocative analogy, Koppelman contends that: “The Iowa prison program shows that the delegation of state power to private entities, with no attention to whether nonreligious options exist, tends to abandon a regime of religious liberty in favor of something like the Peace of Augsburg of 1555: everyone is obligated to manifest adherence to the religious views of their own local lord or baron.”

He points out that if those seeking to undermine Establishment Clause pro-

SARAH LIPTON-LUBET is Policy Counsel and **DENA SHER** is Legislative Counsel in the American Civil Liberties Union’s Washington legislative office.

tections get their way, the result could be as outlandish as assigning fire protection services to “a low-bidding Christian fire department that would provide services only to recipients who would acknowledge the divinity of Christ in the call for help.” Yet around the country every day, men and women are already at risk of discrimination when they take part in government-funded social service programs that are run through religious organizations. That’s because those programs lack effective safeguards to prevent organizations from denying services to people who don’t share their faith by, for instance, including worship or prayer in

THIS, THOUGH, RAISES ANOTHER set of questions: What does “balancing” entail? How do we know when claims for exemptions are based on actual substantial burdens on religion? What types of entities should be able to claim those exemptions? What happens when an exemption would impose harms on third parties? *Defending American Religious Neutrality* leaves these unanswered. Yet these are *au courant* issues in prominent policy debates as the nation sees a notable uptick in the effort to redefine religious liberty as a license to use religion to discriminate. Some businesses want to withhold health insurance coverage for

for the races to mix.”

The Supreme Court, Koppelman notes, “did not even pause to consider whether the trial court had correctly understood God’s intentions. Instead, it invalidated the law because it was ‘designed to maintain White Supremacy,’ and because the purpose of the statute thus ‘violate[d] the central meaning of the Equal Protection Clause.’ Without the secular purpose requirement, the Court could not have delivered the opinion it did.”

This history speaks to more than just secular-purpose considerations. We are reminded daily that religion remains a justification for discrimina-

Men and women are already at risk of discrimination when they take part in government-funded social service programs that are run through religious organizations.

these programs; incorporating religious curricula; handing out Bibles or other religious tracts; or attempting to convert the beneficiaries. Thankfully, an Obama administration executive order requires that new policies be put in place across the federal government to create effective safeguards that protect against those abuses and thereby enforce the Establishment Clause.

The author also tackles the hot-button issue of religious exemptions from general laws. He focuses on the predicate question—how do we square religious accommodations with the Establishment Clause, which requires that religion not be favored and that laws must have a secular purpose? Koppelman argues that “accommodation is a permissible way of recognizing the good of religion, so long as it does not discriminate among religions.” And that “[o]nce it is acknowledged that the law treats religion as a good thing, then we can see that the task of accommodation is essentially that of balancing the good of religion against other goods.”

contraception from their employees, denying equal healthcare access. Others close their doors to gay and lesbian couples, refusing to sell them wedding cakes or flower arrangements. In each instance they claim that complying with antidiscrimination measures is an affront to their religious liberty.

While these questions are beyond the intended scope of this book, he does highlight the fact that “most forms of discrimination that the [14th] amendment forbids have at one time or another been sincerely defended on religious grounds.” Given that landscape, Koppelman explains that without the requirement that all laws have a secular purpose, many other areas of constitutional law would be unrecognizable. Take, for example, *Loving v. Virginia*, the Supreme Court case that invalidated interracial marriage bans. There, the trial court turned to religion to justify the ban: “Almighty God created the races white, black, yellow, malay and red, and he placed them on separate continents.... The fact that he separated the races shows that he did not intend

tion each time a new case challenging the federal contraceptive coverage rule is filed or a gay couple has a shop door slammed in their faces. If the state can’t justify discriminatory laws based on theological arguments, should institutions and businesses be able to skirt equality-advancing laws by using religion as an excuse?

While Koppelman’s scope is sweeping, seeking to both “describe and defend” American religious law, his ultimate claims are modest. He acknowledges that his analysis “will not resolve” questions like the ones posed above. “What it can do,” he offers, “is highlight the areas of agreement that are the background of these disputes,” endeavoring to set the stage for the next round of debate. As courts, legislatures and the executive branch continue to work their way along these axes of controversy, we hope that claims using religion to discriminate will someday become a thing of the past, ensuring that the state of religious liberty remains strong. ■

Europe: A Secular Space with Room for Religion

By Pierre-Arnaud Perroudy

Religion, Rights and Secular Society: European Perspectives

Peter Cumper and Tom Lewis
(Edward Elgar Publishing, 2013, 352 pp)
978-1849803670, \$150

EXAMINING THE RELATIONS between churches and states and the place of religion in modern democracies inevitably raises numerous intricate issues. Given the myriad books published on the subject, it is admittedly difficult to find an original angle worthy of a guaranteed place on the bookshelves. Peter Cumper and Tom Lewis' book, *Religion, Rights and Secular Society: European Perspectives*, offers mainly an academic account of the situation in more than a dozen European countries (United Kingdom, France, Germany, Spain, Italy, Ireland, the Netherlands, Poland and Hungary, among others). There are also three essays with a wider scope: on understanding religions in Europe in general, on Islam in particular and on new religious movements.

The country review section provides interesting insights into church-state relations in national contexts on the his-

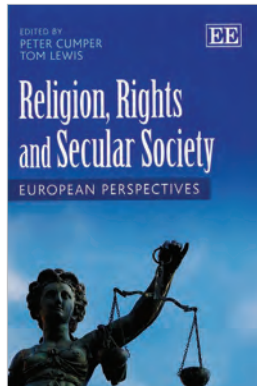
torical and legal level. It remains fascinating to see such a vast diversity of approaches on one continent. In recent history, the Catholic church was associated with dictatorships in some countries (Spain) and with resistance movements in others (Poland). In many areas, despite the growing secularization of constitutions and state institutions, churches remain very influential and are in a position to weigh in on public debates.

The chapter on Italy is particularly interesting with its description of the struggle for defining a secular state in the historical stronghold of the Roman Catholic church. The book depicts Italy as a "Christian secular" country keen on defending its religious culture, but one that is also facing a significant influx of immigrants, and thus, new challenges testing its "Christian roots." The church hierarchy is willing to see Italy as the bulwark against "de-Christianization" of Europe and "insidious secularism" (in Pope Benedict's terms). In this respect, the *Lautsi v. Italy* case dealing with the display of crucifixes in public schools offered a tremendous opportunity for the Holy See. The Vatican managed to convince the Italian government (which needed its support for domestic reasons) to seal an alliance with

Russia against Western Europe. After the first ruling of the European Court of Human Rights (ECHR) in 2009, which found that crucifixes had no place in Italian public schools, the subsequent appeal filed by the Italian government was clearly supported (if not written) by the Holy See. No less than 10 European states intervened in the legal proceedings to support Italy in what some have called a "New Holy Alliance." The result: the Grand Chamber of the ECHR reversed the ruling, allowing crucifixes to be displayed.

Although many nations are covered in *Religion, Rights and Secular Society*, the absence of two countries is regrettable. Romania falls in this category, given the historic place of the Orthodox church and its strong political role today. Greece deserves mention for the very same reason, and because of the disturbing context of the rise of extremist parties and their reference to religion as a part of the Greek national identity.

The central thesis of the book is the increasing influence of faith in European public life. A key paradox is derived from the country-specific chapters: on one hand there is a "relatively high level of secularity in most if not all of Europe," and on the other, there is a "marked resurgence of religion in public debate." The progress of secularity in European states is a well-established fact. But the "marked resurgence" of religion is more questionable. The book derives this resurgence from disconnected facts: religious extremism and terrorist attacks, child sex abuse scandals and their cover-ups or even best-selling books on religious beliefs. But the history of Europe is made of a blend of cultural, religious but also philosophical heritages (among others, the ancient Greek philosophers, the Renaissance and the Enlightenment). Long-established churches have been very powerful throughout the centuries and remain socially and politically active, but to far less an extent than they used to be. So it is tempting to see a long—though not constant—decline, rather than a resurgence; or a peak in an otherwise downward trend.



PIERRE-ARNAUD PERROUDY holds law degrees from Brussels and Oxford Universities and specializes in human rights law. He is Europe and international director at the Centre d'Action Laïque in Belgium, executive director of the European Humanist Foundation and secretary general of the Belgian Human Rights League.

Bookshelf (continued from page 45)

The book's resurgence model is further explained by two overlapping factors: immigration and new religious minorities. The diversity of religious minorities is a new reality and the chapter of the book devoted to this issue rightly points out that the level of acceptance in the reactions from the states varies greatly, from distrust in France or even persecution in Russia to wide acceptance in the Netherlands. This is true but has a limited impact on the public debate. Immigration raises a variety of issues that go far beyond religion. Many migrants are happy to find in Europe a democratic place where they can practice their faith (not only Islam) and this perspective does not raise any concern. Where there are tensions—the headscarf in schools, the burqa in the public space, offending cartoons, etc.—what is new is less the nature of the demands than the fact they are packaged in the human rights discourse, using human rights instruments to claim rights or privileges (e.g., a right to conscientious objection) that sometimes conflict with the rights of others.

The most challenging threats on secular states arguably come from long-established churches rather than from migrants or new religious minorities. Where they still hold a strong power, especially in Catholic (Italy, Spain, Ireland, Poland, Malta) or Orthodox (Romania, Greece, Russia) countries, church hierarchies do not hesitate to play politics (see, for instance, the institutional Catholic church in Malta threatening to excommunicate those who would vote in favor of introducing divorce in civil legislation during the 2011 referendum). Even in secularist France, the main opposition to same-sex marriage came from right-wing Catholic groups and the bishops, later joined by other religious groups. The same is true in the European Parliament and EU institutions where the Catholic hierarchy's lobby is a much greater danger for secular institutions than Muslim communities or other minority religions. The choice to devote a whole

the histories of those who helped provide clandestine abortions in the underground “Jane” network. The anecdotes range from a how-to discussion of abortion techniques to an analysis of the reasons for restrictions on women's reproductive freedoms. Reminiscent of the *Vagina Monologues* with its combination of the hard-hitting and colloquial, “JANE” is an unflinching peek into women's soul-searching on sex, abortion and liberation from generations past and present.

Religious Rhetoric and American Politics: The Endurance of Civil Religion in Electoral Campaigns

Christopher B. Chapp (Cornell University Press, 2012, 173 pp)

Written by a professor of political science, *Religious Rhetoric and American Politics* makes the case that there are actually two kinds of religious rhetoric in the American discourse. One is “culture wars rhetoric,” which uses fear to emphasize divisiveness—either between religious groups or between believers and nonbelievers. The second, Chapp says, is the “civil religion tradition,” which focuses on a more unifying, optimistic vision of America, along the lines of John F. Kennedy's speech in which he invoked a series of civic values, including the separation of church and state. The book is not only a theoretical model, however.

The author categorized speeches by presidents and presidential candidates according to the different religious appeals they employed, which he then put into graph form. Surprisingly, “culture war” speech was far less common than civil religion, as were appeals to a particular religious group. Other variables are explored, including partisan language and emotion-laden words, but one of the most interesting findings is that the injection of “culture wars” speech by one candidate tends to cause more of the same from an opponent. Still, Chapp finds the “civil religion” style is more frequent and more effective in US politics—or it was through 2008, the cutoff point for most of the data referenced in the book. Whether we like it or not, religious rhetoric is part of the American political landscape, but this book provides some sorely needed perspective for policymakers seeking to understand what kind of spiritual language appeals to most Americans.

Seizing the Means of Reproduction: Entanglements of Feminism, Health and Technoscience

Michelle Murphy (Duke University Press, 2012, 259 pp)

The official history of women's reproductive health tends to situate women as patients who receive care from medical professionals, but *Seizing the Means of Reproduction* details the parallel history of women's self-help and self-care groups that sprung up in the US during the 1970s and '80s. Complete with photographs and how-to diagrams from the period, the book shows the evolution of women's view of themselves and

(continued on page 53)

chapter on Islam may reinforce this inaccurate impression about the clout wielded by Muslim groups, although it is well-written and very informative.

The chapter on Islam concludes with what may well be the conclusion of the book: that secularism is necessary to create space for participation and negotiation, but it must be a secularism that is conceived of and functions as a “frame-

work,” and not as a participating (competing) ideology. In Belgium, secularists draw a distinction between political *laïcité*, aimed at the organization of the state, and philosophical *laïcité*, which refers to personal beliefs. Whereas most religious people in Europe would have no problem with this conclusion, church hierarchies sometimes seem to be rowing against the current. ■

Business and Politics First, Women Second: The FDA's Drug Approval Process

By Kelly C. Cleland

Reproductive Rights and the State: Getting the Birth Control, RU-486, and Morning-After Pills and the Gardasil Vaccine to the U.S. Market

Melissa Haussman

(Praeger, 2013, 184 pp)

978-0313398223, \$35.15

IN HER NEW BOOK, *REPRODUCTIVE RIGHTS AND THE STATE: Getting the Birth Control, RU-486, and Morning-After Pills and the Gardasil Vaccine to the U.S. Market*, Melissa Haussman analyzes the singular histories of these reproductive health medicines in the United States. For each of these medicines, Haussman details the often convoluted processes behind achieving FDA approval and bringing the product to market, highlighting the complex interplay of corporate and political interests that impeded or expedited the availability of each product in the US.

The book begins with a description of the history of the FDA and the evolution of the agency's regulatory authority through its policy changes during the 20th century. The agency's political strength derives from its reputation as the strictest and most deliberate regu-

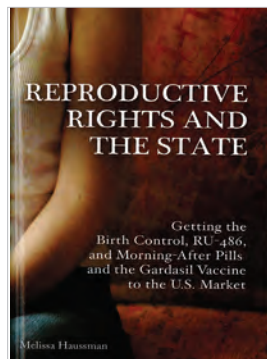
lator of drugs worldwide; however, the approval processes described in this book call the FDA's objectivity into doubt. The FDA is empowered with policy tools to expedite the approval of drugs that have been proven safe and effective through years of use in other countries. In the case of mifepristone and levonorgestrel emergency contraception (Plan B), the agency's mechanisms were used to impede and stall, rather than facilitate, availability. In the case of Gardasil, however, these same tools were used to expedite the approval of a new vaccine that had more to do with pressure exerted by pharmaceutical interest groups than it did with public health.

Next, Haussman details the history of the oral contraceptive pill, attributing its development to researchers from Mexico and the US as well as activists such as Margaret Sanger, who mobilized financial and popular support for development and research of the Pill and the reproductive rights movement more broadly. US pharmaceutical companies were reluctant to invest in contraceptives early on, citing concerns about risk

and profitability; yet once the FDA approved the Enovid, G.D. Searle & Company's contraceptive pill, in 1960, other companies were eager to enter this profitable market.

Since 1960, the year in which the birth control pill was approved, the so-called "prochoice" and "prolife" (hereafter, antichoice) movements have had their own trajectories and strategic alliances. From 1960 to 1973, women's reproductive policy interests were generally aligned with the interests of the government, as there was broad bipartisan support to address population issues both in the US and abroad. This support facilitated public funding of contraception through Title X. After 1973, the antichoice coalition attained a certain dominance in American political life as more social conservatives were elected at all levels of government. Significant policy gains were won by this newly prominent social conservative movement, including the passage of the Hyde Amendment (which prohibits most public funding for abortion) and reductions in public funding for contraception. Haussman describes the development of the leading organizations on both the pro- and anti- sides of the reproductive choice issue and explains how the balance of power shifted over time. Feminist and prochoice organizations enjoyed tremendous growth and success in the late 1960s and 1970s, but then found themselves in a reactive position as antichoice social conservatives simultaneously built capacity at the state level and influenced policy within the federal government.

Haussman develops her thesis that the profit motive of the US pharmaceutical industry and the exclusion of women from drug policymaking work to create policies that utterly disregard women's interests. She describes the drawn-out process through which mifepristone, a drug used for medical abortion, was finally approved in the US. Many years of use in Europe had proven its safety and efficacy, yet social conservatives in the political realm cited



KELLY CLELAND, MPA MPH, is a staff researcher at Princeton University. Her work focuses on reproductive health, with an emphasis on emergency contraception and medical abortion. Kelly is also the Executive Director of the American Society for Emergency Contraception (ASEC).

spurious safety concerns about mifepristone in efforts to keep the drug out of the US market. In the business sphere, US pharmaceutical companies that had made billions from the sale of contraceptives refused to manufacture mifepristone. This complex interplay of business and political influences served to shape FDA policy and impede access to this safe and effective medication for years. (It should be noted that the author describes only the FDA-approved regimen for medical abortion, which requires 600 mg of mifepristone and is indicated for use up to 7 weeks of pregnancy. In practice, this regimen has largely been replaced by a different evidence-based regimen that requires only 200 mg of mifepristone and is proven effective through 9 weeks gestation; this distinc-

name-brand emergency contraception will be available without age restrictions, it comes with a steep price tag—about \$50 for the single pill dose. The one-pill generic products, which cost about \$10 less than the branded product, can be sold on the shelf as well, but will still be subject to age restrictions, as they are available only to consumers (both women and men) age 17 or older with a valid ID. The two-pill versions will still be held behind the counter, with the same age restriction.

THE FACT THAT THIS DECISION CAME after the issue was taken to court, and that there are different regulations for essentially the same product, mean that wider access to emergency contraception, and a true commitment

linked to cancer. Up to 80 percent of sexually active women in the US are infected with at least one strain of HPV in their lifetimes, but the incidence of cervical cancer has declined by 80 percent since the introduction of the Pap test. Still, Merck conducted an aggressive marketing campaign, targeting both the public and policymakers with its message that Gardasil was a cancer-prevention tool supported by nonprofits in the women's rights and cancer-support arenas. Ultimately, the vaccine was granted expedited FDA review and approval. Merck needed a blockbuster drug in its portfolio, and company lobbyists targeted politicians such as conservative Texas governor Rick Perry, who had financial ties to Merck, to try to create markets for Gardasil through

Many years of use in Europe had proven its safety and efficacy, yet social conservatives in the political realm cited spurious safety concerns about mifepristone in efforts to keep the drug out of the US market.

tion has important implications for access to medical abortion.)

The case of the emergency contraceptive pill known as Plan B is similar to the mifepristone story, in that political influence played heavily in its approval process. Despite clear and robust scientific evidence for the safety of Plan B, "OTC [over-the-counter] status for Plan B was treated as a political football." The process of approval for Plan B has been fraught with political interference, and many decisions about the status of Plan B appear to have been made on the basis of political considerations rather than scientific evidence. The regulatory situation has evolved considerably in 2013, and continues to be complex and fraught with perplexing decisions. On July 22, the FDA approved Plan B One-Step for sale on drugstore shelves, and granted Teva (the manufacturer) market exclusivity for this product until 2016. Though this

on the part of the FDA, have yet to be realized. The approval of Plan B One-Step does, however, provide additional patent protection for the manufacturer, Teva Pharmaceuticals. Were this book to be written a year from now, Dr. Haussman would have excellent material to expand her discussion of the perplexing political context surrounding emergency contraception.

While mifepristone and Plan B, medications with proven safety records, have encountered significant barriers to market entry, the HPV vaccine Gardasil "has held a privileged position in the history of US state and market treatment of women's reproductive drugs," according to Haussman. While these other reproductive health medicines have had women's groups lobbying for their approval for decades, Gardasil seemed to appear from nowhere. Gardasil was developed to prevent certain HPV strains, including some that are

policies requiring the vaccination for girls. Haussman cites this as an example of how "Merck was able to transcend the social conservative ambivalence about drugs related to women's sexuality that dominated Republican politics since 1980." She implies that the money and political will expended on pushing through Gardasil could have been invested more wisely in other programs to support women's health.

Throughout this book, Haussman excellently juxtaposes the slow, burdened approval processes for mifepristone and Plan B with the expedited approval of Gardasil, demonstrating how profit motives can drive corporate and political interests to switch sides when it comes to reproductive medicines. *Reproductive Rights and the State* is a fascinating read for anyone with an interest in women's health, drug policy and the pharmaceutical industry, and the spaces where these intersect. ■

‘A Tragedy in Three Parts’: The Sex Abuse Scandal in the Catholic Church

By Bill Williams

Mortal Sins: Sex, Crime, and the Era of Catholic Scandal

Michael D’Antonio

(St. Martin’s Press, 2013, 400 pp)

978-0-312-59489-3, \$26.99

MICHAEL D’ANTONIO HAS written a compelling account of the scandal involving Catholic priests who sexually abused children. *Mortal Sins* is a crisply written history of allegations, denials and cover-ups. An author and former newspaper reporter, D’Antonio recalls that when victims first came forward in the 1980s, no one wanted to believe that a Catholic priest would sexually molest a child. Ordination had established priests “as a class above regular human beings.” This book details the facts that became undeniable and finally changed the public’s perception of the church itself.

The raw numbers are depressing. The church concedes that more than 6,000 priests have been accused in recent decades of sexually abusing 16,000 minors in the United States alone. More than 500 priests have been arrested and prosecuted. And the church in America has paid out more than \$1 billion to victims. D’Antonio paints a convincing picture of a church far

more interested in avoiding scandal than in protecting children. Bishops routinely moved accused priests from parish to parish, where the abuse continued.

One of the first complaints involved a Louisiana priest whose “entire life seemed to be built around winning the trust of parents so he could sexually violate their children.” At about the same time, a man in Minnesota said that when he was a 13-year-old altar boy, a priest had begun sexually abusing him. The author describes the process by which the victim was “quietly overwhelmed with a toxic mixture of fear, shame, anger, physical pleasure, and profound confusion” and thus initially did not tell anyone about the abuse.

A charismatic lawyer named Jeffrey Anderson agreed to handle the Minnesota case, even though “he had never contemplated the idea that a priest might abuse a boy ... or that the Church hierarchy would hide the crime and protect the perpetrator.”

Following the Louisiana and Minnesota revelations, a committee consisting of two priests and a lawyer met in 1985 to draft an urgent report for American bishops titled *The Problem of Sexual*

Molestation by Roman Catholic Clergy, which sounded alarm bells about a growing crisis that could eventually cost the church \$1 billion, an estimate that turned out to be prescient.

The bishops responded by ignoring the report.

The credibility of *Mortal Sins* is enhanced by the fact that the author never comes across as anti-Catholic. He scrupulously avoids judging, preaching or belittling. Rather, the text is a rigorous historical examination of an ongoing crisis.

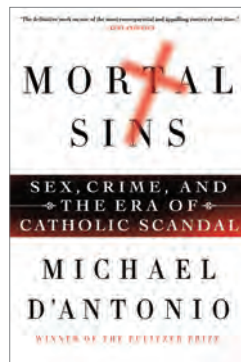
D’Antonio includes many case histories. Nearly 200 victims in the diocese of Fall River, Mass., said they had been sexually assaulted by Fr. James R. Porter, who admitted to molesting 28 children, but said he had lost track of the actual number of minors he had raped or molested.

A Dallas priest named Rudy Kos was sentenced to 15 years in prison after he was convicted on criminal charges involving the rape and abuse of boys as young as nine. He plied children with alcohol and drugs. After one victim committed suicide, Kos officiated at the funeral.

A California priest named Oliver O’Grady described his methods of seducing children. He gave this example of his technique: “Hi, Sally, how are you doing? Come here. I want to give you a hug. You’re a sweetheart, you know that? You’re very special to me.” He might start by rubbing a child’s shoulders to win the child’s trust.

Some people have challenged the reliability of so-called recovered memory, where adults claim to remember decades-ago abuse, but experts say that some victims are filled with so much anger, shame and regret that they suppress the memories to get on with their lives. In many cases, these memories would surface years later in therapy. Some victims suffered from depression and dozens committed suicide.

At first, few thought of suing the Catholic church, but once the initial cases went to trial and received wide news media



BILL WILLIAMS is a freelance writer and former editorial writer for the Hartford Courant in Connecticut. He is a member of the National Book Critics Circle.

Bookshelf (continued from page 49)

coverage, more victims began calling lawyers. Civil cases often ended in settlements that required payments of millions of dollars from church coffers.

Mortal Sins is tough reading. One wants to turn away in revulsion at some of the details about sex acts and other crimes against children. For instance, a female victim in Chicago recalled that when she was 13, a priest told her that she was “too beautiful” to resist. He said they had become spiritually “engaged” through sex and would be married in heaven.

STILL, WHAT MAY BE THE MOST disturbing parts of the book involve the excuses and justifications offered by priests and bishops. Milwaukee Archbishop Rembert Weakland contended that some adolescent victims were not completely innocent. “Some can be sexually very active and aggressive,” he said.

Bishops would send offending priests away for treatment, but it rarely worked. Abusers are known to have returned from therapy and resumed their assaults on children. There is also the issue of the priesthood attracting men with sexual problems because it provided a cover that enabled priests to pursue their sexual fantasies without raising suspicion.

Much of the material in *Mortal Sins* has been previously reported in news stories, books and documentaries. D’Antonio’s contribution is to bring the ugly details, history and underlying issues together in one volume.

Church leaders accused the news media of picking on Catholic priests, but researchers say there is no parallel of clergy sexual abuse in other religions. D’Antonio also rebuts the popular canard that abusers are predominately homosexual. Experts have shown that gays are no more likely to abuse minors than heterosexuals.

D’Antonio credits Minnesota attorney Jeffrey Anderson for his devotion to fighting for justice on the legal front. Anderson pried open secret church files to build strong cases against priests who abused children.

In the final pages of *Mortal Sins*

their health options against the backdrop of economic and social changes in the world at large. For example, the author examines cervical cancer interventions around the world and finds that they have been skewed by presumptions about women of color, poor women and the Global South, when screenings and treatments were available at all. This theoretical book is grounded in women’s experiences on the examination table—and their attempts to avoid it altogether.

Were the Popes Against the Jews? Tracking the Myths, Confronting the Ideologies

Justus George Lawler (Wm. B. Eerdmans Publishing Co., 2012, 387 pp)

Were the Popes Against the Jews? attempts to debunk several recently published books on the popes and the Holocaust. Lawler has done meticulous scholarship on some grim chapters in Catholic history, providing the reader with useful information from primary sources and depicting the complexity that should be present in any history of the Vatican. This historian’s realism about the importance of the entire bureaucracy, not just its head, is part of the groundwork Lawler lays towards his model of informed criticism of the Vatican. In the last chapter, he turns his critical powers against today’s hierarchy and has some very useful things to say about the church’s mishandling of issues related to women, homosexuality and the sex abuse crisis, among others, while embracing the individual conscience and the work of Cardinal John Henry Newman.

World Population Policies: Their Origin, Evolution, and Impact

John F. May (Springer, 2012, 339 pp)

The rights-based approach to reproductive health, familiar to *Conscience* readers, has a great deal of overlap with the population approach elucidated in *World Population Policies*. The same ingredients are there—data about the success or failure of family planning campaigns, along with background about environmental issues, economics, wars and political upheavals—but the story is different. The sexual and reproductive health and rights (SRHR) model is an outgrowth of the 1994 Cairo conference and other UN documents, while concern about population numbers and family planning programs goes back much farther than that—to the Roman emperor Augustus in the 1st century BC, according to May.

World Population Policies achieves both breadth and depth in its statistics and case studies of countries’ successes or failures in family planning access. Unlike SRHR, which emphasizes the *individual’s* well-being, the author weaves his population story based upon the common good, departing from some of the more coercive population policies like those of Romania or China that neglect both the individual and collective well-being in favor of a callous numbers-based perspective. This book is all the more valuable for addressing both population increases and demographic decline within the same model.

D’Antonio describes the church’s response to sexual abuse as “a tragedy in three parts.” Victims, he writes, will forever live with the “betrayal experienced in childhood.” Second, the church’s defensive response “demoralized and divided the Catholic community.” Finally, the larger society has suffered

from the church’s moral beacon being dimmed because the institution met the crisis with “angry inflexibility.”

“In failing to grow out of its monarchical structure and into a more humane perspective,” D’Antonio concludes, “the Church impoverishes the world as well as itself.” ■

Reports Worth Reading

Girls on the Move: Adolescent Girls & Migration in the Developing World

Miriam Temin et al., Population Council, 2013

This report is more than just the most comprehensive available data on the scale and scope of the phenomenon of migrating adolescent girls in developing nations. These girls are often represented as tragic stereotypes—either trafficked villagers or oppressed sweatshop workers. Instead, *Girls on the Move* is a handsomely illustrated collection of first-person narratives depicting the diverse experiences of young women who leave a home with few possibilities. The report drives home the part we sometimes forget—these girls do leave home because they want to better themselves, and sometimes they succeed. Girls who migrate often attain a higher level of education, which translates into a better standard of living and more independence than they would have achieved had they stayed at home.

With the help of photographs and case studies, *Girls on the Move* explains the many different outcomes that await girls who leave home, some of which are tragic, and then offers suggestions for minimizing the dangers that lie in wait for young migrants during their journey to an unfamiliar urban setting and in the city itself. Two of the most interesting points made by the publication are, first, that there are so many helping hands available to migrant girls, often from informal social networks, travel chaperones and indigenous or tribal connections. The other is made in the foreword: “The girl effect is the missing and transformative force needed to achieve the Millennium Development Goals, with the unique power to break the intergenerational cycle of poverty.”

When Abortion is a Crime: The Threat to Vulnerable Women in Latin America

Kane, G., Galli, B. and Skuster, P., Ipas, May 2013

Ipas compiled this revealing study of the prosecution of abortion as a crime in Bolivia, Argentina and Brazil. In each of these countries, legal abortion is rarely granted and illegal procedures carry the threat of prosecution because of a “toxic mix of unjust laws and misapplication by some judges and law enforcement officials.” Tracking how many legal cases are brought against women and their healthcare providers because of involvement in an abortion was far from simple, however. The researchers were confronted with governments unwilling to share hospital, police and legal files, and the data that was obtained often proved to be inconsistent or incomplete. To supplement

information from official channels, Ipas also examined media reports of charges filed for abortion cases, resulting in several case studies and some of the most complete numbers of arrests and incarcerations available for the years 2006 to 2012.

In Bolivia, the police opened 775 abortion-related cases between 2008 and 2012, but few of these resulted in convictions. In Argentina between 1990-2008, 417 cases were discovered involving women or healthcare providers being arrested for illegal abortions. And in Brazil’s Rio de Janeiro state, police reports revealed 334 cases related to women who had had illegal abortions from 2007 to 2011, while the 2007-2010 period saw 128 prosecutions. The report recounts several incidents in which women seeking help for post-abortion complications were turned over to authorities by healthcare providers. In general, most of the denunciations of women for abortion-related charges came from medical professionals.

Monthly State Updates for 2013

Guttmacher, 2013

The US has seen a flurry of reproductive rights legislation in the first half of 2013, both positive and negative. The Guttmacher Institute has compiled helpful guides to the recent developments in areas ranging from abortion, contraception and refusal clauses to adolescents and infertility coverage. These factsheets, available on their website at guttmacher.org/statecenter/, are organized by category as well as by state. In all, 106 provisions related to reproductive health were enacted from January through June. The 43 restrictions on abortion access enacted in that period equal the number of abortion restrictions implemented during all of 2012. Arbitrary gestational limits have been imposed upon abortion in 11 states. Four states curtailed the availability of medication abortion through prohibitions placed on telemedicine. In all, 22 states have moved to exclude abortion coverage from the state insurance exchanges.

Still, there were some bright points. Hawaii became the 13th state (including the District of Columbia) to mandate that hospitals provide education about, and access to, emergency contraception to women who have been sexually assaulted. Colorado and Illinois improved their comprehensive sexuality education programs. And contraception access in New Hampshire was improved by the state’s decision to restore full funding to its family planning programs. New developments in state reproductive health legislation are reflected in Guttmacher’s monthly updates to the factsheets.

Index: Abortion Costs around the World

Citations from back cover

ARGENTINA

Based upon an average cost of \$6,500 ARP for a clandestine procedure¹ and the monthly minimum wage for a nanny —\$2,886.93 ARP.²

¹ Siân Herbert, “Argentina’s Secret Killer – Illegal Abortion,” *Guardian (UK)*, June 29, 2011.

² ElSalario.com.ar, “Salario Mínimo del Personal Domestico,” 2012.

DOMINICAN REPUBLIC

Based upon a cost of \$5,000 DOR for a clandestine procedure³ and a monthly expenditure of \$975.15 DOR on rice for a family of three.⁴

³ NoticiasSin.com, “Abortos al Vapor por 5 Mil Pesos en Clínicas de Los Alcarrizos y Herrera,” December 6, 2012.

⁴ Worker’s Rights Consortium, “Living Wage Analysis for the Dominican Republic,” 2008.

INDONESIA

Based upon an average cost of Rp 1.2 million IDR for the procedure and a monthly cost of \$26.31 USD (Rp 270,898 IDR) for fruits and vegetables for a family of three.⁶

⁵ Guttmacher Institute, “In Brief: Abortion in Indonesia,” 2008.

⁶ Worker’s Rights Consortium, “Sample Living Wage Estimates: Indonesia and El Salvador,” 2005.

JAPAN

Based upon an average cost of ¥115,000 JPY for abortion up to 12 weeks⁷ and an average rent of ¥137,500 JPY for a one-bedroom apartment in Tokyo.⁸

⁷ Philip Braser and Masako Tsubuku, “Japanese Laws Make Abortion an Economic Issue,” Japan Times Blog: Yen for Living, May 13, 2012.

⁸ Numbeo.com, “Cost of Living in Tokyo, Japan.”

POLAND

Based upon a cost range of zł 1,700-3,000 PLN for a clandestine procedure⁹ and a gross minimum wage of zł 1,500 PLN.¹⁰

⁹ Inter Press Service News Agency, “Unsafe Abortions Threaten Thousands in Eastern Europe,” November 14, 2012.

¹⁰ Polishtax.com, “What is the Minimum Wage in Poland?” January 1, 2012.

UGANDA

Based upon an average cost of Ush 160, 270¹¹ UGX and an average monthly cash income of Ush 220,000 UGX in rural areas, where 90 percent of Ugandans live.¹²

¹¹ Guttmacher Institute, “In Brief: Unintended Pregnancy and Abortion in Uganda,” January 2013.

¹² Uganda Bureau of Statistics, “Uganda National Household Survey 2009/2010,” November 2010.

UNITED STATES

Based upon the average cost of \$470 USD for a first-trimester abortion¹³ and an average of \$662 USD for a year’s worth of college books and supplies.¹⁴

¹³ Guttmacher Institute, “Many Women Find it Difficult to Pay for an Abortion Procedure, Are Unable to Use Insurance,” May 8, 2013.

¹⁴ National Association of College Stores, “Higher Education Retail Market Facts & Figures,” 2013.

Free

ENGLAND, SCOTLAND AND WALES

Family Planning Association UK, Abortion Factsheet, 2010.

DENMARK

IPPF European Network, “Abortion Legislation in Europe,” 2009.

FRANCE

“Remboursement de l’IVG et Gratuité de la Contraception pour les Mineures Effectifs a la Fin de Mars,” *Le Monde*, March 8, 2013.

ITALY

IPPF European Network, “Abortion Legislation in Europe,” 2009.

NORWAY

IPPF European Network, “Abortion Legislation in Europe,” 2009.

PORTUGAL

IPPF European Network, “Abortion Legislation in Europe,” 2009.

Now available for the iPad

Available on the iPhone
App Store



catholicsforchoice.org/conscience/digitaleditions.asp

“Plan B ... makes young adolescent girls more available to sexual predators.”¹

—United States Conference of Catholic Bishops spokesperson Deidre McQuade, commenting upon the order from a New York federal judge that the FDA make emergency contraception available over the counter to girls of reproductive age.

“From your faithful Roman Catholic bishop.”²

—The full text of a diocesan cover letter accompanying the return of a petition with 18,500 signatures tendered in support of a gay Catholic who had been barred from parish duties at his Long Island church.

“Qualitatively, abortion is much more serious than the rape of children by priests”³

—Fabio Martínez Castilla, the Archbishop of Tuxtla Gutiérrez, Mexico, delivering a homily in May.

“Well, the first thing I’d say to them is, ‘I love you, too. And God loves you. And you are made in God’s image and likeness. And—and we—we want your happiness. But—and you’re entitled to friendship.’”⁴

—Cardinal Timothy Dolan of New York, responding to a question about the 60 percent of Catholics who “describe the church as ‘out of touch’ with the views of Catholics in America” according to a recent ABC News/Washington Post poll.⁵

“St. Mary’s Grade School is no longer viable. The efficient cause is simple ... no children. The first cause is the habitual contraception and sterilization mentality of a good portion of married Catholic Christians—in short the Culture of Death.”⁶

—Father Timothy Sauppé, pastor of St. Mary’s Church in Westville, Illinois, writing to Bishop Daniel R. Jenky of Peoria about the closing of the parish primary school.

“The objective is not to reduce maternal mortality but to eliminate motherhood.”⁷

—Dr. Robert L. Walley, head of Canada’s MaterCare International, speaking about international funding for reproductive health.

“I am proud to stand here as a public representative, who happens to be a Catholic but not a Catholic Taoiseach.”⁸

—Irish Prime Minister Enda Kenny, speaking before the parliament about his role representing “all the people” of Ireland.

“Top Komen people came to me in the summer of 2011 to ask my advice on how to step away from Planned Parenthood funding and how to communicate this, in fact how to orchestrate such a move with the pro-life movement.”⁹

—Austin Ruse, president of C-FAM, acknowledging responsibility for the Komen Foundation’s disastrous decision in 2012 to withdraw funding to Planned Parenthood.

“Anything above the knee is outlawed. If a woman wears a miniskirt, we will arrest her.”¹⁰

—Simon Lokodo, Uganda’s ethics and integrity minister and a former Catholic priest, describing a proposed law that would ban miniskirts.

1 Deidre McQuade, “Remarks on Over-the-Counter Sale of Contraceptives to Minors,” USCCB, April 5, 2013. 2 Jamie Manson, “Long Island Bishop Returns Petition from Ostracized Gay Parishioner,” *National Catholic Reporter*, April 25, 2013. 3 Fox News Latino, “Mexican Archbishop Calls Abortion Worse than Sexual Abuse by Priests,” May 1, 2013. 4 George Stephanopoulos, “This Week,” ABC News, March 31, 2013. 5 Gary Langer, “On Eve of Conclave, Record Criticism of Church For its Handling of Sexual Abuse Scandals,” ABC News, March 11, 2013. 6 Fr. Timothy Sauppé, “Priest: You’ve contracepted our parochial school out of existence,” LifeSiteNews, June 24, 2013. 7 Hillary Senour, “Global contraception push aims to ‘eliminate motherhood,’” Catholic News Agency, June 7, 2013. 8 Marie O’Halloran and Michael O’Regan, “Taoiseach tells Dáil he is ‘a Catholic but not a Catholic Taoiseach,’” *Irish Times*, June 12, 2013. 9 Austin Ruse, “What Really Happened at the Komen Foundation,” *Crisis Magazine*, June 23, 2013. 10 David Smith, “Uganda Proposes Ban on Miniskirts in Move against Women’s Rights,” *Guardian*, April 5, 2013.

Conscience is a trademark of Catholics for Choice. **Permissions:** For permission to reprint articles from *Conscience*, write or e-mail the Editor, *Conscience*, at the address on page 1. **Subscriptions:** Free to libraries; for others, \$15 per year in the US, \$25 overseas. **Back issues** of *Conscience* are available for \$5 plus \$1.50 S&H, subject to availability (bulk rates available for some issues). **Microfilm:** Back volumes of *Conscience* are available on microfilm from Marquette University, Microfilm Project, Department of Special Collections and University Archives, P.O. Box 3141, Milwaukee, WI 53201-3141, telephone +1 (414) 288-5904, fax +1 (414) 288-6709, e-mail markthielm@marquette.edu. **Indexing:** *Conscience* is indexed in the Public Affairs and Information Service Indexes, American Humanities Complete, Sociological Abstracts, Family and Society Studies Worldwide, Social Services Abstracts, Worldwide Political Science Abstracts and LexisNexis. Book reviews in *Conscience* are indexed in the *Book Review Index*.

CONSCIENCE *Back Issues*



NO. 2, 2010:
People and the Planet—
Why population matters.



NO. 3, 2010:
Yes You Can—
What the pope said
about condoms.



NO. 1, 2011:
The Obama
Administration—
A midterm report card.



NO. 2, 2011:
Bringing Down the
Opposition—the hubris,
hypocrisy and hyperbole of
the antichoice lobby.



NO. 3, 2011:
Thinking Republican—
The prochoice history of
the Republican Party.



NO. 1, 2012:
Thorny Issues in the
Abortion Debate



NO. 2, 2012:
Religious Liberty



NO. 3, 2012:
Sensus Fidelium



NO. 1, 2013:
A Closer Look at Abortion
around the World



NO. 2, 2013:
Religious Extremism

BACK ISSUES
cost \$6.50 (including postage
and handling) each.

To order, please call +1 (202) 986-6093,
or send a check to Conscience,
c/o CFC, 1436 U Street NW, #301,
Washington, DC 20009, USA.

CATHOLICS
FOR
CHOICE

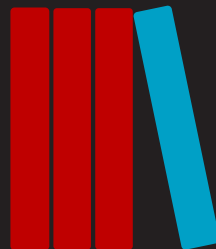
Address Service Requested. If you receive duplicate copies of *Conscience*, please send both labels to us. Thank you.

Index: Abortion Costs around the World

ARGENTINA


2 months of childcare*


UNITED STATES



75% of the cost of books and supplies for 1 year of college

JAPAN

1 MONTH'S RENT FOR A 1BR TOKYO APARTMENT


INDONESIA

more than **4** months of fruit and vegetables for a family of 3


UGANDA

1 MONTH AVERAGE HOUSEHOLD SALARY

FREE



DOMINICAN REPUBLIC

more than **5** months of rice for a family of 4*


POLAND

1-2 TIMES MONTHLY MINIMUM WAGE*

DENMARK
ENGLAND,
SCOTLAND
AND WALES

FRANCE
ITALY
NORWAY
PORTUGAL

* Indicates clandestine procedure

See page 55 for citations.