

CATHOLICS
FOR
CHOICE

ADVOCATE'S BIBLE

A Guide for Pro-Choice Catholics and Co-Conspirators







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Published by Catholics for Choice

Jamie L. Manson, President

The Advocate's Bible has come together through the tireless, justice-driven work of **Marlee Breakstone**, **Renée K. Gadoua** (copy editor), **Kate Hoeting**, **Lauren Morrissey**, **Glenn Northern**, **Wesley Wolfbear Pinkham** (designer), **Shannon Russell**, and **Ashley Wilson**.

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Thank you to abortion storytellers everywhere.

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The Advocate's Bible is for pro-choice Catholics. But it's not just for pro-choice Catholics.

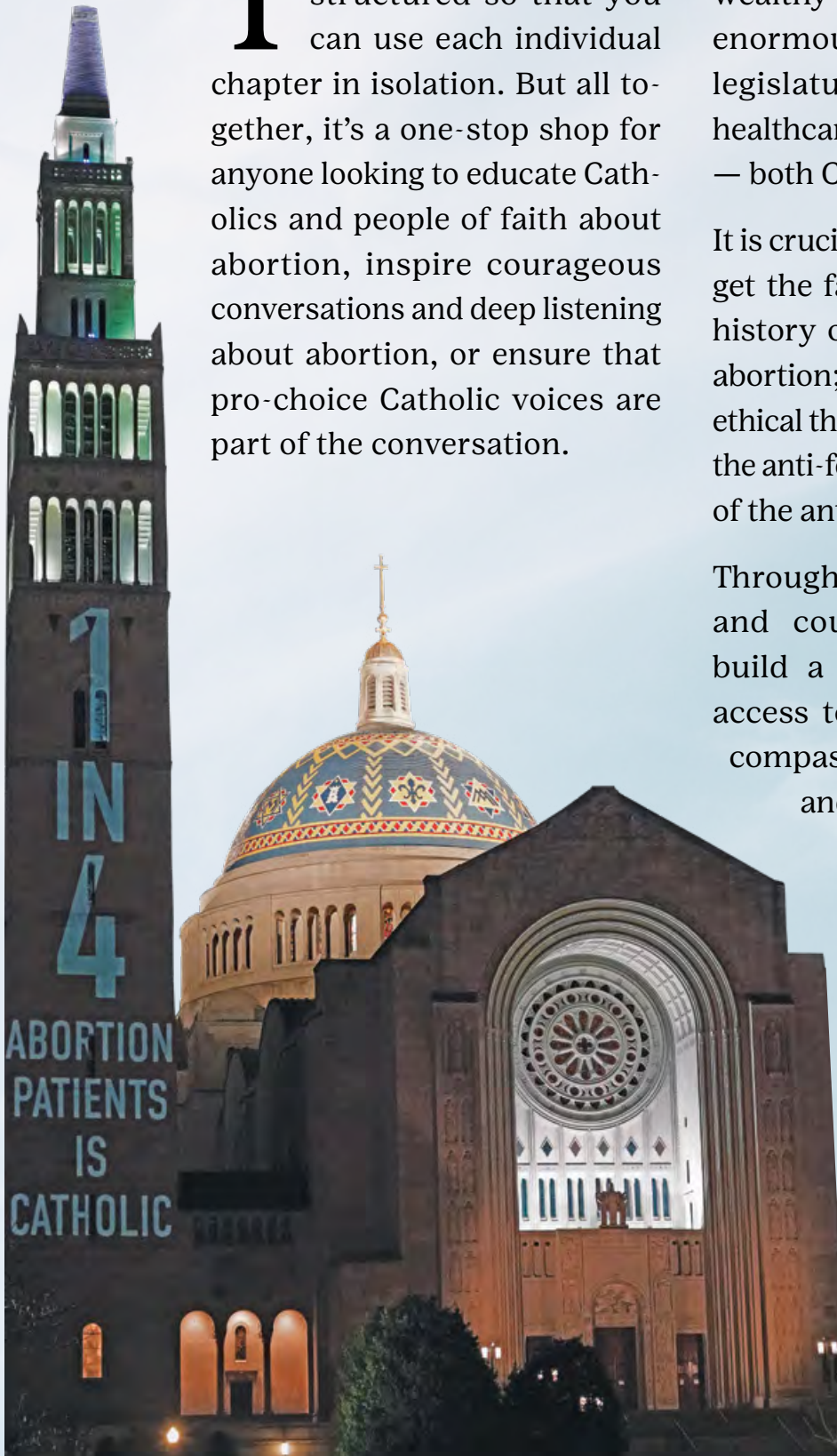
The Advocate's Bible is structured so that you can use each individual chapter in isolation. But all together, it's a one-stop shop for anyone looking to educate Catholics and people of faith about abortion, inspire courageous conversations and deep listening about abortion, or ensure that pro-choice Catholic voices are part of the conversation.

Because the Catholic hierarchy and wealthy right-wing lay Catholics have enormous influence on our courts, legislatures, public discourse, and healthcare, the church impacts all of us — both Catholic and non-Catholic.

It is crucial, then, that progressive people get the facts about abortion; about the history of the church's teaching about abortion; about current theological and ethical thinking about abortion; and about the anti-feminist, white supremacist roots of the anti-choice movement.

Through education, deep listening, and courageous dialogue, we can build a strong, bold movement for access to comprehensive, affordable, compassionate, and equitable sexual and reproductive healthcare.

**The church
impacts all of
us — both
Catholic and
non-Catholic.**



Who Is the Advocate's Bible For?

Pro-Choice Catholics

The Advocate's Bible can aid pro-choice Catholics in their advocacy work by offering guidance on how to speak out for reproductive freedom using language grounded in our religious and moral values.

Pro-choice Catholics often feel caught between two worlds — one in which it is difficult to be pro-choice in a Catholic space, and the other in which it is difficult to be Catholic in the pro-choice movement.

This guide aims to help you effectively advocate in both worlds and change the narrative about Catholics by showing our overwhelming support for reproductive freedom. We have the moral high ground here. It is time for us to claim it.

People in Catholic Communities, Spaces, and Systems

The Advocate's Bible also seeks to help people who are organizing and operating within Catholic systems, such as:

- Students, staff, and faculty members at Catholic colleges and universities.
- Doctors, nurses, staff, administration employees, and patients at Catholic hospitals and healthcare systems.
- Progressive Catholics who have been hesitant or reticent to speak out about abortion.
- Anyone who cares about a Catholic friend, family member, partner, colleague, or member of their community.

We hope that a deeper understanding of the history of church teaching about abortion; the theological and ethical underpinnings of pro-choice Catholicism; the racist, sexist, and Christian nationalist roots of the anti-choice movement; and the reality of why people choose abortion will help Catholics discern why fighting for abortion access aligns with their faith-based social justice values.

Sources

- Pew Research Center, “U.S. Public Continues to Favor Legal Abortion, Oppose Overturning Roe v. Wade,” August 29, 2019.
-

Healthcare Providers

The Advocate's Bible can help healthcare providers, especially abortion providers, understand what their Catholic patients may be thinking and feeling when they face important decisions about pregnancy.

It can also assist providers who identify as Catholic to better understand and express how their faith motivates them to do the sacred work of offering the full range of sexual and reproductive healthcare.

We are eager to work with medical students, especially aspiring abortion providers and pro-choice physicians. We also hope that the Advocate's Bible will be valuable to the next generation of healthcare providers who may not be involved in abortion care, so that they can be better informed when treating Catholic patients and advising them on medical decisions related to sexual and reproductive health.

Unfortunately, the typical medical school education lacks lessons about reproductive justice, let alone exposure to diverse religious viewpoints, so it is up to us to meet this need.

Legislators and Staff

This tool can be particularly useful for pro-choice Catholic legislators or elected officials who represent majority Catholic constituencies. It is imperative that policymakers understand that, contrary to the dominant public narrative, the majority of Catholics support reproductive and religious freedom.

They must listen to all their constituents, including pro-choice Catholics, so that the bishops and their ultraconservative allies aren't the only Catholic voices in conversations about reproductive healthcare and religious liberty.

Partners

Given the often religious and Catholic nature of opposition to reproductive health, rights, and justice, understanding what the majority of Catholics believe is invaluable to advancing bodily autonomy and liberation for all. Whether you work with Catholic legislators or Catholic grassroots groups, the Advocate's Bible can help you talk about abortion in a way that resonates with people's beliefs in human dignity, compassion, justice, abundance, and moral agency.

Anyone Seeking to Learn and Grow in Their Advocacy

Ultimately, the Advocate's Bible is for anyone interested in learning how to uplift the voices of pro-choice Catholics and create an intersectional movement for reproductive freedom in which people of all faiths or no faith can make personal family planning decisions consistent with their own consciences, circumstances, and values.

**CATHOLICS
SUPPORT
ABORTION
ACCESS!**

**CATHOLICS
FOR
CHOICE**



A Message from President Jamie L. Manson

Welcome to the Advocate's Bible! What you have here, either in your hands or on your screen, is a labor of love and justice from the team at Catholics for Choice.

This comprehensive resource was inspired by the needs and dreams of our advocates and partners across the United States. Like us, they were eager for tools that would both educate religious people who were unsure of their beliefs about abortion and embolden pro-choice people of faith to have deep, informed conversations about abortion with their neighbors.

We also developed these materials to help confront an extraordinary reality: In the United States, 1 in 4 abortion patients identifies as Catholic. That means that many of the people who sit in our pews, minister in our parishes, teach in our Sunday schools, and maintain our churches have ended a pregnancy. Abortion is part of the life of the church. And yet, even in very progressive Catholic circles, the issue often remains untouchable.

The silence around abortion is remarkable, since, according to a 2019 Pew study, 68% of U.S. Catholics do not want to see *Roe v. Wade* struck down and 56% believe abortion should be legal in all or most cases. Catholics' reticence to speak about abortion is evidence of the heavy stigma that the Catholic hierarchy, particularly U.S. bishops, have placed on the issue.

But Catholics need to start talking about it. The unprecedented bans and restrictions on access to abortion care are the result of a political movement originated and generated by Catholic leaders in the U.S. As we have with so many other harmful actions of the church in the past, we must speak out and tell the hierarchy that they cannot infringe on civil rights in the name of our God and our church.

Even in very progressive Catholic circles, the issue often remains untouchable.

Although the Advocate's Bible is geared toward a Catholic audience, it is designed to be a resource for other people of faith, and even those who don't belong to a religious tradition. Our goal is to inspire courageous conversations and deep listening about

abortion and to ensure that pro-choice voices of faith are heard. We are tired of right-wing religious forces dominating the narrative about abortion, and this resource is a big step in our quest to reclaim the moral high ground in this struggle.

We are grateful for your interest in the Advocate's Bible. We thank you for being Catholics for Choice's partner in our mission to encounter, educate, and embolden people of faith who support reproductive freedom.

Yours in solidarity,



Jamie L. Manson



Sources

- Catholics for Choice, *Just the Facts: Catholic Perspectives on Sex, Gender, and Reproductive Health* (Washington, DC: 2022).
 - Guttmacher, "Characteristics of U.S. Abortion Patients in 2014 and Changes Since 2008," May 2016.
 - Pew Research Center, "8 key findings about Catholics and abortion," October 20, 2020.
 - Pew Research Center, "U.S. Public Continues to Favor Legal Abortion, Oppose Overturning *Roe v. Wade*," August 29, 2019.
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Introduction

Since 1973, Catholics for Choice has worked to express Catholic values on sexual and reproductive health and rights as they are lived out by ordinary people. We seek to serve as a voice for the majority of Catholics in the United States who support access to comprehensive reproductive care, including abortion.

Together, we are building a strong community of pro-choice Catholic advocates to create sound public policy rooted in true religious liberty, social justice, and respect for conscience. We are pleased to offer this resource and invite you to join us in this critical fight.

To own your pro-choice Catholicism and become an effective advocate, it's important to realize that you are not alone. Despite the hierarchy's best efforts to convince people otherwise, the truth is that most Catholics are pro-choice — just like you. Decades of data and the lived experiences of Catholics around the world prove this to be true.

As pro-choice Catholics, it is our responsibility to remind our elected officials whom they represent and what we really believe about reproductive freedom. The hierarchy and their ultraconservative allies are calling their supporters to action and convincing policymakers that they are the experts on

Catholic opinion. We must make sure that theirs are not the only Catholic voices on issues of reproductive health, rights, and justice — that this restrictive minority is not louder than our compassionate majority.

To properly fulfill their duties, our elected officials at every level of government must strive to protect the health, rights, and well-being of all their constituents. The proper role of government is to protect every person's right to make decisions according

to their own values, not just those of the vocal and powerful. That is why legislators need to hear from you and other good-faith, pro-choice Catholics like us.

The umbrella of reproductive rights and justice includes a broad spectrum of issues, and as Catholics we are called to stop oppression and fight for liberation in all its forms.

To narrow the scope of the Advocate's Bible, we have chosen to focus primarily on abortion.

As an organization, abortion access, particularly in the United States, is our area of expertise. Catholics for Choice pays particular attention to abortion in part because the Catholic hierarchy has devoted disproportionate funding, fearmongering, stigma, and paid lobbyists to stripping away abortion rights and access.

Despite the hierarchy's best efforts to convince people otherwise, the truth is that most Catholics are pro-choice — just like you.

Based on how the bishops talk about abortion, you might think it was the root of all evil, a greater threat to human life and dignity than disease, racism, war, climate change, and economic exploitation. Because the bishops are fixated on abortion above all else, we must destigmatize the issue and give people the facts.

As you use the Advocate's Bible, keep in mind that reproductive oppression works at the intersection of people's identities.

It also relies on many structures of systemic violence, including economic inequality, racism, anti-feminism, homophobia, transphobia, and anti-immigrant sentiment. It is impossible to discuss abortion in isolation, so when appropriate we have included cases and examples that do not directly address abortion.

Yet, you will find that most sections focus primarily on abortion in order to best equip our advocates. As Catholics, we need to talk about abortion now more than ever.

In the Advocate's Bible, you'll learn more about how to be an effective pro-choice Catho-

lic advocate, who we're up against, the tactics they use, the false claims they make, and how we can raise our voices to fight back.

Did you know?

The Guttmacher Institute found that, in the United States, 1 in 4 abortion patients is Catholic, and Pew Research surveys show that 68% of Catholics support Roe v. Wade.

At this point, you may be thinking, "OK. That sounds cool. But how? I have no idea where to start." That's where the Advocate's Bible comes in. By reading this guide, you'll learn the ins and outs of pro-choice Catholic advocacy — what to do and say to make a difference and spread the message that you, like the majority of Catholics, support reproductive freedom for all.

You can refer to it whenever you wonder how to navigate a conversation, handle a situation, or post content about pro-choice Catholicism like a pro.

Thank you for committing to doing this work with us. We want to make this your home for pro-choice Catholic advocacy. If you have questions, please reach out to us at **cfc@catholicsforchoice.org**. You can also follow us on social media to stay up to date on our latest news.

Sources

- Jenna Jerman, Rachel K. Jones, and Tsuyoshi Onada, "Characteristics of U.S. Abortion Patients in 2014 and Changes Since 2008," Guttmacher Institute, May 2016.
 - Pew Research Center, "U.S. Public Continues to Favor Legal Abortion, Oppose Overturning Roe v. Wade," August 29, 2019.
-

The New York Times

A DIVERSITY OF OPINIONS REGARDING ABORTION EXISTS AMONG COMMITTED CATHOLICS.

A CATHOLIC STATEMENT ON PLURALISM AND ABORTION.

Continued confusion and polarization within the Catholic community on the subject of abortion prompt us to issue this statement.

Statements of recent Popes and of the Catholic hierarchy have condemned the direct termination of pre-natal life as morally wrong in all instances. There is the mistaken belief in American society that this is the only legitimate Catholic position. In fact, a diversity of opinions regarding abortion exists among committed Catholics:

- A large number of Catholic theologians hold that even direct abortion, though tragic, can sometimes be a moral choice.
- According to data compiled by the National Opinion Research Center, only 11% of Catholics surveyed disapprove of abortion in all circumstances.

These opinions have been formed by:

- Familiarity with the actual experiences that lead women to make a decision for abortion;
- A recognition that there is no common and constant teaching on ensoulment in Church doctrine, nor has abortion always been treated as murder in canonical history;
- An adherence to principles of moral theology, such as probabilism, religious liberty, and the centrality of informed conscience; and
- An awareness of the acceptance of abortion as a moral choice by official statements and respected theologians of other faith groups.

Therefore, it is necessary that the Catholic community encourage candid and respectful discussion on this diver-

sity of opinion within the Church, and that Catholic youth and families be educated on the complexity of the issues of responsible sexuality and human reproduction.

Further, Catholics—especially priests, religious, theologians, and legislators—who publicly dissent from hierarchical statements and explore areas of moral and legal freedom on the abortion question should not be penalized by their religious superiors, church employers, or bishops.

Finally, while recognizing and supporting the legitimate role of the hierarchy in providing Catholics with moral guidance on political and social issues and in seeking legislative remedies to social injustices, we believe that Catholics should not seek the kind of legislation that curtails the legitimate exercise of the freedom of religion and conscience or discriminates against poor women.

In the belief that responsible moral decisions can only be made in an atmosphere of freedom from fear or coercion, we, the undersigned, call upon all Catholics to affirm this statement.

We assist in our work please check one or more boxes below and send this coupon to:
The Catholic Committee on Pluralism and Abortion, Inc.
2008 47th Street N.W.
Washington, DC 20009

☐ I want to help you reach more people with this message. Here is my tax deductible contribution of \$_____

☐ Please send me additional literature.

☐ Please add my name to your Catholic Statement on Pluralism and Abortion.

NAME _____

ADDRESS _____

CITY/STATE/ZIP _____

Phone (____) _____

Send a copy of this Catholic Statement to _____

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*Organizational affiliations are listed for purposes of the New York Times. The undersigned do not necessarily hold the same positions and designations here without their full and informed consent. The New York Times

In 1984, CFC ran an ad in The New York Times titled "A Catholic Statement on Pluralism and Abortion." The letter called for dialogue on the plurality of opinions on abortion among Catholics, for an end punishing for public dissenters.



In 1974, on the one-year anniversary of the Roe v. Wade ruling, CFC staff, supporters, and advocates crowned CFC co-founder Patricia Fogerty McQuillan "Her Holiness Pope Patricia the First."

They held the ceremony on the steps of St. Patrick's Cathedral in New York City to challenge the Vatican's positions on gender, reproductive healthcare, and abortion rights.

History of Catholics for Choice

Catholics for Choice (previously Catholics for a Free Choice) was founded in 1973, the same year that the U.S. Supreme Court decided *Roe v. Wade*. Watching the debate over abortion rights unfold, a group of ordinary Catholics decided to raise their voices in defense of people whose faith has been weaponized to discriminate against the most marginalized in our society.

CFC's founders were tired of pro-choice Catholic voices being cowed into silence in conversations about sexual and reproductive health. This movement was born out of bold, smart, ambitious Catholics who, like many of you, struggled to reconcile their faith with church teachings that harmed women.

In 1974, on the one-year anniversary of the *Roe v. Wade* ruling, CFC staff, supporters, and advocates crowned CFC co-founder Patricia Fogerty McQuillan “Her Holiness Pope Patricia the First.” They held the ceremony on the steps of St. Patrick’s Cathedral in New York City to challenge the Vatican’s positions on gender, reproductive healthcare, and abortion rights.

She quickly delivered her first encyclical, in which said that “the Catholic Church’s stand on abortion is only 100 years old, is strictly political and has nothing to do with religion as taught by Jesus.”

This daring act of bravery kicked off the formal Catholic pro-choice movement. Founders McQuillan, Joan Harriman, and Meta Mulcahy were joined by visionaries like Rosemary Radford Ruether and Father Joseph O’Rourke, who shone a light on Catholic teachings on moral decision-making — what Catholics refer to as freedom of conscience.

In 1984, under the leadership of then-president Frances Kissling, CFC ran an ad in *The New York Times* titled “A Catholic Statement on Pluralism and Abortion.” The letter, written by Catholics for Choice and co-signed by

nearly 100 leading Catholic theologians, priests, and men and women religious, called for dialogue on the plurality of opinions on abortion among Catholics, for an end to punishments for public dissenters, and for Catholics to oppose legislation that obstructed reproductive freedom.

In response, the Vatican demanded that the signatories

who belonged to religious communities recant or face dismissal from their orders. Two brothers and a priest recanted. The women religious who signed the letter, later known as the Vatican 24, waged a multiyear campaign defending their position. In 1986, more than 1,000 Catholics signed “A Declaration of Solidarity” in support of those whom the Vatican attacked for signing the 1984 statement.

**“I want the CFC staff
to know how grateful
I am for this community
you gave us and the
space and resources
you create.”**

— Gabrielle Wonnell,
Ohio

Today, CFC continues to transform under its visionary president Jamie L. Manson, who has spent her career as a thought leader and advocate for issues of equality and reproductive rights in the Catholic church and public sphere.

In January 2022, on the eve of the so-called “March for Life” in Washington, D.C., Catholics for Choice organized a light projection on the Basilica of the National Shrine of the Immaculate Conception — the largest Catholic church in the U.S. They projected messages like “1 in 4 abortion patients is Catholic,” “Stop Stigmatizing. Start Listening,” and “Pro-Choice Catholics, You Are Not Alone” while anti-choice marchers prayed inside. While the projection attracted critics’ attention, our inboxes flooded with messages of love and solidarity from fellow pro-choice Catholics.

Following the proud tradition of our founders — as well as volunteers, activists, writers, staff, board members, legislators, and thinkers — we continue to fight every day to ensure that policymakers do not exploit religious beliefs to usurp fundamental human rights. This work is as urgent as ever, and we need your help to continue making real, sustainable progress in the fight for reproductive freedom for all.

From the beginning, we’ve gained media attention, roused the ire of the U.S. Conference of Catholic Bishops and anti-choice opposition members, and developed a reputation for

steadfast dedication to protecting our Catholic values. Our role in the fight for reproductive health, rights, and justice is crucial, and our impact is undeniable.

We bring a unique faith perspective and an unwavering dedication to defending social justice using values formed by Catholic social teaching. We connect the Catholic preferential option for the poor to the right to abortion, recognizing that access to reproductive healthcare is inextricably tied to economic injustice, systemic racism, and immigration status.

**Our role in the
fight for reproductive
health, rights, and
justice is crucial,
and our impact
is undeniable.**

We work with our partners on the ground, faithful and secular alike, and support the pro-choice movement as a matter of conscience protection. We embrace difficult issues and don’t back down from challenges. We hold politicians accountable and help them understand what their Catholic constituents

really believe. We collaborate with and train student organizers to ensure that the next generation of Catholics continues this work. **Our faith calls on us to be fearless and forthright, and we answer that call.**

Learn more about the history of Catholics for Choice at [*catholicsforchoice.org/history*](https://catholicsforchoice.org/history).

“I am so honored to be part of the group. Thank you for refreshing my soul. I look forward to joining you and supporting you all as well!!”

— Polly Denison, Iowa

In many ways, CFC's mission has remained consistent since 1973. But a lot has changed too.

Here are some things we've done since our founding:

- Changed CFC's legal status from a lobby group to a 501c(3) educational association.
- Became classified by the United Nations as a nongovernmental organization in 1992 and participated in many U.N. conferences since.
- Transformed our name from Catholics For a Free Choice to Catholics for Choice.
- Recruited over 250 United States legislators, both at the state and federal levels, as part of our Catholics in Public Life program.
- Developed and nurtured strong, meaningful partnerships with secular and interfaith organizations.
- Hosted workshops and trainings in more than 40 countries.
- Supported Ireland in repealing its 8th Amendment, which had effectively banned all abortions, in 2018.
- Worked with Argentinian partners in legalizing abortion up to 14 weeks of pregnancy in 2020.
- Built a strong social media following.
- Published hundreds of pieces in major media outlets worldwide.
- Testified before U.S. Congress and numerous state legislatures.
- Adopted an increasingly intersectional approach.

“I want the staff at CFC to know how truly, truly grateful I am for your generosity, support and guidance.”

— Judi McGraw Vandever, Illinois

The Three Guiding Principles of Pro-Choice Catholicism



Conscience.
Social Justice.
Religious Freedom.

The Three Guiding Principles of Pro-Choice Catholicism

Conscience, Social Justice, and Religious Freedom

Conscience

In Catholic teaching, conscience is the final arbiter in any moral decision we make.

The Catholic church's position on conscience was inspired by the writing of its greatest theologian, St. Thomas Aquinas, who addressed the question of what happens when conscience conflicts with the law.

He explained that acting against conscience is always a sin because it means second-guessing your own human capacity for freedom of choice. Therefore, to deny one's conscience would be to deny, in a sense, your own human dignity.

Conscience includes knowledge of ourselves, awareness of our moral principles, and the urge to act. We regard it as both a gift and a responsibility: We are called to follow our conscience and respect the right of others to do the same.

As Catholics, we believe that we must use all resources available to form our consciences

so that we can make the best possible decisions for ourselves, especially in morally complex circumstances. This is particularly essential when making choices about sexual and reproductive health.

Conscience is not something that a building, institution, or organization can possess: Only individuals can follow and exercise their consciences. Our conscience is sacred because it comes from God's gift of reason.

We can cultivate our consciences through prayer, education, reflection, and being in community with others.

When institutions claim the legal right to have a conscience, they muddy the true meaning of conscience and sideline the needs of those seeking care — all in the name of profit.

That's why we strive to dismantle the sinful structures of injustice that force people into situations in which they have few, if any, choices.

**In all they say and do,
the human person is
obliged to follow
faithfully what they know
to be just and right.**

— Catechism of the Catholic Church, paragraph 1778

Social Justice

At Catholics for Choice, we believe that to deny someone reproductive healthcare is to disregard their basic human rights. We work to improve access for everyone, particularly those targeted by abortion restrictions. As theologian Gustavo Gutiérrez writes, Catholic preferential option for the poor arises from the idea that God dwells among marginalized people and longs for their liberation.

Therefore, the poor, vulnerable, and marginalized should receive the best of care — care superior to that the wealthy receive. We strive for reproductive freedom and equal access to healthcare for all because this is intrinsic to respecting human dignity and achieving social justice.

People of color, young people, those working to make ends meet, immigrants, those living in rural communities, people with disabilities, and LGBTQIA+ communities feel the impact of abortion restrictions acutely because these groups already face structural barriers to accessing healthcare.

Reproductive choice is too often a luxury enjoyed by those who are wealthy, white, and privileged.

Catholic social justice teaching calls us to advocate for equitable policies that enable every individual to receive the reproductive healthcare they need, including abortion.

When a person gets pregnant, whether planned or unplanned, the discussion is never limited to whether they can get an abortion. All kinds of social justice issues come to the fore: workers' rights, protection from domestic violence and abuse, immigration status, a clean and safe environment, and access to adequate education, healthcare, and childcare.

For this reason, in 1994, a group of 12 Black women developed a new framework called reproductive justice that interweaves reproductive rights with social justice. At Catholics for Choice, we know that the fight for reproductive justice aligns with and affirms our Catholic values.

**“It is my civil,
moral and religious
duty and privilege as
a man to stand up as
a pro-choice Catholic
for this cause.”**

— Anthony Paz, Florida

**“I no longer feel alone. I have missed my faith,
and now feel empowered to be vocal about my
faith and my commitment to social justice.”**

— Ramona Ferreyra, New York

Religious Freedom

Our faith calls us to value religious pluralism and respect the separation of church and state. The Catholic hierarchy, however, has spent years redefining religious liberty by pursuing religious freedom protections for large institutions and for right-wing beliefs that harm individuals.

This co-optation of religious freedom gravely distorts the fundamental Catholic concept of religious liberty as outlined by the Vatican and has systematically taken away the civil rights of vulnerable communities.

The United States Constitution says that “Congress shall make no law respecting an establishment of religion or prohibiting the free exercise thereof.”

Religious freedom is an expansive rather than restrictive idea, encompassing both freedom of religion and freedom from religion. In conversations about pro-choice Catholicism in the

United States, this is particularly important because different religious groups have different teachings about reproductive rights and even when life begins.

As a nation founded on the separation of church and state, the government should protect each person's right to make conscience-based decisions according to their own beliefs and values. The state has no right to privilege one set of religious views over another.

One religious group's beliefs should never be codified into law.

Catholics for Choice believes that religious freedom protections extend to everyone — including people who do not identify with a religious tradition. Freedom of religion does

not give license to institutions like the Catholic hierarchy to obstruct or coerce the exercise of an individual person's conscience.

“The right to religious freedom has its foundation in the very dignity of the human person as this dignity is known through the revealed word of God and by reason itself.”

— The Second Vatican Council's “Declaration on Religious Freedom”

Sources

- Gustavo Gutiérrez, *A Theology of Liberation* (Maryknoll, N.Y.: Orbis Books, 1988).
 - Pope Paul VI, *Dignitatis Humanae*, Vatican, December 7, 1965.
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**LAS PERSONAS
CATÓLICAS**

**APOYAN EL
ACCESO AL**

ABORTO

**CATHOLICS
CHOICE**



Pro-Choice Catholicism 101

You may have heard the claim that “you can’t be Catholic and pro-choice.” But the reality is that the majority of Catholics in the United States believe, in good conscience, that abortion should be legal. Catholics like us are pro-choice because of our faith, not in spite of it.

We must speak up to reclaim the moral high ground from the anti-choice religious right.

This section of the Advocate’s Bible will give you some history of church teaching and theological thinking about abortion to help you respond to the false claim that you can’t be Catholic and support the right to an abortion.

For Catholics, casual disagreement is not sufficient grounds for ignoring moral teachings. Catholics are obliged to understand and thoughtfully consider Catholic teaching. Church teachings on moral decision-making and abortion are complex.

In Catholic theology there is room to question and disagree with church teachings and support positions and policies that favor access to the full range of reproductive health options, including contraception and abortion. That’s why we are fully Catholic and fully support abortion justice.

What makes someone a Catholic?

Catholicism is a rich and complex faith tradition that draws upon various sources in its search for theological truth, including teachings from Scripture, the insights of theologians, facts presented from science and other academic disciplines, and the wisdom of human experience, including the experience of the laity.

Because of the tradition’s long history, someone’s stance on a particular social issue does not determine whether they are Catholic. To define what Catholic identity means, perhaps it is best to explore what makes the Catholic tradition unique among the Christian faiths.

Though Christians share many beliefs across denominations, Catholicism has a unique understanding of humanity’s relationship to God and nature. For Catholics, grace perfects nature, which means that human beings and God are in a dynamic, co-creative relationship. Because grace perfects nature, all finite things in creation are capable of revealing truths about the eternal.

This means that Catholics have a sacramental view of the world. That is, for a Catholic, all of creation is good, and everything in our finite world can be a vessel of God’s presence and God’s transforming grace. This is why Catholicism has a history of mysticism and spirituality, a focus on caring for the poor, and an exquisite legacy of artists and writers. If there can be any litmus test for what makes someone Catholic, a sacramental imagination should be it.

Who is impacted by the hierarchy's ideas about sexuality?

Everyone. The Catholic hierarchy's role in influencing public policy affects all people — Catholic and non-Catholic — by limiting the availability of reproductive healthcare services globally. People all over the world suffer because they lack information and resources to plan their families and keep themselves safe and healthy.

The hierarchy's lobbying efforts against contraception and abortion have disastrous effects on people's health and lives around the world, especially people of color and those oppressed by unjust economic structures. Similarly, centuries old ideas about gender and sexuality harm women and LGBTQIA+ people by shaming them for how God created them.

As Catholics, we are in awe of our faith's potential to be a force for good. But we also recognize and reckon with the harm that these doctrines have inflicted on many, including ourselves.

The word “abortion” does not even appear once in the Bible.

What does the Bible say about abortion?

Those who disagree with us often ask us to point to religious texts that specifically permit abortion. The fact is that the Bible does not ban abortion. In fact, the Bible suggests that fetuses are not people. Exodus 21:22-25 is a legal passage that explains the punishment for accidentally hitting a pregnant woman and causing her to lose her pregnancy.

If the woman dies from her injuries, the punishment is death, which is the typical penalty for murder. If the pregnant woman miscarries but is otherwise OK, the penalty is only a fine. In other words, the punishment for

killing a pregnant woman outweighs the punishment for causing pregnancy loss. The fetus is not a person, but the woman clearly is. In the Bible, ending a pregnancy is not murder.

Given the bishops' obsession with abortion, you'd think that Jesus frequently taught about abortion. The Gospels tell us that this was not the case.

The word “abortion” does not even appear once in the Bible. Instead, Jesus teaches that we must “love one another” (Jn 13:34).

In the Gospel of John, Jesus frequently champions women, who had the same social standing as slaves because they were understood to be owned by men.

Jesus reaches out particularly to stigmatized women who were ostracized because of perceived sexual sin, such as the Samaritan women (Jn 4:4-42), the women caught in adultery who is about to be stoned (Jn 8:1-11), and the women who had menstrual bleeding for seven years (Lk 8:43-48).

In each case, he treated these women as equals, supporting their desire for liberation, lifting the weight of societal shame, and entrusting them to share his message.

As pro-choice Catholics, we know that Jesus would have welcomed people who have had abortions to his table. He would have met them where they were and listened deeply to their stories.

He would have defended them against the judgments of the religious extremists of his time and challenged the taboos that oppressed them. Supporting people during pregnancy and during their abortions is a way to model Jesus' teachings and his way of life.

Facts About Catholics and Reproductive Health

56%

of Catholics think abortion should be legal in all or most cases
(Pew 2019)

14%

Only of Catholics think abortion should be illegal in all cases, the official position of the Catholic hierarchy
(Pew 2019)

68%

of Catholics support Roe v. Wade
(Pew 2019)

98%

of Catholic women have used birth control methods other than natural family planning
(Guttmacher 2011)

1 in 4

abortion patients identify as Catholic
(Guttmacher 2016)

What does Catholic teaching say about abortion?

Catholic teaching on abortion has changed over time. Although the Catholic hierarchy claims that the prohibition on abortion is both “unchanged” and “unchangeable,” church historians have proven otherwise.

The early prohibition of abortion was not based on concern for the fetus: It was based on a view that only people who engage in forbidden sexual activity would attempt abortion rather than that abortion is fundamentally wrong.

Church hierarchy no longer argues that people need abortions only after “immoral” sex, partially because statistics show that many people who have abortions are married Catholics who already have children. However, this argument, which is called the “perversity view” of abortion, still underlies the hierarchy’s reasoning: They condemn abortion because they fear women’s sexuality and resent women’s sexual pleasure.

Because it is no longer as palatable to shame women for all forms of sexuality, many church officials and anti-choice Catholics have shifted to the “ontological view” of abortion, which argues that the fetus is a person from the moment of conception.

This view, however, is based on faulty science, dating from the 17th century, when scientists, looking at fertilized chicken eggs through magnifying glasses and primitive microscopes, imagined that they saw tiny, fully formed animal fetuses.

In its last statement on abortion, the 1974 “Declaration on Procured Abortion,” the Vatican acknowledged that it does not know when the fetus becomes a person, saying, “There is not a unanimous tradition on this point and authors are as yet in disagreement.”

This disagreement has a long history as well. Neither St. Augustine nor St. Thomas Aquinas, two of the most important theologians in the Catholic tradition, considered the fetus in the early stages of pregnancy

to be a person, or “ensouled,” as they expressed it. For this reason, both believed that abortion was permissible up to a certain point in fetal development (40-90 days).

Harkening back to the perversity position, St. Augustine believed that early stage about abortion was not homicide, but rather a sin against marriage because, for him, the purpose of sex within marriage was procreation.

**Neither St. Augustine
nor St. Thomas
Aquinas considered
the fetus in the early
stages of pregnancy
to be a person, or
“ensouled,” as they
expressed it.**

Has church law always opposed abortion?

No. The truth is the hierarchy's absolute ban on abortion is actually only 150 years old. For most of the Catholic church's history, the prevailing view was that abortion only took a life after the soul entered the fetus (believed to occur 40-90 days into the pregnancy).

Some of the most popular and respected theologians from Augustine to Aquinas recognized a clear distinction between abortions that occur in the early and later stages of pregnancy. When Pope Sixtus V was addressing sex work in Rome in 1588, he tried to equate abortion with homicide. His successor, Pope Gregory XIV, overturned this statement on the grounds that it was not in line with previous teachings.

The Catholic church's so-called "constant teaching" on abortion has changed significantly throughout the ages. It reflects cultural mores and attitudes about sex and the hierarchy's desire to control women, not divine decrees from on high.

It was not until 1869 that the Catholic church first prohibited abortion at any stage of pregnancy, and the teaching was not codified until 1917. This shift in 1869 was inspired by Pope Pius IX's alarm at declining birthrates in Catholic countries like France. Clearly, the church's position on abortion changes depending on different social situations.

Learn more about what Catholicism says about abortion:

- Daniel A. Dombrowski and Robert J. Deltete, *A Brief, Liberal, Catholic Defense of Abortion* (Champaign, IL: University of Illinois Press, 2000).
- Pope Paul VI, *Declaration on Procured Abortion*, Vatican, November 18, 1974.
- Jane Hurst, "Abortion and Catholic Thought: The Little-Known History," *Conscience* 17, no. 3 (Autumn 1996): 2-5.

Learn more about abortion in church history:

- John Christopoulos, *Abortion in Early Modern Italy* (Cambridge, MA: Harvard University Press, 2021).
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Are the pope's views on abortion infallible?

No. While some ultraconservative groups claim that the teaching on abortion is infallible, it does not meet the definition of an infallible teaching. The doctrine of papal infallibility, which states that in certain situations the pope cannot be wrong, was first defined in 1870.

Since then, various popes have only declared two teachings infallible: the Assumption of Mary and the Immaculate Conception of Mary. Canon law states that “No doctrine is understood as defined infallibly unless this is manifestly evident” (747 § 3). In other words, a pope must declare a teaching infallible. Not everything the pope says is infallible.

The Vatican has not declared anti-abortion teachings infallible: In fact, they explicitly decided not to. Before Pope John Paul II published the encyclical “*Evangelium Vitae*,” or “The Gospel of Life,” in 1995, theologians speculated about whether the Vatican would assert the infallibility of the teaching on abortion.

Cardinal Joseph Ratzinger, the Vatican's chief doctrinal officer who would later become

Pope Benedict XVI, confirmed that they had considered adding the word “infallible” to the encyclical.

However, the Vatican decided against it. Ratzinger explained that while the teaching on abortion is authoritative and deserves obedience, the encyclical stopped short of the “formality of dogmatization.”

Rather than reinforcing opposition to abortion as an infallible church teaching, official church writings illustrate that there is a diversity of opinion among leading theologians on the Vatican's teaching on abortion.

The teaching authority of the church is not based solely on statements of the hierarchy: It also includes the scholarly efforts of theologians and the lived experience of Catholic people.

In the 1971 pastoral instruction “*Communio et Progressio*,” the Vatican said that, “Since the Church is a living body, she needs public opinion in order to sustain a giving and taking between her members.

Without this, she cannot advance in thought and action.” Rather than reinforcing opposition to abortion as an infallible church teaching, official church writings illustrate that there is a diversity of opinion among leading theologians on the Vatican's teaching on abortion.

What does the Catholic hierarchy teach about birth control?

Even though 98% of Catholic women report using a method of birth control other than natural family planning, the Vatican continues to describe contraception as evil. Sex is permissible only in the context of heterosexual marriage, and all sex acts must be open to the possibility of conception — all other sex acts are considered immoral, sinful, and even unnatural.

This stigmatizes the expression of one's sexuality, shames sexual desire, and judges harshly those who have sex outside the church's strictly prescribed norms. However, the Pew Research Center found that just 8% of Catholics think that artificial contraception is morally wrong.

Considering that Catholics have sex, use contraception, and have abortions at the same rate as other people, this is a clear demonstration of how disconnected many church leaders are with the lived experience of people in the pews who they claim to represent.

98%

of Catholic women report using a method of birth control other than natural family planning
(Guttmacher 2011)

Just 8%

of Catholics think that artificial contraception is morally wrong.
(Pew 2016)

Learn more about papal infallibility and abortion:

- Celestine Bohlen, "Pope Offers 'Gospel of Life' vs. 'Culture of Death'," *The New York Times*, March 1995.
 - Pope John Paul II, *Evangelium Vitae*, Vatican, March 25, 1995.
 - *Communio et Progressio*, Vatican, May 23, 1971.
-

What is conscience?

One of the most fundamental teachings in the Catholic tradition is the primacy of conscience. This doctrine states that Catholics must use their reason to discern ethically complex situations and that our individual consciences should be the final arbiter in all moral decision-making.

The Catechism states that “a human being must always obey the certain judgment of his [sic] conscience” (paragraph 1790). In other words, official church teaching tells us not to passively accept what the hierarchy says.

The church cherishes and respects the power of conscience. Prominent Catholic theologian Richard McBrien said that Catholics “not only may but must follow the dictates of conscience rather than the teachings of the Church.” St. Thomas Aquinas, one of the most respected theologians in church history, agreed. Catholics have a moral obligation to consider church teachings in the context of their own moral compass and their relationship with the sacred.

As Catholics, we believe that we must use all the resources available to us to form our consciences so that we can make the best possible decisions for ourselves, particularly in morally complex circumstances.

We do not simply ignore church teachings or flippantly choose to support abortion access just because we feel like it. In forming our opinions about abortion, we consider church teachings, Scripture, the guidance of Catholic leaders and theologians, the experiences of fellow Catholics, and our own relationships with reproductive health.

Together, all these elements form our conscience. Catholics for Choice fights for the rights of all individuals to make decisions regarding sexual and reproductive health based on their own consciences.

Learn more conscience:

- Catechism of the Catholic Church, second edition. “Article 6: Moral Conscience,” Vatican: Libreria Editrice Vaticana, 2012.
 - Richard P. McBrien, *Catholicism* (Minneapolis, MN: Winston Press, 1980).
 - Thomas Aquinas, *Summa Theologiæ: A Concise Translation* (Westminster, MD: Christian Classics, 1989).
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If “pro-lifers” care so much about life, why don’t they seem to care about other issues that are meant to protect life beyond the womb, like healthcare rights, anti-poverty bills, and child tax credits?

Many progressive, social justice-oriented Catholics scratch their heads about this one. In fact, Joan Chittister, a Benedictine nun, famously called folks like this “pro-birth” rather than “pro-life.” When we look how anti-abortion politics became a rallying cry for conservative Christians, the reason there is little interest in protecting life after birth becomes clear.

In the 1970s, white conservative evangelicals and Catholics were seeking a way to rebuild power amid the movements for civil rights, women’s rights, and gay rights. In the early 1970s, they used pro-segregation

ideas to build power, but as that issue became less sympathetic, even among white conservatives, they pivoted to abortion as the issue that would animate their base.

Anti-abortion politics arose out of a need to maintain white, male Christian dominance in U.S. politics, culture, and society.

Anti-abortion politics arose out of a need to maintain white, male Christian dominance in U.S. politics, culture, and society. The anti-abortion movement isn’t interested in other issues that would defend the lives of actual people because the purpose of their cause was never really about protecting life. It was about building

power for a white supremacist, Christian nationalist movement.

Learn more about the history of anti-abortion white Christian nationalism in the Advocate’s Bible chapter “Origins of the Anti-Abortion Movement: Christian Nationalism, White Supremacy, and Anti-Feminism” on page 65.

I want to support abortion access, but I don't find myself falling neatly into the pro-choice camp. What can I do?

If you are finding yourself with discomfort around abortion or even some of the messaging that you have heard from parts of the pro-choice movement, you are not alone. While Catholics for Choice does fiercely support abortion access, one of the reasons we created this Advocate's Bible was to engage and educate people of faith, particularly Catholics, who face uncertainty because they believe abortion is a morally complex issue.

We join with the faith-based reproductive rights advocates and scholars who are calling for new moral language that expresses the complexities of pregnancies, gestation, and the value of the fetus — while also still fundamentally supporting abortion access.

Debates over abortion's morality often force a woman to justify why she wants an abortion. When we focus first on the fetus and pass judgment on whether certain abortions are

justified, we overlook or even erase the value of the child-bearer's life. We reduce her to a vessel, where the potential, theoretical life

that might be is privileged over the living, breathing person whose body is experiencing pregnancy. Instead of forcing abortion into a binary debate, we need to change the question, and instead center the person who is pregnant first and her need to make the decision she needs to make.

As Diana Greene Foster, author of "The Turnaway Study," so eloquently put it, when someone is pregnant "there is more at stake than just women's bodily

autonomy and the well-being of a fetus who will become a baby."

So, the perhaps the first and most important question is this: Do you believe that a woman is capable of being a moral agent? If your answer is yes, then you believe in a fundamental pro-choice value.

"It's not just her body, but her whole life trajectory, her chance of having a wanted baby later, her chance of having a good, positive romantic relationship and her chance of supporting herself and her family. It affects their existing children and the well-being of her future children."

— Diana Greene Foster,
researcher of the Turnaway Study

How can Catholic individuals create change within the church?

The importance of lay Catholics' experience in the establishment of church law is recognized through the doctrine of reception, which says that the community of believers must accept a law for it to offer proper guidance. Canon lawyer James A. Coriden reaffirmed that "the obligatory force of church law is affected by its reception by the community." Like the concept of the primacy of conscience, the principle of reception does not mean that Catholic law is to be taken lightly or rejected without thoughtful and prudent consideration.

Church teachings, tradition, and core Catholic tenets including the primacy of conscience and the role of the faithful in defining legitimate laws leave room for supporting a different positions on abortion. The church has acknowledged that it does not know when the fetus becomes a person and has never declared its position on abortion to be infallible. Catholics can, in good conscience, support access to abortion and affirm that abortion can be a moral choice. Indeed, many of us do.

Learn more about the doctrine of reception:

- James A. Coriden, "The Canonical Doctrine of Reception," Association for the Rights of Catholics in the Church, 1997.

The Eucharist

The Eucharist is a sacrament. It represents Jesus giving himself to us so that we might give to each other and be united with God in holy Communion. Many pro-choice Catholic politicians go to church and receive Communion on a weekly basis, and some are even eucharistic ministers.

We know that it is wrong for the bishops and other anti-choice zealots to abuse the Eucharist and use what should be a unifying ritual as means to divide and exclude.

In their June 2021 general assembly, the U.S. Conference of Catholic Bishops chose to continue its unholy crusade against President Joseph Biden and other pro-choice Catholics by voting to proceed with drafting a formal statement on the meaning of Communion.

They pursued this unprecedented initiative with the ultimate goal of excluding Biden and other pro-choice Catholic elected officials from the Eucharist despite the objections of many of their own members, the Vatican, and the overwhelming majority of faithful Catholics in the pews.

It is wrong for the bishops ... to abuse the Eucharist and use what should be a unifying ritual as means to divide and exclude.

To use the Eucharist ... as a weapon of punishment is a reprehensible betrayal of the power of the Sacraments.

To use the Eucharist — the body of Christ and the central unifying ritual of our church — as a weapon of punishment is a reprehensible betrayal of the power of the Sacraments.

In a country and church already riven with tension and division, the bishops chose to be partisan instead of pastoral, cruel rather than Christ-like.

They chose to ignore Jesus' command to "feed one another," despite the fact that U.S. Catholics — 67% of whom oppose withholding Communion and other Sacraments from supporters of abortion rights — do not approve of their punitive interpretation of church law.

When the bishops reconvened in November 2021, they produced a document that did not explicitly deny Communion to pro-choice Catholics. In fact, the document didn't mention abortion at all. We suspect that the overwhelmingly negative response from the laity to the bishops' plan, in the end, made them back down.

But the document on the Eucharist that they produced still includes language about examining one's worthiness before receiving Communion. So, we cannot let our guard down. There is enough content in the document for the bishops to reignite their crusade in the future.

67% of [U.S. Catholics] oppose withholding Communion and other Sacraments from supporters of abortion rights.

**Reproductive
Justice**

and

**Catholic
Social Justice**



Honoring
Mutual
Strengths

Reproductive Justice and Catholic Social Justice

Honoring Mutual Strengths

What is Catholic social justice?

Catholic social justice is a deep commitment to enacting the love and justice of the Gospel in public. Its teachings are expansive. They stem from Scripture, the writings of theologians and church leaders about social issues, and the lived experiences of religious and lay Catholics.

Catholic social justice draws from the Bible and from teachings that arose from a body of ecclesial documents that worked to orient the church toward deeper involvement in the social and economic issues impacting the world.

The tradition of Catholic social justice teaching stretches all the way back to 1891 with the publication of the encyclical “*Rerum Novarum*,” Latin for “Of New Things,” which responded to the Industrial Revolution’s toll on human life.

Catholic social teaching is a set of seven principles or themes that emerge from various documents, although the interpretation of each theme can vary.

The themes identified by the U.S. Conference of Catholic Bishops are:

- Life and Dignity of the Human Person
- Call to Family, Community, and Participation
- Rights and Responsibilities
- Preferential Option for the Poor and Vulnerable
- The Dignity of Work and the Rights of Workers
- Solidarity
- Care for God’s Creation

Catholic social justice compels us to center the lives of people who are most marginalized by the sinful structures of oppression such as systemic racism, gender inequality, economic insecurity, and immigration restrictions.

Although the church hierarchy often singularly focuses on the fetus, we know that the ideological battles about abortion and contraception access inflict disproportionate and tangible harm on vulnerable people.

At Catholics for Choice, we know that denying anyone reproductive healthcare denies them basic human rights. We work to improve access for everyone, particularly people who are marginalized.

Learn more about Catholic social justice:

- Pope Leo XIII, *Rerum Novarum*, Vatican, May 15, 1891.
 - U.S. Conference of Catholic Bishops, “Seven Themes of Catholic Social Teaching.”
 - Catholics for Choice, “Social Justice.”
 - NETWORK Lobby for Catholic Social Justice, “Catholic Social Justice.”
-

“There is no such thing as a single-issue struggle because we do not live single-issue lives.”

— Audre Lorde

What is reproductive justice?

Reproductive justice moves beyond the binary pro-choice vs. anti-choice debate, using a more intersectional approach to the way we think about and advocate for change.

The reproductive justice movement was founded by Black women and centers the experiences of Black people, Indigenous people, and all people of color.

This movement honors the truth that people — particularly those facing multiple, intersecting systems of oppression — do not live single-issue lives and touches on structural, societal issues outside the narrow framework of reproductive rights, which mostly focuses on securing the rights to abortion and contraceptives.

Reproductive justice includes three core beliefs:

1. The right not to have children.
2. The right to have children.
3. The right to nurture children in safe and healthy environments.

In 1994, a group of 12 Black women developed the reproductive justice framework in response to the Clinton administration’s proposed plan for universal healthcare.

The women questioned the assumptions that the mostly white creators of the healthcare plan had made and whether the plan could represent the needs of Black women.

They created the reproductive justice framework because the largely white woman-led reproductive rights movement failed to reflect their lived experiences.

Three years later, in 1997, a group of Black, Asian American, Latina, and Native women's organizations collaborated to create the SisterSong Women of Color Reproductive Justice Collective to make abortion accessible for everyone, including the most marginalized.

They added a fourth core belief to the reproductive justice framework: the right to bodily autonomy and gender expression. Today, SisterSong remains an essential thought leader in the reproductive justice movement.

In Our Own Voice: National Black Women's Reproductive Justice Agenda explains the framework succinctly:

Reproductive Justice means the human right to control our sexuality, our gender, our work, and our reproduction. That right can only be achieved when all women and girls have the complete economic, social, and political power and resources to make healthy decisions about our bodies, our families, and our communities in all areas of our lives.

Reproductive justice is about more than choice: It's about access.

According to SisterSong, "even when abortion is legal, many women of color cannot afford it, or cannot travel hundreds of miles to the nearest clinic. There is no choice where there is no access."

Having a choice doesn't matter nearly as much as the quantity and quality of the choices available.

Reproductive justice focuses on supporting people of all identities in accessing the resources we need to live whole, healthy lives.

Learn more about reproductive justice:

- SisterSong, "Reproductive Justice," www.sistersong.net/reproductive-justice
 - National Asian Pacific American Women's Forum, "Reproductive Justice for AAPIs," www.napawf.org/reproductive-justice
 - Reproaction, "Reproductive Justice 101," www.reproaction.org
 - In Our Own Voice, "Reproductive Justice," www.blackrj.org/our-issues/reproductive-justice
 - COLOR, "Reproductive Justice," www.colorlatina.org/reproductive-justice
 - Mujeres de COLOR podcast, "RJ 101," www.soundcloud.com/mujeresdecolor/rj-101-color
 - SPARK, "What Is Reproductive Justice?" www.sparkrj.org/about/whatisreprojustice
 - The Conversationalist, "A beginner's guide to reproductive justice," www.conversationalist.org/2022/03/14/a-beginners-guide-to-reproductive-justice
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What is the relationship between reproductive justice and Catholic social justice frameworks?

Both Catholic social justice and reproductive justice call us to consider the whole person in issues of policy and morality and to look at people through the totality of their lived experiences. When a person becomes pregnant, there is much more to consider than whether to get an abortion.

All kinds of social justice issues come into play: workers' rights, protection from domestic violence and abuse, immigration policy, a safe and clean environment, adequate education, comprehensive healthcare, and access to childcare. Both the reproductive justice and Catholic social justice frameworks agree that these are rights that must be guaranteed to anyone who wishes to have a child.

While the church hierarchy uses Catholic social teaching principles to justify opposition to abortion, we see the right to abortion care as an essential component of upholding Catholic social justice and reproductive justice values.

Below, we demonstrate how each of the seven principles of Catholic social teaching align with the reproductive justice framework:

1. Life and Dignity of the Human Person

This principle lays the foundation for Catholic social justice because it shares the core teaching that all people are created in God's image. It asks us to pay particular attention to structures that deny, damage, or diminish the life and dignity of our neighbors.

We believe that to deny anyone reproductive healthcare of any kind is to strip them of their inherent humanity and dignity.

Often, the church hierarchy weaponizes this principle to condemn abortion, ignoring that all people who can become pregnant deserve life and dignity. While the church values all human life as sacred, it has no official position on when life begins or during what stage in pregnancy the soul enters the fetus.

However, we know with absolute certainty that pregnant people are fully realized human beings created in the image and likeness of God.

Learn more about human rights and reproductive justice:

- Loretta Ross and Rickie Solinger, *Reproductive Justice: An Introduction* (Oakland, CA: University of California Press, 2017).
 - United Nations, "WHO issues new guidelines on abortion to help deliver lifesaving care," March 9, 2022.
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At its core, the reproductive justice framework honors the human right to life and dignity. Scholars Loretta Ross and Rickie Solinger write that the United Nations' Universal Declaration of Human Rights (UDHR), which states that "all human beings are born free and equal in dignity and rights," influenced the reproductive justice framework. Ross and Solinger explain whom the UDHR protects:

The UDHR does not confer human rights on those who have not yet been born, but the declaration does demand that the rights of people already born are respected and protected. This includes, of course, people capable of giving birth. Human rights as established by the UDHR are not negotiable; they are inalienable, indivisible, and universal—the birthright of all human beings. To achieve our human rights, reproductive justice activists seek reproductive justice for ourselves, our families, and our communities.

In the same way that human rights are nonnegotiable, inalienable, indivisible, and universal, so too is our dignity established in the image and likeness of God.

To respect this dignity and achieve reproductive justice, we must dismantle harmful structures that deny us the right to maintain personal bodily autonomy, have children, not have children, and parent the children we have in safe and sustainable communities.

2. Call to Family, Community, and Participation

Every person has a distinct right to participate in family and community where we can all pursue the common good. If we cannot build a society where all people can thrive together in community, justice cannot be achieved.

The Catholic hierarchy often uses its notion of the family to criticize abortion, stigmatize contraception, and shame LGBTQIA+ people and relationships.

In its limited view, the hierarchy says that the best way to pursue the common good is to maintain rigid gender roles, police reproductive decisions, and deny participation in family and community to people who hold certain identities.

However, when we interpret this principle in conversation with the other principles of Catholic social justice — particularly dignity, the preferential option for the marginalized, solidarity — our duty is clear: We

must work to affirm each person's right to participate in family and community.

The call to participation in a representative democracy like the United States also means voting. Catholics are called to grapple with the complexities of the two-party system and live out the values of Catholic social justice in the voting booth.

**We believe that
to deny anyone
reproductive
healthcare of
any kind is to strip
them of their
inherent humanity
and dignity.**

Abortion access is often singled out by the USCCB as “the preeminent issue” for Catholics when making decisions at the polls. As pro-choice Catholics, we know that it is important to participate in public life through the lens of this identity, bringing social justice values into the voting booth.

We must also work to ensure that all people — especially people whose voices are silenced due to voter suppression, felony disenfranchisement, and disinformation — have the ability to participate in public life. The call to community and participation in pursuit of the common good means building a society where all voices are heard.

The reproductive justice movement arose out of necessity, but it is so comprehensive that it put abortion in the context of the common good. White, cisgender women continue to exclude the needs and perspectives of Black people, Indigenous communities, and all people of color from the mainstream reproductive rights movement.

In the same way that the mothers of the reproductive justice movement broadened the reproductive rights struggle, our commitment to the common good includes working to realize these rights and freedoms for others.

**Of the women
who were able
to have abortions,
95% believed that
it was the right
decision for them
more than five years
after the procedure.**

3. Rights and Responsibilities

Catholic tradition teaches that we can build healthy communities only if we protect human rights and follow through on our responsibilities. We are all made in God’s image, and every person has basic rights that extend from our human dignity.

We all have the right to access all fundamental things required to lead a dignified life: food, water, shelter, and health-care. Corresponding to these rights are duties and responsibilities — to one another, to our families, and to the larger society.

Similarly, the reproductive justice framework recognizes the basic human right to raise children in safe and sustainable communities.

It also demands that pregnant people are assured of the mental, physical, and psychological safety necessary to give birth and care for a family.

Because the decision of when and whether to have children is deeply impacted by the circumstances of a person’s life, the right to determine our own reproductive futures is crucial. Recent studies have shown the deeply harmful toll that being denied abortion access takes on the lives of people, especially women and children.

The 2020 book “The Turnaway Away Study” examined the experiences of 1,000 U.S. women in 30 clinics over 10 years.

The study focused on people who wanted and needed to have abortions, but whose right to access care was obstructed.

Those who couldn't access abortion care were:

- More likely to have serious medical complications, including eclampsia and death, during birth.
- More likely to stay with abusive partners.
- More likely to deal with anxiety and low self-esteem.
- Less likely to make aspirational life plans.
- More likely to experience issues such as chronic pain and gestational hypertension for years after the pregnancy.

The study also found that being denied abortion care had serious, and often harmful, implications for the children born of unwanted pregnancy, as well as for the existing children in the family.

Of the women who were able to have abortions, 95% believed that it was the right decision for them more than five years after the procedure.

If we are truly going to honor a duty of care, especially to our neighbors and larger society, we must understand the extraordinary suffering that is endured, particularly by untold numbers of women and children, when they do not have access to abortion care.

Learn more about the impact of abortion restrictions and bans:

- Diana Greene Foster, *The Turnaway Study: Ten Years, a Thousand Women, and the Consequences of Having—or Being Denied—an Abortion* (New York: Scribner, 2020).
 - ANRISH and UCSF, “Introduction to the Turnaway Study,” March 2020, www.ansirh.org/research/ongoing/turnaway-study
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4. Preferential Option for the Poor and Vulnerable

As Jesus says in Matthew 25:40, “Whatever you did for one of these least brothers of mine, you did for me.” As we look to Jesus’ life as an example for how we should live today, it is clear that we should prioritize people in poverty, people who are sick, those who are subjected to situations of powerlessness, and those who are marginalized by governments and social systems.

Yet, Catholic social justice goes beyond asking us to serve individuals: The preferential option for the poor demands that we question the systems that negatively affect groups of people.

In “A Theology of Liberation,” theologian Gustavo Gutierrez writes that “to support the social revolution means to abolish the present status quo.”

This principle demands that we dismantle the sinful structures of white supremacy, economic inequality, and patriarchy so that people can freely choose whether to have children and ensure that those children’s needs are met.

**We should prioritize
people in poverty,
people who are sick,
those who are
subjected to situations
of powerlessness,
and those who are
marginalized by
governments and
social systems.**

The preferential option for the poor is particularly important to reproductive justice. According to the Guttmacher Institute, 75% of abortion patients in the United States are low-income and 50% are below the federal poverty line.

People working to make ends meet face barriers to reproductive healthcare and lack access to birth control, proper prenatal care, and even abortion services.

While improvements have been made thanks to the Affordable Care Act ending most out-of-pocket costs for contraception, many barriers remain.

Common bans and restrictions block insurance coverage through federal and state health program and discriminate against people based upon income level.

Other challenges include waiting periods, increased distances to clinics, and procedure costs, all of which have disproportionate effects on marginalized people.

Learn more about the preferential option for the poor:

- Gustavo Gutierrez, *A Theology of Liberation* (Maryknoll, NY: Orbis Books, 1988).
 - Jenna Jerman, Rachel K. Jones, and Tsuyoshi Onada, “Characteristics of U.S. Abortion Patients in 2014 and Changes Since 2008,” Guttmacher Institute, May 2016.
 - Heather D. Boonstra, “Abortion in the Lives of Women Struggling Financially: Why Insurance Coverage Matters,” Guttmacher Institute, July 14, 2016.
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5. The Dignity of Work and Rights of Workers

Catholic social justice has an expansive definition of “work” and “workers” — dignity of work does not just include people who have a job. In “Pope Francis: His Life in His Own Words,” the pope writes, “Together with a culture of work, there must be a culture of leisure as gratification. To put it another way: people who work must take the time to relax, to be with their families, to enjoy themselves, read, listen to music, play a sport.”

For everyone to contribute to a healthy community, we must fight for wage rights and better working conditions, including the right to rest and to be supported when someone is unable to work. Similarly, we have a moral obligation to provide comprehensive healthcare, paid parental leave, and free childcare. These aspects of Catholic social justice teaching align with the reproductive justice movement’s call for economic justice. The ability to safely and securely raise a child is essential to creating flourishing families and communities.



6. Solidarity

Our responsibility to others creates a type of interdependence that centers God and the common good. This interdependence is known as solidarity, a concept that emerged out of ecclesial communities and liberation theologies in times of revolutionary distress in South America.

Solidarity is deeper than empathy. Solidarity is a true sense of social awareness that compels us to act.

As Pope John Paul II writes, solidarity is “not a feeling of vague compassion or shallow distress at the misfortunes of so many people, both near and far. On the contrary, it is a firm and persevering determination to commit oneself to the common good; that is to say, to the good of all and of each individual, because we are all really responsible for all.”

Solidarity is a radical commitment to bearing the burdens of those who are suffering. The reproductive justice framework sees solidarity as an “action strategy” because reproductive justice activists must work across social justice movements.

Movements for racial justice, fair housing, clean water, food, and education access are all essential components of achieving reproductive justice.

We must recognize that the issues that affect us directly are not the only ones at stake and sometimes not the ones we should prioritize. To have a commitment to social justice means to be responsible for one another. We are not simply allies, but co-conspirators in the pursuit of justice.

7. Care for God’s Creation

Catholic social justice recognizes the inherent connection between all living beings. As Catholics, we seek to put ourselves in right relationship with the land, which includes protecting the Earth from the existential threat of climate change.

As drought, flooding, fires, and storms ravage our planet, those living in nations crushed by historic injustices suffer a disproportionate impact. The fight for environmental justice is essential to ensure that people can parent their children in “safe and sustainable communities,” as SisterSong’s definition of reproductive justice demands. We are called to care for the Earth so that our communities can thrive.

Solidarity is a radical commitment to bearing the burdens of those who are suffering.

Learn more about solidarity:

- Pope John Paul II, *Sollicitudo Rei Socialis*, Vatican, December 30, 1987.

Why should Catholics advocate for reproductive justice?

As Catholics, our advocacy must center the most marginalized people in our society, as all people deserve access to the economic, social, and political power and resources they need to make their own conscience-based family planning decisions.

That's why reproductive justice is a Catholic social justice value. We must fight to protect the health, rights, and consciences of all our neighbors — not just those who hold certain privileges.

Even in places where abortion, contraception, and reproductive care are legally available, those services remain out of reach for many. While *Roe v. Wade* should protect the right to choose, the ability to choose is too often a privilege enjoyed by white and wealthy cisgender women. At Catholics for Choice, we believe that every person deserves equal access to the full scope of healthcare services.

We have heard many well-intentioned, progressive Catholics argue that we should work to reduce the number of abortions. We invite them to consider, first, the stigmatizing implications of such a statement.

We also ask them to consider the deep connections between abortion and liberation. For women and gender expansive people to be truly free, they must be able to control their own fertility.

Why? Because giving everyone who can become pregnant the legal right to have control and agency over their own bodies translates to other aspects of their lives, namely their freedom to claim political and economic power, as well as social autonomy.

We know that each and every human life has inherent dignity and must be treated with respect. This includes advocating for the respect and protection of those trying to navigate a systemically unjust society.

To truly care for the life and dignity of each human person, we must protect the right to determine if and when to have children. Caring for pregnant people with compassion and understanding is the true way to protect God's creation.

Learn more about climate justice and reproductive justice:

- Osub Ahmed, "Integrating a Reproductive Justice Framework in Climate Research," Center for American Progress, March 6, 2020.

Four Frameworks for Approaching Reproduction



1. Reproductive Health

Definition

From Loretta Ross and Rickie Solinger: “Reproductive Health is a framework that looks at service delivery and addresses the reproductive health needs of individual people. It focuses on the lack of health-care, services, and information, including research and health data.

Within the reproductive health structure, the goals are to improve and expand health-care services, research, and access, and particularly to improve and expand preventative services.”

Questions to Consider

How can we provide comprehensive reproductive healthcare that values the autonomy of the person? What research gaps can help reduce maternal mortality? What adverse health outcomes is a certain population experiencing, and how can they be prevented?

Goal

Improve health outcomes and inform health providers.



2. Reproductive Rights

Definition

From Loretta Ross and Rickie Solinger: “Reproductive rights is a legal and advocacy-based model that is concerned with protecting an individual’s right to reproductive healthcare services, particularly abortion (often called the pro-choice movement). It addresses the lack of legal protection and weak enforcement of laws to protect an individual’s reproductive choices regarding healthcare services.

The goals are to have legal protection for all individuals and to claim these protections as rights under the Constitution.”

Questions to Consider

How can we make sure that abortion is legal and accessible? What legal and institutional barriers prevent people from accessing reproductive health resources?

Goal

Advocate for legal equity.

Four Frameworks for Approaching Reproduction



3. Reproductive Justice

Definition

From SisterSong: “SisterSong defines Reproductive Justice as the human right to maintain personal bodily autonomy, have children, not have children, and parent the children we have in safe and sustainable communities.”

Questions to Consider

How can we center the lives of Black, Indigenous, and people of color who have historically been and are still subject to the racist control of their bodies and reproduction? How can we make sure that people of all identities can live safe, healthy, and fulfilling lives? How can we build and maintain communities that allow people to flourish?

Goal

Ensure that people of all identities can have children, not have children, and parent their children in safe and sustainable communities by dismantling systems of oppression that obstruct peoples’ ability to have full agency over their bodies and lives.



4. Catholic Social Justice

Definition

There are seven themes of Catholic social teaching that guide Catholic social justice:

1. Life and Dignity of the Human Person
2. Call to Family, Community, Participation
3. Rights and Responsibilities
4. Preferential Option for the Poor and Vulnerable
5. The Dignity of Work and Rights of workers
6. Solidarity
7. Care for God’s Creation

Questions to Consider

How can I care for my neighbor? Does this system or institution respect all people as children of God? How am I connected to others in the global community of creation?

Goal

Build a more just world by putting faith in action.

Pro-Life?

Do you mean
Pro-Birth?

The Radical Anti-Choice Minority

As pro-choice Catholics, we reject the notion that the bishops — all of whom are ostensibly celibate, cisgender men with no inroads to the lives of women because they have neither wives nor daughters — could possibly represent the moral and political views of all Catholics.

However vocal and powerful they may be, the bishops' opinions on sexuality and reproductive healthcare often diverge from the Catholic majority. The U.S. is home to 73.2 million Catholics, but there are only 274 active bishops. The Catholic church includes the laity, and polling data shows that the bishops do not speak for us on issues related to reproductive health, rights, and justice.

Catholic bishops are among the key players in the anti-abortion movement, but they are not alone in their efforts to bend public policy to suit their agenda. By focusing their energy, resources, and lobbying efforts on their mission to outlaw abortion, the bishops belong to a large-scale, right-wing, and anti-abortion movement made up of individuals and organizations around the world.

The U.S. is home to 73.2 million Catholics, but there are only 274 active bishops.

Does CFC try to change the bishops' minds about abortion?

Catholics for Choice does call on the Catholic church hierarchy to transform teachings on sexual morality. We proudly join our progressive Catholic partners in fighting for gender equity in the institutional church, but our primary mission is helping people access abortion and other forms of reproductive healthcare.

Although we would welcome the opportunity to be in dialogue with the bishops, they continue to stigmatize abortion and contraceptive care by refusing to see these issues in their full moral complexity — and by silencing and punishing anyone who dares to discuss them.

Instead of focusing on internal church reform, we have found it much more fruitful to focus our energies on lay Catholics who disagree with church teaching in good conscience or who genuinely want to be educated and discern the relationship between their faith and the issue of abortion.

The hierarchy does not speak for all Catholics, so we offer a place for information, conversation, and values clarification. We also provide support for pro-choice Catholics who want to speak out or tell their own abortion stories. We do this work to combat the false narrative that Catholicism and reproductive freedom are incompatible.

Why are the U.S. bishops so fixated on abortion? Has this always been the case?

In 1966, the National Council of Catholic Bishops (now the U.S. Conference of Catholic Bishops) asked Father James T. McHugh to begin tracking trends in abortion policy reform.

At their annual conference in April 1967, the NCCB organized the National Right to Life Committee and funded it with \$50,000, which is \$430,395 in 2021 dollars, to keep tabs on the wave of proposed state legislation to allow abortion. In 1973, McHugh was quoted as saying, “The only reason that we have a pro-life movement in this country is because of the Catholic people and the Catholic Church.”

In the late 1970s, Evangelical leaders noticed that Catholic leaders were influencing the polls by using abortion as a political tool. Since their support of school segregation had failed, Evangelicals needed a new issue to champion. They decided to focus on abortion. Evangelical leaders found an inspiration and an ally in the Catholic hierarchy and began to rally around abortion to galvanize conservative voters.

The bishops haven’t always used abortion as a litmus test for the faithful. Their position on abortion has little to do with Catholics’ concern about fetuses, and everything to do with keeping power out of the hands of women,

people of color, and gender diverse people. The anti-abortion movement is a tool for maintaining white, male dominance in politics and society. In the past 50 years, religious groups and politicians have harnessed this polarizing topic to accumulate power, influence voters, and animate a right-wing base.

Is the U.S. Conference of Catholic Bishops as powerful as it seems?

Yes and no. We cannot downplay the undeniable influence that the bishops have wielded in the courts, in legislation, and in politics, nor can we ignore the millions of dollars the USCCB and its ancillary right-wing organizations spend to shape public

policy, including on highly paid lobbyists. (Because it is a religious organization, the USCCB is exempt from the Lobby Disclosure Act of 1995 and from filing tax returns with the IRS, so we may never know how much the bishops spend on lobbying.)

The bishops also have cultural power by appearing to represent Catholic opinion in this country. But it’s important to remember that they do not speak for all Catholics, and they often exaggerate the support they have from the laity. We recognize that their messaging tactics and political influence create the illusion that their anti-abortion sentiments are popular, when in reality 68% of Catholics support *Roe v. Wade*.

In the past 50 years, religious groups and politicians have harnessed this polarizing topic to accumulate power, influence voters, and animate a right-wing base.

What is the relationship between the USCCB and Donald Trump, and why does it matter?

The collusion between certain U.S. bishops and former President Donald Trump should worry us all. The USCCB has frequently praised Trump for his opposition to abortion rights.

Their insistence that abortion should always be the “preeminent issue” offered him tacit support during his campaign and throughout his presidency. Some members of the radical right believe that God put Trump in the White House to advance anti-abortion efforts.

The bishops knew that Trump’s victory would offer them political advantages like appointing extremist, anti-abortion Catholics to the Supreme Court to protect their own convoluted version of religious freedom, which they often use as an excuse to discriminate.

The USCCB’s Committee on Pro-Life Activities praised Trump throughout his presidency even though he regularly disrespected and disregarded church teachings about the consistent ethic of life, particularly through his treatment of immigrants and the environment. The bishops’ actions throughout the Trump years should lead everyone to question their true motives in their anti-abortion crusade.

How do Catholic institutions organize to restrict abortion access in our communities?

Catholic dioceses around the country spend great sums of money to prevent members of their own communities from accessing the reproductive healthcare they need. Churches and schools often send anti-abortion Catholics to local abortion clinics to harass patients and the compassionate clinic workers who serve them. Many dioceses also send large buses of people to Washington, D.C., for the annual March for Life in January. It is not uncommon to see anti-abortion propaganda on church websites and bulletin boards, or to leave Mass and find these materials on your vehicle.

These anti-choice messages often target and slander local pro-choice politicians, many of whom are pro-choice Catholics themselves. The public figures we’ve worked with through our Catholics in Public Life program have been harassed at their own churches and in their own communities. Nobody should be shamed or bullied by their church for protecting the right to choose. That is why it is so important that we speak up and let our elected officials know that they have the support of their pro-choice Catholic constituents who believe in abortion rights because of our faith, not in spite of it.

Learn more about the bishops’ support for Trump:

- NCR Editorial Staff, “Editorial: It’s time for the Vatican to investigate the US bishops’ conference,” *National Catholic Reporter*, January 28, 2021.
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What is a crisis pregnancy center?

Also known as pregnancy resource centers or “fake clinics,” crisis pregnancy centers pose as legitimate clinics and often tout religious language to fulfill their mission of dissuading pregnant people from getting abortions. These CPCs are not subject to the same licensing and regulation requirements as legitimate abortion clinics.

Most fake clinics are religiously affiliated, many are Catholic, and nearly all use dubious tactics that rely on the coercion and deception of vulnerable people. They do not provide abortion services for patients, but rather aim to pressure people to decide against abortion by intentionally leaving out the full range of options.

They often entice people by offering pregnancy tests, diapers, and baby clothes, but they present carrying the pregnancy to term as the only viable option. It is not uncommon for them to place people in religious mentoring and counseling programs that are riddled with guilt-inducing anti-abortion messages.

To dissuade people from choosing abortion, CPC employees often falsely claim that abortion is unsafe.

It is not uncommon for them to place people in religious mentoring and counseling programs that are riddled with guilt-inducing anti-abortion messages.

Some CPCs even lie about how far along their client is in the pregnancy, hoping that by the time the person decides to have an abortion, it will be too late.

Others mimic the names of nearby abortion clinics so that patients will show up to the wrong building on the day of their procedure. Sometimes CPCs use names, colors, logos, and interior decorations that mimic real abortion clinics to trick people into

entering and succumbing to their propaganda.

There are 2,500 CPCs throughout the United States, and in many areas, CPCs far outnumber abortion clinics.

Many CPCs are not licensed medical clinics and employ no doctors or other providers authorized to perform medical services.

The limited medical services that they sometimes offer, such as STI testing and ultrasounds, are designed to entice low-income people or those who cannot afford to pay out-of-pocket for the services they need. One thing is clear: These CPCs exist to coerce people, and coercion is not healthcare.

Shouldn't we just ignore the opposition?

While many people assume that Catholic lay organizations like the Knights of Columbus, the Catholic League, and Priests for Life have benevolent missions, the truth is that these organizations invest considerable money and energy on conservative political campaigns, such as restricting access to reproductive health services and discriminating against LGBTQIA+ people.

Exposing the tactics of those who oppose reproductive rights clarifies the situation, strengthens our position, and helps us counter misconceptions about abortion care and our faith. Understanding our opponents' deceptive strategies helps us fight stigma and inform people how Catholics really feel about reproductive health, rights, and justice.

Does CFC do opposition research?

Catholics for Choice conducts original research on right-wing religious groups that use their funding and platform to try to influence public policy.

We seek to uncover the political agendas and legal strategies behind these groups posing as religious entities with charitable missions. Wealthy, conservative Catholic laypeople often fund these organizations, so when we investigate, we follow the money.

You can stay up to date on our opposition research at:

catholicsforchoice.org/issues/opposition

Learn more about crisis pregnancy centers:

- Equity Forward, "Mapping Deception: A Closer Look at How States' Anti-Abortion Center Programs Operate," www.equityfwd.org/research/mapping-deception-closer-look-how-states-anti-abortion-center-programs-operate
 - Carrie N. Baker, "New Research Shows States Diverting Federal Anti-Poverty Funds To Deceptive Anti-Abortion Centers," *Ms.*, June 15, 2021.
 - Hannah Gold, "Anti-Abortion Centers Received Millions in COVID Bailout," *The Cut*, August 3, 2020.
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Who funds anti-abortion efforts?

Unfortunately, many crisis pregnancy centers receive public funding.

According to Equity Forward, a whopping 14 states currently have state-operated anti-abortion programs that benefit from state or federal funding: Florida, Georgia, Indiana, Louisiana, Michigan, Minnesota, Missouri, North Carolina, North Dakota, Ohio, Oklahoma, Pennsylvania, Arkansas, and Texas.

What's more, the Trump administration granted fake clinics funding through the Title X Family Planning Program, in addition to anywhere from \$4 million to \$10 million in Paycheck Protection Plan COVID recovery loans.

Tax dollars cannot legally be used to pay for abortion care, but our taxes can fund anti-abortion fake clinics.

**Tax dollars cannot
legally be used to pay
for abortion care,
but our taxes can
fund anti-abortion
fake clinics.**

Another major donor to our opposition is the Becket Fund, a legal organization that distorts the true meaning of religious freedom to defend their attack on human rights. Founded in 1994, the Becket Fund dubs

itself a “religious liberty law firm and the only non-profit, public interest legal and educational institute that protects the free expression of all religious traditions.”

In reality, they only protect the interests of white, right-wing Christians. To them, denying LGBTQIA+ people the right to marry

and refusing to provide people with basic contraception should all fall under religious freedom protections.

As Catholics, we must speak out to defend real religious freedom and reject any individuals or groups like the Becket Fund that woefully misconstrue this important tenet of our faith.

Learn more about the Becket Fund:

- Ilyse Hogue, “Becket Fund: Shadow Agents of the Religious Right,” *Conscience*, May 6, 2021.
-

What should I do if I see the opposition organizing in my community in the name of faith?

By reaching out to CFC and letting us know what you're up against, you can help us strategize and organize to have a direct impact in your community. This also helps us connect with local partners in your area to get on-the-ground support.

We are always happy to share the information we find with others and are always interested in tips. Just head to [*www.catholicsforchoice.org/contact-us*](http://www.catholicsforchoice.org/contact-us).

How can I learn more about the history and impact of the anti-abortion movement in general?

There are many excellent resources cataloguing and tracking the anti-choice movement and its mission to obstruct fundamental human rights, particularly for those who already face systemic racism, immigration restriction, and other structural barriers to accessing abortion care.

We recommend starting with these resources:

- NARAL, "The Insidious Power of the Anti-Choice Movement," 2018.
- Planned Parenthood, "Timeline of Attacks on Abortion: 2009-2021," www.plannedparenthoodaction.org/issues/abortion/abortion-central-history-reproductive-health-care-america/timeline-attacks-abortion.
- Former NARAL president Ilyse Hogue's book "The Lie that Binds" and its eponymous podcast.
- Alex Di Branco, "The Long History of the Anti-Abortion Movement's Link to White Supremacy," *The Nation*, February 3, 2020.



Key Players in the Anti-Choice Minority



Key Players in the Anti-Choice Minority

Knights of Columbus

As the largest Catholic lay organization in the world, the Knights of Columbus has a presence in many parishes around the globe. Founded in 1882 by Father Michael J. McGivney, their mission is to “empower Catholic men to live their faith at home, in their parish, at work and in their community.”

With nearly 2 million members worldwide, the Knights of Columbus uses its community influence and exorbitant funds to push for legislation that does not represent the views of most Catholics. Their political influence often has harmful and dangerous consequences.

The history of the Knights of Columbus reinforces the toxic patriarchal and misogynistic values that the anti-abortion movement holds. For starters, their chosen patron is Christopher Columbus, who enslaved and tortured Indigenous peoples. Columbus fits well into their self-image as masculine white colonizers called to save women and evangelize the world.

From their founding, the Knights have denied the agency and capabilities of women, evidenced by their mission “to meet the needs of

immigrants, refugees and families suffering from the death of a breadwinner,” with a large focus on supporting widows they considered helpless and in need of men to help them while they learn to live without their husbands. By supporting abortion restrictions, which disproportionately impact people of color, the Knights force their motherhood-oriented vision of womanhood on society.

Initially established with a mission grounded in community support and protection, the Knights of Columbus is now a multibillion-dollar organization that’s essentially a hybrid of a charity, a social club, and an insurance company with undue political power.

In 2015, the Knights had revenues of \$2.2 billion, of which it gave away \$175 million. They donate to influential conservative groups focusing on abortion and religious freedom, including the Susan B. Anthony List and the Becket Fund.

They also support conservative media outlets, including EWTN, to which they gave \$500,000 in 2015. According to their 2019 tax form, the supreme knight of the organization, Carl Anderson, received \$1.7 million in compensation.

With nearly 2 million members worldwide, the Knights of Columbus uses its community influence and exorbitant funds to push for legislation that does not represent the views of most Catholics.

Learn more about the Knights of Columbus:

- Catholics for Choice, “Knights of Columbus: Crusaders for Discrimination,” Opposition Notes, 2011.
 - Mark Silk, “Knights of Columbus, cash cow of the Catholic right,” *Religion News Service*, May 16, 2017.
-

Care Net

Care Net is one of the nation's two largest networks of crisis pregnancy centers, a system of more than 1,100 affiliates and 30,000 volunteers. Their stated mission is to “empower women and men considering abortion to choose life for their unborn children and find abundant life in Christ.” This evangelical Christian crisis pregnancy center organization operates fake clinics throughout the United States and seeks to stop pregnant people from getting abortions. The group has been around since 1975, only two years after *Roe v. Wade*. Its headquarters are in northern Virginia.

Crisis pregnancy centers pose as legitimate medical clinics with counseling and health-care resources but seek to dissuade people from choosing abortion. Patients who have a genuine medical crisis requiring physician care are often surprised to be turned away from a CPC with no actual medical staff.

These centers, unlike legitimate reproductive healthcare clinics, are not heavily regulated or scrutinized by any government entities. They push their anti-abortion agenda and obstruct freedom with little to no surveillance or interference.

Patients who have a genuine medical crisis requiring physician care are often surprised to be turned away from a CPC with no actual medical staff.



Photo Credit: Caroline Kitchener/The Washington Post

Priests for Life and Father Frank Pavone

Frank Pavone, the national director of Priests for Life, has spent more than 30 years trying to grow his Catholic anti-abortion group into the mass clerical movement envisioned in its rhetoric.

Instead, he has found himself ostracized and discredited again and again. Pavone and his organization, Priests for Life, traffic in lies about reproductive health, rights, and justice.

Much like Donald Trump, Pavone encourages a cult of personality, comparing himself favorably to saints and prophets. Pavone is frequently seen wearing a red Make America Great Again hat, and he played a key role in the failed 2020 Trump reelection campaign.

Pavone seems to judge political candidates based solely on whether they support abortion, always championing the most extreme anti-abortion candidate. Priests for Life vocally backs conservative candidates during every national election.

Pavone's bold participation in partisan politics is harmful and unusual for a priest. He treats Trump as a savior figure. The Catholics for Trump campaign, while not shocking, directly aligned Pavone and his devoted followers with a misogynistic, homophobic, xenophobic, racist, failed businessman.

The campaign prompted many faithful Catholics to question whether Pavone truly understood the meaning of our faith.

Less extreme anti-abortion activists fear that Pavone damaged their image and the integrity of their movement. According to reporting in the *National Catholic Reporter*, Pavone is so extreme that he has caught flak from two bishops — Bishop John Yanta and Bishop Patrick Zurek — the latter of whom barred Pavone from leaving the diocese due to Priests for Life's dubious financial records.

According to canon law, members of the clergy need permission from their bishops to play an active role in political parties.

Pavone claims to be a priest in good standing, yet he is unable or unwilling to produce any documents that signify this. He also routinely refuses to answer questions about whether he had diocesan permission to participate in politics or continue his anti-abortion advocacy.

Pavone's financial dealings are as concerning as the twisted morality he preaches and strongmen he idolizes. He controls huge amounts of money and is secretive about much of his spending. Priests for Life earned \$10.7 million in total revenue in 2018, according to Form 990 tax documents.

Learn more about Priests for Life:

- Catholics for Choice, "Faithless Politics: Priests for Life Defies Constitution and Conscience," Opposition Notes, 2006.
 - Don Clemmer, "'Catholics for Trump' puts Fr. Frank Pavone back in the spotlight," *National Catholic Reporter*, May 18, 2020.
 - David Gibson, "Priests for Life in financial trouble," *National Catholic Reporter*, September 26, 2011.
-

Catholic League

The Catholic League is a small, anti-abortion, and conservative Catholic organization that has long practiced the art of media manipulation to claim majority status for its minority worldview.

According to its website, it considers itself “the nation’s largest Catholic civil rights organization” and is “motivated by the letter and the spirit of the First Amendment.”

This organization supposedly protects Catholics’ ability to participate in American public life without defamation or discrimination, and it attempts to do so by manufacturing controversy and publicly defaming anyone with whom its leaders disagree.

In the words of its founder Bill Donohue, this group specializes in “public embarrassment of public figures who have earned [their] wrath.”

The Catholic League uses embarrassment, intimidation, bullying, and disinformation to suppress critics of the Catholic church,

the Vatican, and the church’s many controversial policies.

Since its founding in 1973, it has simultaneously argued for conservative Catholics’ right to impose their values in the public sphere, but it bristles at any attempts to offer legitimate criticism of the Catholic hierarchy.

An ally of the radical religious right, this group enflames controversy, touts their distorted views on religious freedom, and undermines politicians and religious voters.

The Catholic League capitalizes on a martyrdom narrative to excuse its own discriminatory behavior: They claim that Catholics are under attack in Ameri-

ca because anti-Catholicism is rampant, while also trampling on the rights and dignity of their most marginalized neighbors.

The Catholic League labels progressive Catholics — and anyone else with whom they disagree — as “anti-Catholic.”

**The Catholic League
uses embarrassment,
intimidation, bullying,
and disinformation to
suppress critics of the
Catholic church**

Learn more about the Catholic League:

- Catholics for Choice, “The Catholic League for Religious and Civil Rights: Neither Religious nor Civil,” Opposition Notes, 2008.
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CatholicVote

CatholicVote is a collection of three conservative organizations — a 501(c)4 lobbying organization, a 501(c)3 tax-deductible educational nonprofit, and a political action committee that gives money directly to political candidates.

They are operated by Fidelis, a conservative Catholic advocacy group founded by the CatholicVote's current president Brian Burch, former National Catholic Register reporter Joshua Mercer, and the National Prayer Breakfast's founder Joseph Cela.

Fidelis has no public-facing website, and CatholicVote is not transparent about who works at the organization(s), who their supporters are, or where their funding comes from.

Founded in 2008, CatholicVote has a sordid history of being anti-LGBTQIA+, anti-choice, and anti-Pope Francis.

In the aftermath of the Vatican censure of women religious in 2012, CatholicVote was an outspoken opponent of the Nuns on the Bus campaign and Sister Simone Campbell.

They also regularly attack Catholic leaders like Jesuit Father James Martin.

CatholicVote maintains a “Catholic Accountability Project” where they track all Catholic members of the U.S. House and Senate based solely on their stance on abortion. CatholicVote regularly publishes blogs, social media, and political ads that falsely paint the Catholic vote as a single-issue, largely single-party monolith. In 2020, National Catholic Reporter reported that CatholicVote was using a tactic called geofencing to track churchgoers' cell-phones and serve them targeted political ads favoring Republicans.

In February 2022, CatholicVote and a partner called Judicial Watch sued the Biden administration for records of communication between the U.S. government and Catholic groups including Catholics for Choice, Catholic Charities of the Rio Grande Valley and Sister Norma Pimentel, the Catholic Health Association and Sister Carol Keehan, and the Initiative on Catholic Social Thought and Public Life at Georgetown University.

Learn more about CatholicVote:

- Jack Jenkins, “Conservative PAC sues Biden administration, targeting nuns, liberal Catholics in records request,” *Religion News Service*, February 10, 2022.

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The **Anti-Abortion**
Movement is

Rooted in
White Supremacy

Perpetuated by
Christian
Nationalism

and **Sustained** by
Anti-Feminism

Origins of the Anti-Abortion Movement

Christian Nationalism, White Supremacy, and Anti-Feminism

It is a common misconception that, immediately after the Roe v. Wade ruling, a flock of anti-abortion enthusiasts leaped into action and began to protest, all in the name of defending and protecting “life.”

The story goes that these believers banded together to push back against the Supreme Court’s decision. This is the religious right’s big lie. In the United States, Christian nationalism took root long before the 1973 Roe decision with ideologies and crusades that had nothing to do with abortion. One of the most important lessons about the anti-abortion movement is that it has never just been about “protecting unborn lives.”

In this section we focus on the white supremacist and anti-feminist origins of the anti-choice movement, which capitalizes on racism and misogyny to control American politics. Opposition to abortion is never just about abortion.

It is an issue used to animate a white, mostly male, political base to advance a larger, right-wing political agenda. The anti-choice movement also aims to control the reproductive lives of women, particularly those who are Black, Brown, and Indigenous, as well as trans and genderqueer people. The radical Christian right seeks, first and foremost, to amass political power. A few decades ago, they chose abortion as the galvanizing issue to achieve that end.

“I don’t think we can talk about the opposition to abortion without talking about the opposition to integration, gay marriage, and gay rights all at the same time.”

— Loretta Ross,
reproductive justice scholar

School Segregation: The Start of the Anti-Choice Movement

In the decades preceding Roe v. Wade, abortion was not an important issue in American politics. Rather than an issue to debate or police, abortion was a private, medical procedure. The Vatican codified its prohibition of abortion in 1917, and in 1966, the U.S. bishops began to observe reforms in abortion policies within the states.

In 1967, they established the Right to Life League, later known as the National Right to Life Committee, to coordinate its state campaigns. But the hierarchy was in the radical minority among religious traditions in their resistance to birth control and abortion.

Evangelicals had little involvement in politics at the time and were far more focused on concerns of the afterlife. Even Southern Baptists, today one of the United States' most socially conservative religious groups, supported abortion access.

The Southern Baptist Convention passed a resolution in 1971 calling for the legalization of abortion, which it affirmed in 1974 and again in 1976. James Dobson, founder of Focus on the Family and today an anti-choice warrior, said in 1973 that the Bible was silent on abortion, and therefore it was possible for an evangelical to believe that “a developing embryo or fetus was not regarded as a full human being.”

When the Supreme Court legalized abortion with a 7-2 majority, evangelicals saw it as a “Catholic issue.” The *Roe v. Wade* ruling came with little fuss from non-Catholic religious groups.

But the religious right had already begun to form well before *Roe v. Wade* under the banner of a different issue: segregation. In the late 1960s, they launched what came to be known as the Long Southern Strategy, a political effort meant to lure white Southern Democrats frustrated with desegregation to the Republican Party. To attract these voters, right-wing religious groups distorted “religious freedom” to maintain segregation in schools.

Evangelical Christian leader Jerry Falwell Sr., who called the civil rights movement “civil wrongs,” had established a segregation academy in 1967.

And Bob Jones, a fellow evangelical zealot who also opened a segregated university, said that “God is the author of segregation” and called anyone who disagreed a “satanic propagandist [or] religious infidel.” By segregating schools and indoctrinating students, they hoped to create a new generation of conservatives who could continue their fight for “traditional” values.

“I describe abortion for the Religious Right as a godsend because it allowed them to distract from the real origins of their activism, which was the defense of racial segregation.”

— Randall Balmer, historian of American religion

By the early 1970s, the Internal Revenue Service began to threaten to rescind the tax-exempt status of these church-sponsored, whites-only academies. That’s when Paul Weyrich, a conservative activist and architect of the religious right, had an idea that affects us all to this very day.

He realized that the racist defense of segregation was not going to mobilize grassroots evangelical voters. So,

he flipped the script and made it an issue of religious freedom. Weyrich, Falwell, and other white supremacist, evangelical leaders energized leaders around the claim that government interference in their beliefs was an assault on their religious liberty.

Yes, you read that right: The IRS actions against racially segregated institutions, not abortion, is what first mobilized evangelical activists in the 1970s.

The Religious Right Picks a New Enemy: Women's Liberation

The radical Christian right's plan to maintain segregation as their galvanizing issue worked well until the 1970s. But as public support of the racist policy began to decline, their movement to preserve the tax advantages of racist institutions began to lose traction. White Christian leaders became uncomfortable rallying voters around segregation. They realized they needed a new crusade.

Around that time, the women's liberation movement had risen to a new stage of unprecedented power and influence. Their campaign to get women's equality enshrined as the 28th Amendment to the U.S. Constitution become enormously popular among both Democrats and Republicans, even earning the support of President Richard Nixon.

The Equal Rights Amendment was passed by the U.S. Senate in 1972 and sent to the states for ratification. It zipped through 30 state legislatures with ease in the first two years. But as the amendment seemed poised for ratification, a Catholic woman named Phyllis Schlafly was sowing the seeds for an anti-ERA campaign.

Through list-building, direct mail communications, and media appearances, Schlafly successfully communicated the lie that the ERA was not in the best interests of women. She was a master of stoking Republican outrage and fear — and using it as an instrument of political activism.

Paul Weyrich

Although less well known than figures like Bob Jones and Jerry Falwell Sr., radical Catholic political strategist Paul Weyrich was one of the most influential forces in the white supremacist origins of the anti-choice movement.



After Vatican II, which liberalized many aspects of Catholic practice, Weyrich left the Roman Catholic Church, saying it had become too liberal, and joined the Melkite Greek Catholic Church, a Byzantine rite church. In the 1970s, he arose as the architect of the New Right, founding the Heritage Foundation and co-founding the Moral Majority.

He focused on fundraising as a means for amassing political power and influence. Known as the “Lenin of social conservatism” and an “evil genius,” Weyrich used direct mailings to community members, seeking to protect capitalism and white, male dominance from any and all perceived threats.

Weyrich was unapologetic in his support of voter suppression and sought to use guerilla tactics to undermine the legitimacy of the government. He famously said, “We are different from previous generations of conservatives. ... We are no longer working to preserve the status quo. We are radicals, working to overturn the present power structure of this country.”

His words foreshadowed the insurrectionist violence and mounting authoritarianism that would come to fruition under the Trump presidency.

She also benefitted from the Long Southern Strategy, capitalizing on the racism of Southern white women by welcoming them into her movement. Former Republican activist Tanya Melich has written that Schlafly “made the Religious Right a political player” once she “unearthed the political gold of misogyny.”

She said, “It was Schlafly who translated fear of women’s liberation into a political force in the Republican party and thereby extended the foundation of the Republican southern strategy. Now not only did the strategy flourish on the backlash of the civil rights movement, but it was broadened to include a backlash against the women’s movement, too.”

Schlafly was a true solidier in the army of the patriarchy, becoming one of the first right-wing voices to use the language of family values to defeat progress toward gender equality. Her campaign was a gift to the men who sought to maintain white male dominance in politics and society — the ultimate aim of the religious right. In just a few years, Schlafly managed to slow the speed at which states were ratifying the ERA.

She was aware that Congress had imposed a deadline by which the 38th state would need to be ratified for the ERA to become the 28th Amendment. In 1982, the deadline arrived without ratification from the required num-

ber of states, ending the hopes of millions that gender equality would be enshrined in the U.S. Constitution.

With the women’s liberation movement hobbled by the defeat, religious right-wing forces knew they would need to pivot to a new issue to keep white, Christian anxieties high. Enter the “genius” of Paul Weyrich once again.

The Religious Right Pivots to Abortion

During the 1978 midterm elections, Catholic anti-abortion activists leafleted church parking lots in four Senate races during the final weekend of the campaign: New Hampshire, Iowa, and two races in Minnesota.

Two days later, in a midterm election with a very low turnout, “pro-life” Republicans defeated the favored Democratic candidates. Weyrich, right-wing strategist extraordinaire, was dazzled. He had found what he called “a respectable issue” to rally recruits for the right wing.

In 1979, Weyrich and evangelical leaders held a conference call to pivot to new issues that would keep their momentum going. They discussed several possibilities, including homosexuality, pornography, and prayer in schools. Then, one leader on the call suggested abortion, and the idea stuck.

**With the women’s
liberation movement
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Christian anxieties high.**

Evangelical leaders realized that they could join forces with the Catholic hierarchy, which had officially condemned abortion in 1917. By reorienting the Southern Strategy and merging Catholics and evangelicals into one voting bloc, they devised a brilliant new plan to consolidate political power among a small group of white Christian men. Abortion was an issue that could rile up people of all ages and political leanings.

It cannot be said enough: The invention of abortion as a political issue emerged in the late 1970s out of a desire to maintain white, Christian, male power over politics and society. It was not a direct reaction to the Roe v. Wade decision in 1973.

Weyrich and Falwell knew that abortion was a potent political force capable of altering the political direction of the country. But to make the plan work, they would have to launch a misinformation campaign, since abortion had not been much of a political issue until that point.

As Falwell and Weyrich were grooming Republican political candidates, John Willke, a Catholic doctor, began to formulate the words that would provide a foundation for the anti-abortion movement.

He and his wife, Barbara, began conducting research and focus groups to study what kind of rhetoric would be most effective in moving people to espouse anti-choice ideas.

In 1971, the Willkes wrote “The Handbook on Abortion,” a manual that generations of

anti-choice activists have relied on to spread misinformation and foment their movement. The Willkes influenced the conversation by changing the language. For example, they erased women from conversations about abortion by using the word “mother” instead.

Rather than speaking about the uterus, they used “womb,” and embryos and fetuses were referred to only as “babies.” It was their idea to use images of infants and fetuses at different stages of development as part of their propaganda.

The Willkes cultivated an image of loving grandparents, but their manual was filled with dangerous misinformation. Through their writing, they achieved their goal of translating a niche Catholic issue into a powerful political organizing tool.

Weyrich, Falwell, and Willke founded their movement on the lie that Christianity and abortion had always been incompatible. In 1979, Falwell gave his first anti-abortion sermon making this claim.

The evangelical pivot to abortion had untold influence in politics. In 1980, Ronald Reagan’s presidential campaign against incumbent Jimmy Carter was failing. He was visited by Falwell and Weyrich, who convinced him to embrace an anti-abortion stance.

The move made his campaign soar and led to his election as the 40th president of the United States. This is somewhat ironic, since as governor of California, Reagan signed the bill that legalized abortion in the state in 1967.

Abortion gave evangelicals like Falwell and Weyrich a powerful seat at the Republican table. And evangelicals have been there ever since. The political power and ability of the anti-abortion movement to win elections became so clear that today there is no place in the Republican Party for people who believe in choice.

The most obvious proof of this is the candidacy of Donald Trump, who in 1999 called himself “very pro-choice,” but in 2016 claimed to be radically anti-choice, at one point in his campaign suggesting jail sentences for women who had abortions.

Despite his clear personal disinterest in faith, Trump pandered to evangelical leaders and condemned abortion because he understood the power of this voting bloc. Once Trump was elected president, the U.S. Conference of Catholic Bishops, right-wing evangelicals, white supremacists, and Christian nationalists continued to support him.

They backed a man who had utter disregard for human life beyond the womb, who had multiple extramarital affairs, and who bragged about sexually assaulting women. Why? Because they believed that he could provide them with the abortion ban that they so desperately needed to achieve political success.

“Voter suppression and reproductive oppression exist in tandem because what it says is that not only do you not have the right to control your body, you don’t have the right to be heard about what you should be allowed to do.”

— Stacey Abrams, political leader
and voting rights activist

Today’s Strategy: Voting Rights

In 2020, evangelical Christians and conservative lay Catholics showed interest in a new strategy linked to their anti-abortion crusade and with deep roots in white supremacy: voting rights.

In a recent expose, journalist Sarah Posner wrote: “Religious activists have taken up the cause of ‘election integrity,’ pushing bills to crack down on voter fraud, even though no evidence of widespread fraud in U.S. elections exists. In the process, they’ve helped restrict ballot access for millions of Americans — the most regressive wave of voting measures since the Jim Crow era — and drawn a direct connection between their new cause and their core religious beliefs.”

This strategy is the fulfillment of a dream Weyrich expressed back in the 1970s when he told an audience, “I don’t want everybody to vote. Elections are not won by a majority of the people. They never have been from the beginning of our country, and they are not now. As a matter of fact, our leverage in the elections quite candidly goes up as the voting populace goes down.”

Conservative Christians’ interest in voting rights saw a surge of interest in the wake of the 2020 presidential election where Donald Trump told his big lie that he had won the election. In many ways, the result of that election sparked fear among evangelicals that even their robust turnout wouldn’t be enough to maintain political control.

Abortion Bans are Racist

Today's abortion bans are yet another tactic in a long line of white Christian men's attempts to control the reproductive destinies of Black people, Indigenous communities, and all people of color.

According to the Guttmacher Institute, most abortion patients in the U.S. are people of color.

The Hyde Amendment blocks Medicaid from covering abortion, leaving low-income people to fund their own healthcare. Because of structural racism and inequality, Black and Latinx people working to make ends meet are disproportionately represented in Medicaid coverage, according to the Kaiser Family Foundation.

The Indian Health Service, the main source of healthcare services in many Native nations, is barred from providing abortion because of the Hyde Amendment.

Undocumented Latinx people living near the Mexico-U.S. border must travel through border patrol checkpoints while attempting to reach the nearest abortion clinic.

Learn more about abortion bans and racism:

- David Blumenthal and Laurie Zephyrin, "Texas's New Abortion Law Will Harm People of Color, Further Entrench Racist Policies," *The Commonwealth Fund*, September 22, 2021.
 - Michele Goodwin, "The Racist History of Abortion and Midwifery Bans," *ACLU*, July 1, 2020.
 - Mini Timmaraju, "Reality Check: The Anti-Choice Agenda Has Always Been Fueled by White Supremacy," *Cosmopolitan*, December 1, 2021.
 - Randall Balmer, "The Real Origins of the Religious Right," *Politico*, May 27, 2014.
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The Anti-Abortion Movement Today

Throughout its short life, the anti-abortion movement has been built on lies. If they really valued life, would they have murdered David Gunn, George Tiller, and other abortion providers simply for caring for their patients? Would they support laws that prohibit abortion, even when someone lay dying from a life-threatening pregnancy?

It's no coincidence that leaders of the anti-abortion movement don't advocate for issues like police demilitarization, gun control, universal healthcare, and other changes that would benefit children.

They are not pro-life: They are pro-birth. Their only goal is to control the lives and bodies of women and pregnant people, particularly people of color. By showing us their politics, they show their hand.

When you connect all these white nationalist strategies, the prevalence of right-wing evangelicals and Catholics at the U.S. Capitol insurrection on Jan. 6, 2021, starts to make sense.

**They are not pro-life:
They are pro-birth.
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of color.**

Journalists documented that many of the men who broke into the Capitol building are the same men often seen outside abortion clinics harassing and terrorizing patients. One abortion provider, Ghazaleh Moayed, even remarked on the lack of protesters outside her clinics that day.

On Jan. 6, 2021, the chickens came home to roost. White nationalist, right-wing Christians have played a long game to get us to this moment. From the beginning, Christian nationalism's first priority has been to maintain white, male power and dominance in government, politics, and society.

By using disinformation and stoking white and male fragilities, they have successfully animated their radical minority to political action — most importantly by getting them to the polls. Though it was abortion that was manipulated as the issue to animate this white nationalist fringe, they aim to strip away many more rights — to the point that democracy itself is now at stake.

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**Abortion
Bans are
Racist**

Human Reproduction and Abortion

It's no secret that in the United States, sex education is, at best, limited: It can range from incomplete to nonexistent. Because of the stigma around reproductive healthcare, many people never learn the basics of human reproduction, especially about abortion.

Arguments about abortion often have to do with when life begins and what happens during an abortion, yet anti-choice political actors frequently know nothing about the subject or spread misinformation. Split into FAQs on pregnancy, sex and gender, and abortion, this section of the Advocate's Bible will give you the information you need to clarify misconceptions and destigmatize abortion care.

Pregnancy FAQs

What is pregnancy and when does it begin?

Pregnancy is the time during which a fertilized egg develops along a spectrum from embryo to fetus inside a uterus. Although bringing a pregnancy to term takes roughly nine months, pregnancies can end for many reasons, including abortion, pregnancy loss, stillbirth, and birth.

Pregnancy DOES NOT begin at fertilization, sometimes called conception, when an egg first comes into contact with sperm. The medical and scientific community, including the American College of Obstetricians and Gynecologists, agrees that pregnancy begins when a fertilized egg attaches to the uterine wall in a process called implantation.

How long does it take to get pregnant after sex?

It can take two to three weeks after sexual intercourse for pregnancy to begin. After sex, sperm can remain present in the fallopian tube or uterus for up to five days, waiting for the ovaries to release an egg. This means that there can be nearly a week between sex and fertilization.

When the sperm penetrates the egg, the surface of the egg chemically changes so that no other sperm can enter. Then implantation, a process which takes three to four days, begins about a week after fertilization. Pregnancy hormones begin to develop after implantation.

What's the difference between conception, fertilization, and implantation?

Conception occurs when sperm travels up through the vagina, into the uterus, and fertilizes an egg. This occurs roughly midway through the menstrual cycle, during a period called ovulation. Menstrual cycle lengths and timing of ovulation can vary depending on the individual. Not everyone ovulates every month, and everyone has their own unique cycle.

Fertilization occurs when a sperm cell and an egg cell unite, which normally occurs in the fallopian tube. In order for that to occur, semen — which carries hundreds of thousands of sperm cells — must travel through the vagina and into the uterus to reach the fallopian tubes. This can happen up to six days after sexual intercourse.

Implantation is when a fertilized egg, or blastocyst, attaches to the lining of the uterine wall. This process typically starts about six days after fertilization and marks the official beginning of a pregnancy. Implantation releases a hormone that makes pregnancy detectable on a test. There is no way to test for a fertilized egg before implantation, because implantation is when pregnancy begins.

It is important to note many fertilized eggs never implant. In fact, scientists estimate that most fertilized eggs are naturally washed from the body before the person could even know that they're pregnant.

Learn more about when pregnancy begins:

- Rachel Benson Gold, “The Implications of Defining When a Woman Is Pregnant,” Guttmacher Institute, May 9, 2005.
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From Fertilization to Pregnancy

Day 0 (fertilization)

A viable sperm reaches the egg.

Days 1-2

The fertilized egg transits through the fallopian tube for about 30 hours.

Days 2-6 (mitosis)

The fertilized egg then rapidly descends into the uterus. It goes through cell divisions that transform it from a zygote, a single-celled embryo, to a blastocyst, an embryo with multiple cells.

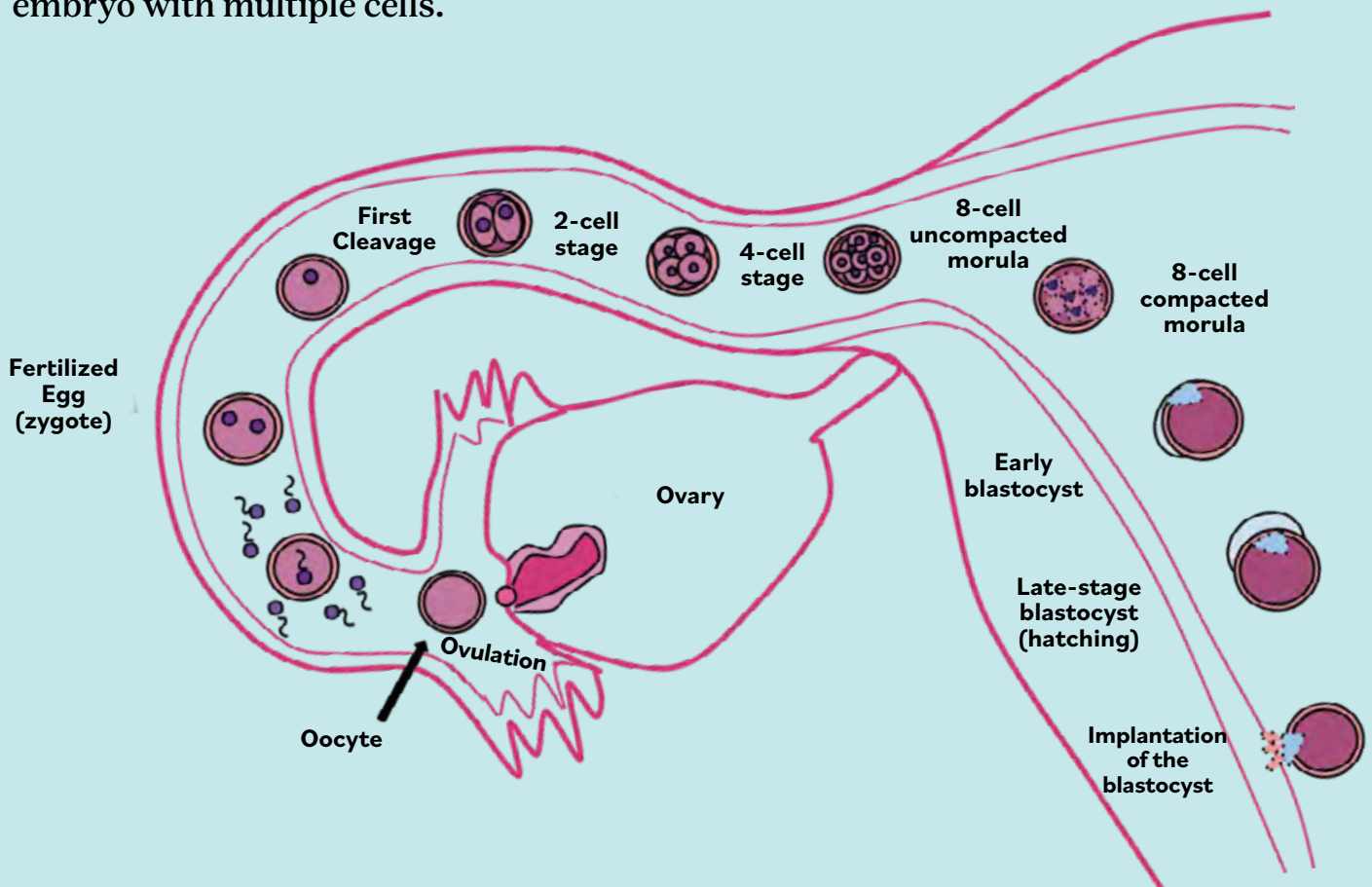
Days 6-12 (implantation)

Implantation is itself a process that consists of:

- o Adplantation: The blastocyst first begins to stick to the uterus lining.
- o Implantation: The migration of the blastocyst is typically completed 9 days after fertilization.
- o Coagulation plug: A blood clot seals the part of the uterine wall where the embryo first attached.

Day 13

Pregnancy has occurred.



How long does pregnancy last?

A typical pregnancy that is carried to term then lasts about 40 weeks (or about 9-10 months). The stages of pregnancy are divided into three trimesters, each of which lasts about 13 weeks. Because time from sex to pregnancy can vary, pregnancy is measured from the first day of the person's last menstrual period.

Do reproductive organs do anything other than produce sperm and eggs?

In addition to producing the gametes (also known as sperm and eggs), ovaries and testes are the source of hormones that cause development of secondary sexual characteristics. They also govern the functioning of the reproductive tracts.

Learn more about the history of Catholicism and abortion:

- Patricia Miller, *Good Catholics: The Battle over Abortion in the Catholic Church* (Berkeley, CA: University of California Press, 2014).
 - John Christopoulos, *Abortion in Early Modern Italy* (Cambridge, MA: Harvard University Press, 2021).
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What does church teaching say about pregnancy?

Today, the church hierarchy teaches that life begins at conception and that abortion is never acceptable, including in instances of rape, incest, or life-threatening pregnancy. The Catholic hierarchy claims that this teaching is unchanging and unchangeable. That is simply untrue.

Today's abortion ban didn't come into effect until 1869 with Pope Pius IX's papal bull "Apostolicae Sedis," which made abortion punishable by excommunication. It wasn't until 1917, barely more than a century ago, that the church hierarchy changed canon law to reflect Pius IX's belief that abortion was homicide.

Before the 19th century, abortion was permitted for almost all of church history. In 1140, canon law distinguished a "formed" fetus from an "unformed" one, meaning that abortion was allowed before a certain point in pregnancy. In 1588, however, Pope Sixtus V did something radical: He argued that abortion and contraception were homicide.

He determined that excommunication should be the punishment for ending a pregnancy at any stage. Just three years later, Sixtus V's successor, Pope Gregory XIV, overturned the prohibition. The reason? He said that banning abortion and birth control did not align with the church's previous theological positions. Church history makes it clear that there is no longstanding basis for banning abortion.

What do theologians believe about abortion?

For almost all of church history, Catholic theologians have believed that the morality of abortion depends on how far along the pregnancy is. St. Augustine and St. Aquinas, two of the most honored and influential theologians of all time, both taught that the fetus did not have a soul at the moment of conception.

This idea, called delayed hominization, meant that abortion could not be murder before ensoulment had occurred. Therefore, abortion early in pregnancy was permissible. In this way, Catholic theologians placed a gestational limit on abortion much in the same way that many modern governments do.

Learn more about implantation after fertilization:

- Stephen S. Hall, “The Good Egg,” *Discover*, May 28, 2004.
 - UCSF Health, “Conception: How It Works,” www.ucsfhealth.org/education/conception-how-it-works#4
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Does life begin at conception, as the bishops claim?

Claiming that life begins at conception is scientifically inaccurate. Just because an egg is fertilized does not necessarily mean that it will develop into an embryo. For that to happen, the fertilized egg must be implanted into the endometrium that lines the uterus. Implantation can happen 6-10 days after fertilization, if it happens at all.

Scientists estimate that up to 80% of fertilized eggs fail to implant. This is one of the reasons that a person is not considered pregnant until the developing embryo successfully implants the lining of the uterus.

If the hierarchy wants to insist that life begins at conception, they must reckon with the fact that a significant percent of the time, pregnancy results in massive loss of fertilized eggs. The hierarchy argues that God is the author of all things in nature, what is known as “natural law.” If life begins at conception, why would God devise a natural process that in effect destroys so much life?

Immaculate Conception

The Immaculate Conception is the Catholic church's teaching that Mary was filled with divine grace from the time of her conception and lived her entire life free from sin. This was necessary for her to subsequently give birth to Jesus without tainting him with original sin.

The original understanding of the Immaculate Conception was that Mary remained a virgin and did not have sexual intercourse when Jesus was conceived. The theological notion that Mary herself experienced a lifetime of divinity was added later, distinguishing the Immaculate Conception from the Annunciation, in which the Angel Gabriel tells Mary that she would become pregnant.

The hierarchy's idealization of the Immaculate Conception furthers their agenda of stigmatizing abortion and controlling people's bodies. By associating Mary's holiness and purity with virginity, the church juxtaposes Mary against all other people in a way that inherently casts negative light on sex and pleasure.

Until recently in Christian history, men were regarded as being completely responsible for initiating a pregnancy. Women were basically considered akin to incubators, and their only role was to nurture the pregnancy until birth. The scientific discovery of the egg's role in conception challenged the church's teachings on sin, purity, and sex. Once they realized that Mary played a direct role in Jesus' conception, church leaders feared that Catholics might question whether Jesus was truly without sin.

Rather than declaring that Mary did not pass original sin onto Jesus at the time of his conception, the church determined that Mary herself was free from sin when she was conceived. Simultaneously, in recognizing Mary's direct role in Jesus' conception, the church began to wrestle with Mary's agency and its implications for the Annunciation. Many theologians have argued that Mary chose to become pregnant, because she offers her consent to the angel Gabriel in the Gospel of Luke, saying, "Here am I, the servant of the Lord; let it be with me according to your word" (1:38). Mary chose her pregnancy, just as all people should have the right to do.

By associating Mary's holiness and purity with virginity, the church juxtaposes Mary against all other people in a way that inherently casts negative light on sex and pleasure.

In recognizing Mary's direct role in Jesus' conception, the church began to wrestle with Mary's agency and its implications for the Annunciation.

Sex and Gender FAQs

What is the difference between sex and gender?

Sex is the label you're assigned at birth by a doctor based on physical characteristics such as the genitals you're born with and the chromosomes you have.

Most people are assigned either male or female at birth, but researchers estimate that up to 1.7% of the population is born with at least one physical trait that does not fit into the gender binary. These people may choose to identify as intersex. In this way, biological sex is more complex than many people assume.

Gender refers to the socially constructed understandings of masculinity and femininity that are defined by particular societies. This includes expectations around behavior, dress, societal roles, and communication. Virtually everyone is a unique blend of characteristics, defying a strict binary.

A person's gender identity can be the same or different from the characteristics traditionally corresponding with their sex assigned at birth. People whose gender identity is the same or in line with their assigned sex are called cisgender. People whose gender identity differs from their assigned sex may identify as transgender, nonbinary, genderqueer, Two-Spirit, agender, and/or gender-nonconforming.

What does the hierarchy have to say about sex and gender?

The Catholic hierarchy teaches that God created a binary system of male and female bodies that complement each other.

The hierarchy says that although women and men are equal in worth and dignity, their physical differences prove that God intends different roles for them in church, society, and the family. This system — known as complementarity — reinforces women's second-class status, oversimplifies the complexity of gender identity, and erases whole communities of people made in God's image.

Pope John Paul II was a particularly powerful proponent of gender complementarity. In his 1995 "Letter to Women," he wrote that a woman's deepest vocation is to serve and nurture others. In a feat of theological gymnastics, he argues that while lay women deserve equality, women's "feminine genius" is defined by their ability to serve God by getting married and having children.

This rationale leads John Paul II to praise women who "through heroic love for the child they have conceived, proceed with a pregnancy resulting from the injustice of rape," which implicitly shames survivors of sexual violence who choose to have an abortion.

Up to 1.7% of the population is born with at least one physical trait that does not fit into the gender binary

The idea that God wants pregnancy and motherhood to be women's most essential identity and purpose is not only outdated and simplistic, it profoundly limits women's potential in this world to gain access to education, healthcare, leadership, and authority. It creates a system where women and people of diverse genders can never be equal to men.

Gender complementarity betrays a concerning lack of understanding for the human experience of sexuality and how Catholics feel about it. It reduces human beings to their biological sex at the sacrifice of their personhood in body, soul, and spirit.

Can people of all gender identities become pregnant?

Yes! People of all genders can become pregnant. Throughout the Advocate's Bible, we use the term "pregnant people" to avoid gender-exclusionary language and to enhance accuracy. Transgender men, nonbinary people, gender fluid people, genderqueer people, and anyone else with a uterus and the right hormone levels could become pregnant.

Additionally, not all people who were assigned female at birth can — or want to — become pregnant. Assuming that "womanhood" correlates with "pregnancy" creates the kind of thinking that limits the roles of women and LGBTQIA+ people in the church and society. The Catholic hierarchy continues to perpetuate the idea that God created gender as a strict binary, which has led them to condemn transgender people. Catholics of all genders and sexualities have their own unique relationship to pregnancy.

Learn more about the difference between sex and gender:

- Planned Parenthood, "Sex and Gender Identity," www.plannedparenthood.org/learn/gender-identity/sex-gender-identity
- Catholics for Choice, "Gender Equity," www.catholicsforchoice.org/issues/gender-equity
- National Academies of Sciences, Engineering, and Medicine. *Understanding the Well-Being of LGBTQI+ Populations*. Washington, DC: The National Academies Press, 2020.

Learn more about gender complementarity:

- Jamie Manson, "To have a truly just church, Pope Francis must move beyond complementarity," *National Catholic Reporter*, May 6, 2015.
- Jamie Manson, "The Catholic Church's Reproductive Fight Is About Controlling Women's Freedom," *The New York Times*, May 27, 2021.

"All that we ask is to have what God gave to Mary: the choice of whether to be pregnant."

— Lola Guerra,
co-president, Católicas por
el Derecho a Decidir Mexico



The Bible Is Not Binary



When justifying transphobic views that rely on a gender binary, the hierarchy points to Genesis 1:27, “So God created humankind in his image, in the image of God he created them; male and female he created them.” They argue that the phrase “male and female” proves that God created humanity within a gender binary, and therefore that God ordained strict gender roles.

However, it is important to note that the original Hebrew calls humankind “male AND female” rather than “male OR female.” The word “and” suggests that humans can have both male and female characteristics rather than fitting into one of two categories.

Similarly, Genesis 5:2 says that after God created humankind “male and female,” God blessed them and named them “adam,” which is Hebrew for “the human” rather than “man,” as it is often translated. The word is derived from “adamah,” which means “earth” or “from the ground.” In this way, the creation stories in Genesis could suggest that the first human being was both male and female.

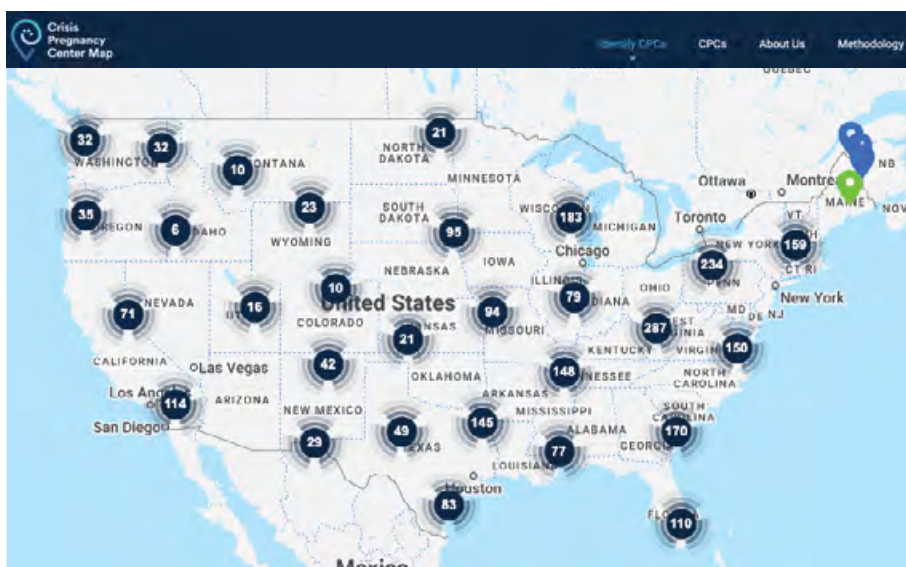
In this resource, we aim to describe the types of abortion available to those seeking care. Ultimately, only you can decide which is the best option for you. Catholics for Choice is not an abortion provider and cannot offer medical advice.

If you wish to consult a provider, visit the National Network of Abortion Funds at www.abortionfunds.org for tips on finding a good clinic and questions to ask to determine if the provider is the right fit for you. Because state laws and provider practices can differ, we have tried to provide a comprehensive overview of what an abortion can look like. Always consult your provider to learn exactly what it will look like for you.

If you are looking to make an appointment at a clinic, please take a moment to ensure that you are visiting a facility licensed to offer abortion care rather than an anti-abortion crisis pregnancy center, or CPC.

These fake clinics often pretend to offer abortion services or non-biased counseling, but they do not; instead, they bombard patients with false and misleading information to prevent them from accessing the care they need. There are no licensed medical professionals on the premises of most CPCs. They frequently rent buildings near real abortion clinics and copy their names and branding to trick people seeking care.

You can check if a CPC is masquerading as a clinic using the CPC map at www.crisispregnancycentermap.com



Types of Abortion Care

An induced abortion ends a pregnancy by removing the embryo or fetus from the uterus. Medication, procedural, and self-managed medication abortions are common and safe.

In the following pages, we've grouped some of the common techniques that abortion providers might use. We're separating these into categories for your understanding, but they are not necessarily separate procedures and doctors might use a combination of these methods to perform an abortion.

A. Medication Abortion, aka the Abortion Pill

Medication abortion accounts for more than half of all abortions in the United States. This process typically consists of using two medications (mifepristone and misoprostol) taken within 48 hours of each other to end a pregnancy. This method requires neither surgery nor anesthetic and can be completed anywhere. The medication prevents the pregnancy from progressing and causes uterine contractions to pass the pregnancy. Symptoms include cramping and bleeding. In most states, the abortion pill can only legally be prescribed up to 10 weeks after the first day of your last period.

Steps of a Medication Abortion

1. First, you will meet with a counselor either online or in person to go over your options and make sure that you're making the right decision for you. Depending on the regulations in your state, this counseling session may or may not happen the same day that you take the initial medication.

- i. Some states are particularly committed to restricting access to abortion care. In 2021, Arizona, Indiana, Montana, Ohio, and Oklahoma passed legislation requiring abortion pills be dispensed in person, effectively banning telemedicine for abortion care.

Additionally, Arkansas, Indiana, Louisiana, Montana, South Dakota, West Virginia, and Oklahoma enacted nefarious "abortion reversal" laws that require providers lie to their patients and tell them that one can "reverse" an abortion after taking the first of two pills in the medication abortion regimen.

2. At the clinic, you may need to take a pregnancy test.
3. Then you will be prescribed mifepristone (also known as Korlym, Mifeprex, or RU-486) which blocks progesterone hormones to stop the pregnancy from continuing to grow. Some states are passing legislation to obstruct access to mifepristone. Go to [***www.guttmacher.org/state-policy/explore/medication-abortion***](http://www.guttmacher.org/state-policy/explore/medication-abortion) to check the laws in your state.

- i. Although the combination of mifepristone and misoprostol is most common, your doctor may prescribe you only mifepristone or only misoprostol, both of which are safe and effective on their own.
4. Sometime in the next 24-48 hours, you'll take misoprostol (also known as brand name Cytotec), the second pill in the medication abortion regimen that will cause acute cramping and bleeding. The cramping will last anywhere from a few hours to a day. For most people, it lasts four to five hours. During this time, you can rest, use any prescribed medication, and manage your pain similarly to the way you handle your periods.
5. There are various ways to confirm that the abortion is complete, including an at-home pregnancy test or a follow-up appointment and clinical assessment, which is recommended by the Food and Drug Administration 7-14 days after taking mifepristone and required by some states. Ultrasounds are rarely used for this purpose. You may feel tired for a few days after taking misoprostol, but for the most part, people can return to their usual everyday activities after a day or two.

A procedural in-clinic abortion is not a surgery, because it does not involve any incision. Instead, it makes use of the body's natural way of expelling pregnancy through the cervix.

B. Procedural Abortion, aka In-Clinic Abortion

This procedure involves a doctor using suction to empty the uterus. In-clinic abortions can be performed at any time in the first and second trimesters.

- The **vacuum or suction aspiration** method, the most common kind of in-clinic abortion, can be used up to about 14 weeks of pregnancy. This type of abortion takes about 5 to 10 minutes, and most patients go home after a 30-minute rest and observation period. It is sometimes referred to as a dilation and curettage, or D&C, abortion, but medical professionals are moving away from this language because this procedure no longer uses a curette as the medical instrument to perform this abortion.
- **Dilatation and evacuation (D&E)** is the most common method of second trimester abortion, typically used after 14 weeks of pregnancy. It involves dilating the cervix and then inserting forceps into the uterus via the vagina and using them to remove the pregnancy. This usually involves sedation or anesthetic. The whole process takes about 10-20 minutes, and most patients are usually able to go home a few hours later.
- It is important to note that a procedural in-clinic abortion is not a surgery, because it does not involve any incision. Instead, it makes use of the body's natural way of expelling pregnancy through the cervix. Abortion is extremely safe, fast, and normal.

Steps of an In-Clinic Aspiration Abortion

1. First, you will meet with a counselor either online or in person to go over your options and make sure that you're making the right decision for you. Depending on the regulations in your state, this counseling session may or may not happen on the same day that you have the abortion, or you may be forced to delay your procedure due to a mandatory 24-, 48-, or even 72-hour waiting period.
2. At the clinic, again dependent upon where you live, you may need to take a pregnancy test or have an ultrasound. This might happen the day of your procedure or a few days before it.
3. Depending on the date since your last missed period, the physician may also use a laminaria to open your cervix before the procedure. Laminaria is a small stick made of seaweed that slowly expands over time. If the physician decides it is safest to use laminaria, you may need to wait several hours in the clinic for it to work or come into the clinic the day before the procedure to have the laminaria inserted and go home while it expands.
4. On the day of the procedure, you will come to the clinic. Some clinics will offer sedation or anesthesia, but most offer IV sedation that will manage pain and may make you feel sleepy. If you are interested in IV sedation, the clinic staff will place your IV. Most in-clinic abortions happen while you are awake, with support of the staff.
5. Once you are in the procedure room, you will lay down on the gynecological table just like if you were having a pap smear or other gynecological exam.
6. The physician will perform a bimanual exam to feel the size and shape of your uterus and then use a speculum to open your vagina and better see your cervix.
7. Then, the physician will spread antiseptic on your cervix to help prevent infection.
8. Next, you will feel cramping or another sensation in your cervix as the physician injects numbing medicine.
9. If you haven't been given laminaria, the physician will insert small rods into your cervix to help widen or dilate it.
10. Next, the physician will slide a plastic tube into your cervix that will be connected to suction to empty the uterus. They might use a hand-held device or a vacuum machine. Depending on the date from your last period, the physician may use a few small medical instruments to remove any uterine contents and make sure that the uterus is empty.
11. After the procedure, clinic staff will guide you to a recovery room where you can rest from 15 minutes to an hour.

Self-Managed Medication Abortion

Self-managed abortion refers to the act of ending one's own pregnancy rather than having an abortion in a clinical setting. Historically, people have used many methods to end their pregnancies.

Today the safest and most effective method of self-managed abortion is taking mifepristone and/or misoprostol pills. This means that self-managed medication abortion can look and feel very similar to a medication abortion, but you do not need to go to a physical clinic.

People choose to self manage for a variety of reasons, including fear or distrust of the traditional medical system, local abortion restrictions, societal stigma, and personal preference. In places where abortion is illegal, self-managed medication abortion is the only method available, and it can be used to safely end a pregnancy.

Self-managed medication abortion is also a common method in places where abortion is legal on paper but inaccessible in practice, especially for people who don't hold certain privileges or privileged identities.

A 2020 survey estimated that 7% of women in the United States will use self-managed abortion in their lives. The same study found that 1 in 5 people had tried to self manage abortion because of difficulties finding an accessible provider in their area. Barriers to accessing abortion are likely the reason that Black and Hispanic people are more likely to use self-managed abortion.

Because misoprostol is technically an ulcer medication that happens to induce abortion, it can be relatively accessible in certain countries. Taking misoprostol alone to end a pregnancy is safe and effective.

In 2021, the Food and Drug Administration determined that mifepristone did not need to be dispensed by a physician in person, making abortion by mail more accessible in the United States.

When talking about self-managed abortion, avoid phrases such as “coat-hanger,” “back-alley,” “underground,” or “clandestine” abortion, as these phrases stigmatize and misrepresent self-managed abortion. A 2022 study found self-managed abortion with the abortion pill to be just as safe and effective as clinician-managed medication abortion.

Learn more about self-managed abortion:

- Heidi Moseson et al., “Effectiveness of self-managed medication abortion with accompaniment support in Argentina and Nigeria (SAFE),” *The Lancet* 10, no. 1 (January 2022): e105-e113.
- Guttmacher Institute, “Self-Managed Medication Abortion: Expanding the Available Options for U.S. Abortion Care,” October 17, 2018.
- The American College of Obstetricians and Gynecologists, “Understanding the Practical Implications of the FDA’s December 2021 Mifepristone REMS Decision,” March 28, 2022.
- Lauren Ralph et al., “Prevalence of Self-Managed Abortion Among Women of Reproductive Age in the United States,” *JAMA Network Open* 3, no. 12 (2020): e2029245.

Resources for obtaining abortion pills and support:

- AidAccess, www.aidaccess.org
 - Plan C, www.plancpills.org
 - Self-Managed Abortion; Safe & Supported (SASS), www.abortionpillinfo.org
 - Miscarriage + Abortion Hotline, www.mahotline.org (Make sure you also check out their fact sheet “How to Use Abortion Pills.”)
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C. Later Abortion

Sometimes, due to medical anomaly, extreme health risk to the pregnant person, or other reasons, a later abortion is determined to be medically necessary.

- Anti-abortion politicians have become fixated on what they call a “partial-birth abortion,” which is a nonmedical term created to stigmatize abortion later in pregnancy. In reality, there is no such thing as a “partial-birth abortion.”
- In these cases, the physician injects the fetus with medication that stops cardiac activity and induces labor. People may refer to this as a stillbirth or miscarriage, or as an abortion. Because it is technically a termination, Catholic hospitals will not provide this procedure.
- **Intact Dilation and Extraction (D&X)** is a medical method to end a pregnancy when medication abortion, aspiration abortion, or D&E is not possible. In a D&X procedure, physicians inject the fetus with medication that stops cardiac activity, and then dilate the cervix. After dilation, the physicians use suction and forceps to remove the fetus. D&X abortions are procedures done later in pregnancy after around 20 weeks.
- Later abortion can bring up a lot of feelings. It is our job as pro-choice Catholics to trust a pregnant person and their doctor to make the right medical decisions for them.

What Abortion Is — and Is Not

Abortion IS:

- A moral choice
- Reproductive healthcare
- Common — 1 in 4 people who can become pregnant will have an abortion before the age of 45
- Common among parents — more than half of people who have an abortion already have children
- Lifesaving care
- Safer than pregnancy or childbirth
- Safer than getting your wisdom teeth removed
- A personal decision
- Accepted, and in some cases required, by many religions
- Most accessible for privileged, white, and wealthy people

Abortion is NOT:

- Sinful
- Shameful
- Immoral
- Irresponsible
- Violent
- Dangerous
- Emotionally or psychologically harmful
- Available “up until the moment of birth”
- The same as Plan B
- Birth control
- Discussed in the Bible, let alone prohibited!
- Racist — but abortion bans are!
- Punishment
- Available “on demand”

Abortion FAQs

Why does abortion exist?

Abortion exists because people need abortions. This need will never go away. Sometimes pregnancy happens at a time that is not right, sometimes a pregnancy makes someone very sick, and sometimes a pregnancy is the result of an unsafe relationship or a traumatic event. Sometimes there is something tragically wrong in the pregnancy. There are endless reasons why someone may need to end their pregnancy. This always has been and always will be the case.

To read stories about why people need abortion access, visit [*wetestify.org*](http://wetestify.org) and [*shoutyourabortion.com*](http://shoutyourabortion.com)

Do Catholics really have abortions?

Yes! According to the Guttmacher Institute, 1 in 4 abortion patients in the U.S. is Catholic. In fact, Catholics have the highest rate of abortions among all Christian denominations. Even though having an abortion is stigmatized, Catholics will always need access to reproductive care.

Are abortions rare?

No! Ending a pregnancy is a common conscience-based decision that millions of people make and have been making for millennia. The Guttmacher Institute found that in the U.S., 1 in 4 people who can become pregnant will have an abortion by the time they are 45. That means that everyone knows — and loves — someone who has had an abortion.

Are abortions safe?

Absolutely. Studies consistently show that procedural abortions are incredibly safe, with up to 99.9% of procedures taking place without major complications. Medication abortion, including self-managed medication abortions, also are safe, with serious complications taking place in less than 0.4% of abortions.

Learn more about abortion safety:

- Ipas, “Safety and Effectiveness,” January 28, 2021.
 - Guttmacher Institute, “Medication Abortion,” February 2021.
-

Learn more about the difference between abortifacients and contraception:

- Jamie Manson, “What an abortifacient is — and what it isn’t,” *National Catholic Reporter*, February 20, 2012.
-

Abortions are incredibly safe, with up to 99.9% of procedures taking place without major complication.

What is an abortifacient?

An abortifacient is, by definition, a substance that ends a pregnancy. Because pregnancy does not begin with fertilization, a fertilized embryo must have already implanted on the uterine wall for an abortion to occur. Contraception and abortion are not the same — contraception prevents pregnancies, whereas abortion terminates them.

Mifepristone is the only drug currently approved to induce abortion. It is not an FDA-approved form of contraception — it's in an entirely different category. It is available only by prescription, and no U.S. employer is ever forced to pay for it through an employee health plan.

Contraceptives and birth control methods such as pills, patches, injections, and emergency contraception like Plan B are not abortifacients because they cannot expel an implanted embryo and therefore cannot end a pregnancy. IUDs also cause neither miscarriage nor abortion.

All these methods work to prevent pregnancy by preventing ovulation and/or fertilization. Some IUDs release a synthetic version of the hormone progesterone called progestin, which thickens cervical mucus, making more difficult for sperm to enter the uterus.

Are all pregnancies that end in abortion unwanted?

No. Sometimes people are happy they became pregnant even when they weren't expecting to. Other times, people find themselves needing to end a planned pregnancy. According to

data from the Guttmacher Institute, approximately half of all pregnancies in the U.S. are “unintended.” Of these, a little less than half end in abortion each year.

Having an abortion does not mean that you do not want children or want to experience parenthood in the future. In fact, the Guttmacher Institute also found that 6 out of 10 people who get abortions are already parents. Having an abortion only means that, at that particular moment in your life, continuing a pregnancy is not the right decision for you and your family.

Not all pregnancies fall into either category of “wanted” or “unwanted.” People might choose abortion because they cannot financially support a child or because their physician has told them that the fetus would not survive.

Some people who might otherwise want to carry a pregnancy to term may experience complications with their pregnancies, making abortion necessary to protect their own health and lives. Other people might feel ambivalent about the pregnancy and unsure of whether they consider it planned or unplanned.

Abortion is a central part of family planning, and access to it is a basic principle of reproductive autonomy.

When does the typical abortion happen?

According to the Centers for Disease Control and Prevention, most abortions (88%) are obtained in the first trimester of pregnancy. More than half (65%) of all abortions are obtained within the first eight weeks of pregnancy.

Abortion: Just the Facts

1 in 4

people in the U.S. who can get pregnant will have an abortion by age 45.

Worldwide, an estimated

1 in 4

pregnancies end in an abortion every year.

88%

of abortions happen in the first trimester of pregnancy.

6 out of 10

people who have abortions are already parents.

1 in 4

abortion patients is Catholic.

Less than 2%

of abortions occur at 21 weeks or later.

More than 1/3

of abortions occurring at 8 weeks gestation or less are medication abortions.

65.4%

of abortions are obtained within the first 8 weeks of pregnancy.

Over the last 25 years,

nearly 50

countries have changed their laws to allow for greater access to abortion.

Do people really change their minds and have abortions up until the moment of birth?

No. The idea that people have abortions up until the moment of birth is a sensationalized talking point anti-abortion pundits use to shock their audience. It is a rhetorical ploy repeated to scare, shame, and stigmatize people seeking abortion, particularly those who have to have an abortion later in pregnancy.

The truth is that less than 2% of abortions occur at 21 weeks or later. Most of these are pregnancies in which tragic complications arose. Some people have no choice but to obtain their abortions later in pregnancy because abortion restrictions drew out the process by allowing them to access care only after they jumped through their state's onerous legal hoops.

Eliminating restrictions allows individuals to better access the care they need when they need it. It is never OK to shame someone for having an abortion, but shaming people whose circumstances forced them into having a more expensive, stigmatized, and involved procedure is particularly disgraceful.

What do I do if I am pregnant and don't want to be?

There are so many incredible hotlines, organizations, and clinics that can support you.

Visit [**www.sharesafeabortion.info**](http://www.sharesafeabortion.info) for information and resources to access the care you need.

Sources:

- Centers for Disease Control and Prevention. "Abortion Surveillance — United States, 2016." November 29, 2019.
 - Center for Reproductive Rights. "The World's Abortion Laws." www.reproductiverights.org/maps/worlds-abortion-laws
 - Guttmacher Institute. "Characteristics of U.S. Abortion Patients in 2014 and Changes Since 2008." May 2016.
 - Guttmacher Institute. "Induced Abortion in the United States," September 2019.
 - Guttmacher Institute. "Population Group Abortion Rates and Lifetime Incidence of Abortion: United States, 2009-2014." October 2017.
 - Guttmacher Institute. "Unintended Pregnancy and Abortion Worldwide." March 2022.
 - Planned Parenthood. "Abortion After the First Trimester in the United States." February 2014.
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**DOCTORS
NOT
DOCTRINE**

CATHOLIC
CH

ABORTION
IS
MY
CIVIL
RIGHT

Abortion Bans and Restrictions

Abortion access is under threat across the country. Since the *Roe v. Wade* decision in 1973, states have enacted more than 1,300 abortion restrictions, including more than 500 in the last decade alone. These dangerous policies limit who can provide care, force medical professionals to perform unnecessary services and deliver inaccurate counseling, mandate waiting periods, and enforce parental interference with personal decisions — all intended to delay or block access to healthcare. Now without the bare minimum protections of *Roe v. Wade*, the state of abortion access is dire.

Despite the outlandish claims of anti-abortion politicians, these oppressive laws neither protect life nor help pregnant people who need or want abortion care. Instead, they are blatantly designed to undermine long-held constitutional rights, to single out abortion for regulation that does not apply to similar medical care, and to stifle moral and bodily autonomy.

The most important aspect of understanding abortion bans isn't the numbers: It's the impact these obstacles have on the lives of women and pregnant people, as well as their children and families. A landmark study illustrates the profound and pervasive suffering caused when abortion cannot be accessed. It also demonstrates how access to abortion care has led to the flourishing of countless lives.

The Harms of Denying a Wanted Abortion: Findings from the Turnaway Study

In 2020, scholar Diana Greene Foster published “The Turnaway Study: Ten Years, a Thousand Women, and the Consequences of Having—Or Being Denied—An Abortion.” The book presented the findings of her unprecedented, 10-year study of women* who had abortions and those who had been refused abortion care.

The Turnaway Study included 1,000 women from clinics in 21 states, who closely resemble the population seeking abortions in the United States as a whole. Women who received abortions and women who were denied abortions were similar at the time they sought care. Their lives later diverged in ways that were directly attributable to whether they received an abortion. A testament to how well the study was designed and its scope, the Turnaway Study has produced 50 peer-reviewed papers in top medical and social science journals.

The findings demonstrated that women experience harm from being denied a wanted abortion. These findings have far-reaching implications for lawmakers, judges, and health agencies as they consider policies that impact abortion access.

Let’s hear directly from the researchers themselves about how abortion refusals impact women:

*Note: This section uses gendered language to reflect the way that the study defined its participants. Women are not the only people who can become pregnant and experience the effects of abortion denial.

Denying a woman an abortion creates economic hardship and insecurity that lasts years.

Women who were turned away and went on to give birth experienced an increase in household poverty lasting at least four years relative to those who received an abortion. Years after an abortion denial, these women were more likely to not have enough money to cover basic living expenses like food, housing, and transportation.

Being denied an abortion lowered a woman’s credit score, increased a woman’s amount of debt, and increased the number of their negative public financial records, such as bankruptcies and evictions.

Women turned away from getting an abortion are more likely to stay in contact with a violent partner than those who receive care. They are also more likely to raise the resulting child alone.

Physical violence from the man involved in the pregnancy decreased for women who received abortions, but not for the women who were denied abortions and gave birth. Five years later, women denied abortions were more likely to be raising children alone — without family members or male partners — compared to women who received an abortion.

“Trust women.”

— George Tiller,
abortion provider killed by an
anti-abortion extremist in 2009

The financial well-being and development of children is negatively impacted when their mothers are denied abortion.

The children whom women already have at the time they seek abortions show worse child development when their mother is denied an abortion compared to the children of women who receive one.

Children born as a result of abortion denial are more likely to live below the federal poverty level than children born from a subsequent pregnancy to women who received the abortion.

Carrying an unwanted pregnancy to term is associated with poorer maternal bonding, such as feeling trapped or resenting the baby, with the child born after abortion denial, compared to the next child born to a woman who received an abortion.

Giving birth is connected to more serious health problems than having an abortion.

Women who were denied an abortion and gave birth reported more life-threatening complications like eclampsia and postpartum hemorrhage compared to those who received wanted abortions.

Women who were denied an abortion and gave birth instead reported more chronic headaches or migraines, joint pain, and gestational hypertension compared to those who had an abortion.

The higher risks of childbirth were tragically demonstrated in this study by two women who were denied abortions and died following delivery. No women died from an abortion.

The main takeaway of the Turnaway Study is that women who receive a wanted abortion are more financially stable, set more ambitious goals, raise children under more stable conditions, and are more likely to have a wanted child later.

Learn more about the Turnaway Study:

- ANRISH, “The Turnaway Study,” www.ansirh.org/research/ongoing/turnaway-study
 - Diana Greene Foster, *The Turnaway Study: Ten Years, a Thousand Women, and the Consequences of Having—or Being Denied—an Abortion* (New York: Scribner, 2020).
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Tactics for Banning Abortion

Type	Examples
Total Abortion Bans Policies that outlaw all or nearly all abortion care but are not currently in effect due to the protections of the Supreme Court's 1973 decision in Roe v. Wade.	Pre-Roe Ban Policies passed before Roe that could take effect if this landmark ruling is overturned.
	Trigger Ban Policies passed after Roe designed to take effect if/when the Supreme Court limits or overturns this decision.
Gestational Bans Policies that outlaw abortion care based on the gestational age of the fetus (measured either from the last menstrual period or from fertilization).	Bans on abortion care at 6, 8, 12, 15, 18, 20, 22, or 24 weeks from the last menstrual period, or bans based on fetal viability at 24-28 weeks from the last menstrual period.
Method Bans Policies that outlaw specific abortion procedures or methods of care.	D&X and D&E bans. <i>See "Human Reproduction and Abortion" on page 75 for more information.</i>
Reason Bans Policies that outlaw abortion based on the reason the person is seeking or potentially seeking care.	Bans on abortion care supposedly sought based on fetal sex, race, or genetic anomaly.
Criminalization of Self-Managed Abortion A wide range of policies that enact criminal penalties (including jail time) on those inducing their own abortions or seeking care outside clinical settings.	Policies explicitly banning self-managed abortion, criminalizing harm to fetuses or failure to report an abortion to a coroner, and criminal abortion bans.

Type	Examples
Domestic Funding Bans & Restrictions Policies that limit the use of family planning funding or that restrict public or private insurance plans from covering abortion, often making care too expensive to access.	Hyde Amendment Prohibits coverage of abortion care for those enrolled in federal health plans and programs. Since first passed in 1976, Hyde and related bans have expanded to deny coverage to those enrolled in Medicare and Medicaid; Indigenous people; military personnel; Peace Corps volunteers; federal employees; Washington, D.C., residents; and those in immigration detention facilities and prisons. <i>See “Advocating for Federal Policy Solutions” on page 155 for more information.</i>
	State Family Planning Funding Restrictions Prohibit abortion providers and their affiliates from receiving family planning funds. Some policies are broader and apply to those who counsel and refer their patients to abortion care but do not actually provide this care themselves. <i>See “Advocating for Federal Policy Solutions” on page 155 for more information.</i>
Global Funding Bans & Restrictions Policies that outlaw the use of U.S. funds to share information about, refer patients for, advocate for, or provide abortion services for patients around the world. Ultimately, these policies reduce the availability of safe and legal abortion, deny providers lifesaving equipment and training, and censor critical health information.	Global Gag Rule Prohibits foreign nonprofit organizations that receive U.S. global health assistance funding from providing information, referrals, or services for legal abortion. This policy bars doctors from providing their patients with accurate and comprehensive information about their health. Under this policy, they also cannot advocate for abortion access in their country — even with their own money — if they want to maintain U.S. funding. <i>See “Advocating for Federal Policy Solutions” on page 155 for more information.</i>
	Helms Amendment Prohibits the use of U.S. foreign assistance funds to pay for abortion provision “as a method of family planning.” Helms has been implemented as a complete ban on U.S. funding for all abortion services, even in circumstances of rape, incest, or risk to the life of the pregnant person. <i>See “Advocating for Federal Policy Solutions” on page 155 for more information.</i>

Type	Examples
Targeted Regulation of Abortion Providers, known as TRAP Laws Medically unnecessary requirements designed to shut down abortion clinics and make it more difficult for people to access care.	Facility Requirements Policies regulating the physical location where abortion services are provided — including unimportant restrictions like hallway measurements and clinic lighting — often mandating compliance with licensing standards comparable or equivalent to ambulatory surgical centers. These requirements may force providers to relocate or reconstruct their space, which is costly and diverts resources from patients seeking care. Some states also require all abortions to be performed in a hospital after a certain point in pregnancy.
	Provider Requirements Policies regulating who can provide abortion services, restricting care to only licensed physicians and/or specifying additional qualifications including hospital admitting privileges, advanced training and experience, or OB-GYN certification. Some states also require the involvement of a second physician after a certain point in pregnancy. These requirements exclude many qualified healthcare professionals — especially those offering more culturally-competent care — from providing and being fairly compensated for providing abortion services. They are completely unwarranted given the safety of abortion care.
	Reporting Requirements Policies that require providers to report information, including a patient’s reason for seeking abortion care, often in an overly burdensome or time-consuming manner.

Type	Examples
Parental Involvement Policies that specifically target young peoples' access to abortion care by compromising their individual decision-making and privacy.	Parental Consent Policies that require one or both parents of a minor patient to provide express consent, usually 24 to 48 hours before an abortion.
	Parental Notification Policies that require one or both parents of a minor patient to be notified, usually 24 to 48 hours before an abortion.
	Judicial Bypass Policies allowing for a legal procedure enabling a minor to receive court approval for an abortion without parental notification or consent. These systems are far better than the absolutist notion that parents must consent or be notified in cases of young people accessing reproductive healthcare, but they are burdensome and complex, and still fall far short of the values of compassion, dignity, and justice that Catholics strive to live by.
Biased Counseling Requirements Policies that force providers to share misleading and inaccurate information with patients before an abortion under the guise of obtaining informed consent.	Policies requiring providers to give their patients false information about physical and mental health consequences of abortion care. Examples include incorrect claims that abortion causes breast cancer, references to so-called "abortion reversals" that purport to halt the effects of medication abortion, and unfounded claims about fetal pain.
Mandatory Waiting Periods Policies mandating that patients wait a specified time period between initial counseling and having an abortion.	Policies requiring 24-, 48-, or 72-hour waiting periods.

Type	Examples
Mandatory Ultrasounds Policies designed to dissuade people from having abortions by forcing providers to perform ultrasounds, a largely unnecessary exercise that adds significantly to the costs of the procedure.	Policies requiring providers to give patients information on accessing ultrasounds services or to perform an ultrasound on each person seeking an abortion. Some states force providers to show and describe the image while others mandate that patients be offered the opportunity to view it.
Medication Abortion Bans & Restrictions Policies that limit how abortion pills can be administered and prescribed.	Policies requiring licensed physicians to provide, prohibiting use of telemedicine to prescribe, or banning medication abortion care altogether.
Religious Refusals Policies that sanction healthcare professionals' refusal or denial of abortion or other reproductive healthcare services based on their personal "moral" or religious values.	Policies that allow anyone involved in the provision of essential healthcare — insurance companies, hospital boards of directors, pharmacists, physicians, or receptionists who schedule appointments — to use their religious beliefs as weapons to refuse patients access to the services they want and need. For instance, in Catholic healthcare facilities, which treat 1 in 6 patients in the U.S., there is no access to abortion even in cases of rape or incest. Catholic hospitals also refuse to provide contraception. Most often, religious refusals do not simply delay care but entirely block patients from receiving that care, jeopardizing their well-being, health, and lives.
Personhood Measures Policies that bestow legal personhood on fertilized eggs, zygotes, embryos, and fetuses.	Policies defining conception as the beginning of life — which are neither based in science nor consistent with popular belief — and classifying fetuses as people with full legal rights and constitutional protections. These dangerous measures can be used to restrict and criminalize abortion and can block access to birth control, fertility treatment, and miscarriage management care.

Learn more about types of abortion bans:

- PAI, “What Is the Global Gag Rule?” www.globalgagrule.org
 - KFF, “The Helms Amendment and Abortion Laws in Countries Receiving U.S. Global Health Assistance,” January 18, 2022.
 - Catholics for Choice, “Parental Involvement,” May 19, 2021.
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Learn more about reproductive care in Catholic hospitals:

- American Civil Liberties Union, *Health Care Denied: Patients and Physicians Speak Out About Catholic Hospitals and the Threat to Women’s Health and Lives*, May 2016.
 - Lori Freedman, “Bishops in the Exam Room: The ERDs and Catholic Healthcare,” *Conscience*, November 4, 2021.
 - Amy Littlefield, “Abandoned: Stories of Catholic Healthcare Refusals,” *Conscience*, November 4, 2021.
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“Doctors are required to take the Hippocratic Oath, committing themselves to uphold ethical standards of medicine and affirming that
‘Above all, [they] must not play at God.’

But bishops need not adhere to any such promise, and as a result, **religious doctrine has crippled the standard of care in Catholic healthcare** facilities for decades. Acting as both authors and interpreters of the [Ethical and Religious] Directives, bishops are given the final say in patient care within these institutions—giving them veto power over the medical expertise of healthcare providers.

In these facilities, women have no access to abortion, modern contraception (including sterilization) or in vitro fertilization, and providers may not defer to their patients’ advanced medical directives.”

— Kate Parke, *Conscience*, April 2017

Are laws that restrict abortion access dangerous?

Limiting access to abortion is very dangerous and puts patient health, well-being, and lives at stake. Every day, laws and stigma block many pregnant people from accessing the care they need. As a result, the World Health Organization estimates that 25 million unsafe abortions take place each year, most of them in countries in Asia, Latin America, and Africa where abortion is illegal. Unsafe abortions are the third leading cause of maternal deaths worldwide — and most of these deaths are preventable.

Who do anti-choice laws and attitudes hurt most?

The people hurt most by abortion restrictions are those who already face discriminatory barriers to accessing healthcare, including Black people, Indigenous people, and people of color; women; those working to make ends meet; members of the LGBTQIA+ community; immigrants; young people; those living in rural communities; and people with disabilities.

Abortion restrictions are part of the intertwined systems of oppression that deny people access to constitutional rights and are inherently rooted in white supremacy and anti-Black racism.

These sinful structures of systemic racism, gender inequality, economic insecurity, and immigration restriction are antithetical to our Catholic tradition and to the principles of equality, liberty, and justice that our nation was founded upon.

“Unsafe abortion, sadly, is a disease of the poor.”

— Callie Odula-Obonyo,
Kenyan OB-GYN

When talking about accessing abortion care, avoid phrases such as “underground railroad” that compare abortion access to slavery. The idea that fighting against abortion rights is similar to the abolitionist cause is intentionally perpetuated by our opposition to distract from their true roots in white supremacy and Christian nationalism.

This rhetoric is harmful and offensive as it ignores the brutal history of reproductive coercion in slavery and trivializes the need for individual autonomy, especially for people of color.

Can’t pregnant people in communities with abortion restrictions just go somewhere else to have abortions?

Our Catholic social justice values call us to advocate for ourselves and for all our neighbors, especially the most marginalized. Many people have no means to travel to get abortions or access private care.

The Guttmacher Institute’s statistics show that half of abortion patients in the United States live below the federal poverty level and nearly 6 in 10 abortion patients are already parents.

To get the care they need, people may need to take days off work in addition to paying for childcare, travel, and lodging. For many, these barriers to care are virtually insurmountable and make abortion impossible to access.

Abortion restrictions impact large swaths of the U.S. population and continue to multiply. According to the Guttmacher Institute, 89% of U.S. counties do not have a single abortion provider, and many barriers to self-managed medication abortion exist despite abundant data that it is safe and effective.

In 2019, 58% of Americans who could get pregnant lived in states that were considered hostile to abortion rights, compared to 35% who lived in states that were supportive of abortion rights.

This situation will only worsen without Roe's constitutional protections: 26 states could move to ban abortion, jeopardizing access for nearly half the country — 36 million women of reproductive age, plus trans men, nonbinary people, and folks of other genders. Ultimately, because of abortion bans and restrictions, our reproductive futures are dictated by who we are, where we live, and how much money we make.

Can't people just order an abortion pill in the mail?

While self-managed abortions and medication abortions potentially offer patients a more private experience and are highly effective and safe, they too, like their surgical counterparts, are unnecessarily restricted and stigmatized. For example, mifepristone and misoprostol are only prescribed up to about 10 weeks into pregnancy.

What's more, in general, it is currently illegal for individuals to import any drug to the U.S. through the mail for personal use because they have not been approved by the Food and Drug Administration for use and sale in this country.

That said, medication abortions might not be the best fit for some people — the process takes multiple days and may be harder to conceal from others in your household. People deserve the right to freely choose the abortion method that works best for them.

If you need information about accessing abortion pills, head to ***www.sharesafeabortion.info***.

Learn more about the landscape of abortion bans in the U.S.:

- Guttmacher Institute, "Characteristics of U.S. Abortion Patients in 2014 and Changes Since 2008," May 2016.
 - Guttmacher Institute, "Abortion Incidence and Service Availability in the United States, 2017," September 2019.
 - Guttmacher Institute, "State Abortion Policy Landscape: From Hostile to Supportive," August 2019.
 - Guttmacher Institute, "26 States Are Certain or Likely to Ban Abortion Without Roe: Here's Which Ones and Why," October 2021.
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How do abortion restrictions impact abortion care providers?

All medical providers must adhere to the Hippocratic Oath, which requires them to care for their patients to the best of their ability and prohibits them from causing harm to those seeking care. Abortion restrictions that force providers to perform unnecessary tests or to share inaccurate and misleading information with their patients compromise both their right to free speech and their ethical responsibility to those they care for.

What's more, providers constantly face threats of violence, harassment, vandalism, and intimidation from anti-abortion extremists. This has only escalated over time, taking the form of clinic arson, bombings, and the use of butyric acid to deface clinics and anthrax letters to threaten staff.

Providers have even been attacked in their own homes or churches, ultimately resulting in 11 murders and 26 attempted murders since 1993. Following the murder of Dr. David Gunn, Congress enacted the Freedom of Access to Clinic Entrances Act, also known as the FACE Act, in 1994, imposing criminal and civil penalties for using force, threats, or physical obstructions to prevent the provision of or access to abortion.

While this federal action alongside local and state clinic buffer zones that restrict the proximity of anti-abortion protesters to clinics have proven effective, the violence has continued. For instance, Dr. George Tiller, who owned and operated Women's Health Care Services clinic in Wichita, Kansas, was shot and killed while serving as an usher during Sunday morning service at Reformation Lutheran Church in 2009.

As Catholics, we know that doctors should be able to do their jobs free from harm, punishment, shame, and obstacles. Many doctors, medical students, and other healthcare professionals feel called to provide abortion care not only because it is ethically necessary to fulfill their professional oath but also because of a commitment to social justice that is grounded in their faith.

One crucial way to destigmatize abortion care is to spotlight providers whose religious convictions compel them to provide reproductive health services. By sharing the stories of these providers (or speaking out if you are one), we can push back against restrictions such as conscience clauses that claim to protect religious freedom.

In addition to doctors, we also must honor pro-choice hotline workers, the people who sell and deliver medical supplies, the custodians who clean at the end of the day, the nurses

Providing reproductive healthcare is an act of devotion to patients that respects life and dignity.

and counselors in clinics, the administrative workers who schedule appointments, and all the other people who show up to work every day to provide abortion.

Their pledge to follow their own consciences and respect a pregnant person's right to do the same transcends ideological battles and breaks taboos around abortion care. Their work and witness testify to the fact that providing reproductive healthcare is an act of devotion to patients that respects life and dignity.

Will banning abortions eradicate them?

No. People who need abortions will do what is necessary to obtain that care. Choosing whether to terminate a pregnancy is a morally complex decision, not a small matter of personal preference. If a person decides, based on their conscience, that abortion is right for them, they will not simply take "no" for an answer and move on to carry their pregnancy to term, have a child, and live happily ever after. Abortion has existed for all of human history. It will not go away — the only question is whether it will be safe and accessible for those who seek it.

Sources

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 - Guttmacher Institute. "U.S. states have enacted 1,336 abortion restrictions since Roe v. Wade was decided in 1973," October 1, 2021.
 - Matthiesen, Sara. "Abortion Is Not a 'Choice' Without Racial Justice." *Boston Review*, January 25, 2022.
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 - Planned Parenthood. "Federal and State Bans and Restrictions on Abortion." www.plannedparenthoodaction.org/issues/abortion/federal-and-state-bans-and-restrictions-abortion
 - Planned Parenthood. "Personal Stories: How Bans on Abortion Later in Pregnancy Hurt People." www.plannedparenthoodaction.org/issues/abortion/federal-and-state-bans-and-restrictions-abortion/20-week-bans/personal-stories-reveal-how-20-week-abortion-bans-would-hurt-wom
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 - World Health Organization. "Worldwide, an estimated 25 million unsafe abortions occur each year," September 28, 2017.
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EQUAL JUSTICE UNDER LAW

#Abortion

Abortion on Trial at the U.S. Supreme Court

The Supreme Court of the United States, which addresses cases arising under the U.S. Constitution and state laws, is the highest court in the country. Written above the main entrance to the Supreme Court building are the words “EQUAL JUSTICE UNDER LAW,” which describes the court’s purpose and responsibility.

The court is intended to act as the ultimate protector and interpreter of the Constitution, upholding justice and protecting the American people.

The Court’s Structure and Systems

The court (SCOTUS) had its first official meeting in 1790, one year after the Judiciary Act was passed, establishing the Supreme Court. By design, SCOTUS has both original and appellate jurisdiction, meaning that it can hear cases whether or not they have been decided previously by lower courts.

By law, SCOTUS’ term begins on the first Monday in October and remains in session until late June or early July.

Congress decides how many associate justices accompany the chief justice. Each justice is appointed by the president and confirmed by the Senate before serving what is typically a lifelong appointment.

The nine Supreme Court justices act as the final arbiters of the law. Since the mid-1980s, there have been nine justices at a time — a chief justice and eight associate justices.

SCOTUS hears arguments for about 1% of the cases that are petitioned each term. The “rule of four” is used to determine which cases are addressed: If four justices vote to hear a case, all nine agree to it.

When the Supreme Court justices agree to hear a case and make arguments, the case is said to be granted “certiorari.” These cases tend to address some of the most controversial laws and topics of the day.

Key Cases

Following is a list of major decisions SCOTUS has issued on the right to privacy and to access abortion care. While not a conclusive report of the entirety of SCOTUS' abortion jurisprudence, the rulings described here shaped the developing legal standard used by courts across the country to determine whether abortion restrictions violate the Constitution.

Roe v. Wade (1973)

Affirmed the constitutional right to access pre-viability abortion care without government restriction; established the trimester framework.

In 1973, Jane Roe, which is a fictional name often used by courts to protect those who wish to remain anonymous, filed a lawsuit against Dallas County's district attorney arguing that Texas' law criminalizing obtaining or attempting an abortion unless the pregnant person's life was at risk violated the right to privacy. This fundamental right was guaranteed by the First, Fourth, Fifth, Ninth, and Fourteenth Amendments to the United States Constitution.

In a 7-2 ruling, the Supreme Court ruled in favor of Roe, declaring Texas' law unconstitutional. The opinion, written by Justice Harry Blackmun, stated that a right to privacy is inherent in the due process clause of the 14th Amendment and, therefore, that the state may not interfere with abortion, a private medical decision solely between the patient and their chosen provider.

However, the court conceded that there is at least some government interest in potential human life and established the trimester framework, allowing states to place increasing restrictions on abortion contingent upon the stage of fetal development.

In the first trimester of pregnancy, the state was not permitted to interfere and regulate abortion. In the second trimester, the state could only enact regulations "reasonably related to maternal health." Once the fetus reached "viability" in the third trimester, the state was authorized to regulate or prohibit abortion, so long as there were exceptions to save the life of the pregnant person.



Linda Coffee, who argued *Roe v. Wade* along with Sarah Weddington, pictured in Dallas, Texas, February 1972. Photo Credit: Getty Images.

Bellotti v. Baird (1979)

Determined that young people have the right to approach a court for authorization of abortion without parental notification/permission.

A Massachusetts state law prohibited “unmarried women under the age of 18” from accessing an abortion without parental consent. The statute provided a route for young people to access abortion care via special order; however, a court could deny this “judicial bypass” if it found that the minor’s parents gave substantial evidence against the minor’s level of maturity in decision-making.

Additionally, with a judicial bypass, parents did not need to express permission for their child to get abortion care but had to be notified if court proceedings occurred.

An abortion clinic director in the state challenged the law on the basis that Massachusetts designed the statute to prevent virtually every young person from obtaining an abortion without first securing parental consent or notification.

In an 8-1 plurality opinion, Justice Lewis Powell struck down the law as unconstitutional because the state was not able to provide an alternative, independent procedure for a minor to receive authorization for an abortion that did not involve parents or guardians.

The system allowed parents to have an “absolute and arbitrary veto” over the rights of the young person. Parental notification and consent in every instance constituted an undue burden on the minor’s right to an abortion.

Harris v. McRae (1980)

Struck down a challenge to the Hyde Amendment; found that Medicaid cannot cover abortion care.

In 1976, former Rep. Henry Hyde and other members of Congress passed the Hyde Amendment — language added to annual government funding bills that prevented the federal Medicaid program from covering abortion care.

Cora McRae, a woman who was pregnant and enrolled in Medicaid, challenged the constitutionality of Hyde based on the right to privacy, the due process clause of the Fifth Amendment, and the establishment clause of the First Amendment.

In a tight, 5-4 decision, the court ruled that the Medicaid program was not obligated to fund abortion care.

Justice Potter Stewart and the majority stated that, while there is a right to privacy and freedom of choice, the Constitution does not require that federal programs provide financial resources to fund the “range of protected choices.”

In his impassioned dissent, Justice Thurgood Marshall described Hyde as “the product of an effort to deny the poor the constitutional right recognized in Roe,” and wrote that “the Court suggest[ed] that a withholding of federal funding imposes no real obstacle to a woman deciding whether to exercise her constitutionally protected procreative choice, even though the Government is prepared to fund all other medically necessary expenses, including the expenses of childbirth.”

Norma McCorvey

In the reproductive rights movement, we refer so often to “Roe” that we typically forget the person behind the famous court case. The woman behind the Roe pseudonym in *Roe v. Wade* is Norma McCorvey, a young mother who found herself addicted to drugs and living on the streets in Texas.

Norma already had one child, so when she became pregnant again, she sought a legal abortion but was barred by Texas’ strict anti-abortion laws. She attempted to get an illegal abortion but found squalid, terrifying conditions in the apartment where the clandestine procedures were taking place.

With no alternatives, she turned to an adoption attorney. He was aware that two young lawyers, Sarah Weddington and Linda Coffee, were seeking a plaintiff to challenge Texas’ abortion ban. Norma fit the exact, sympathetic profile they were looking for: a young, poor, white woman with no resources to travel. In 1970, McCorvey, under the name Jane Roe, filed a lawsuit against Henry Wade, the Dallas County district attorney, to challenge the law.

In 1973, the court ruled that the Constitution protects a pregnant woman’s liberty to choose to have an abortion without excessive government restriction up to the point of viability, or 24 weeks’ gestation. By the time the court ruled, however, it was too late for McCorvey. She never did get her abortion.



**By the time
the court ruled,
however, it
was too late
for McCorvey.
She never did
get her abortion.**

Learn more about McCorvey’s complicated life:

- Jamie Manson, “Men Dominated Jane Roe the Way They Dominate Abortion Rights,” *National Catholic Reporter*, May 26, 2020.
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Planned Parenthood of Southeastern Pennsylvania v. Casey (1992)

Established the undue burden standard, the legal test to determine the constitutionality of abortion bans and restrictions.

Pennsylvania law required all patients seeking abortion care to provide informed consent and undergo a 24-hour waiting period. To get an abortion, a minor was required to secure the consent of one parent or to procure a judicial bypass order.

Similarly, a married woman was legally required to notify her spouse about her plans to get an abortion. Finally, the statute targeted abortion providers and facilities, regulating the performance of the procedure and establishing detailed reporting requirements. All these provisions were challenged in court.

In a bitterly divided 5-4 decision, the court again reaffirmed Roe v. Wade but struck down only the spousal notification requirement, declaring it an “undue burden.”

The plurality adopted this test and attempted to define a framework for the application of the undue burden standard in the following passage:

“A finding of an undue burden is a shorthand for the conclusion that a state regulation has the purpose or effect of placing a substantial obstacle in the path of a woman seeking an abortion of a nonviable fetus. A statute with this purpose is invalid because the means chosen by the State to further the interest in potential life must be calculated to inform the woman’s free choice, not hinder it.

And a statute which, while furthering the interest in potential life or some other valid state interest, has the effect of placing a substantial obstacle in the path of a woman’s choice cannot be considered a permissible means of serving its legitimate ends.”



Democratic presidential candidate Bill Clinton marches with abortion rights supporters past the White House, April 6, 1992. Over half a million people participated in the rally and march, including both Democratic presidential candidates. Photo Credit: Stephan Savoia/AP Photo.

Stenberg v. Carhart (Carhart I) (2000)

Declared state law banning D&X abortion procedures unconstitutional.

The court considered a Nebraska statute prohibiting the performance of a specific method of terminating a pregnancy, dilation and extraction (often falsely called “partial birth abortion,” which is not a medical term or procedure).

Whereas the narrow interpretation of the statute asserted that the legislature sought to ban one specific procedure, the court concluded in a 5-4 decision that the law could potentially apply to a broad range of abortion methods. Consequently, any physician performing a D&E procedure, a technique commonly used in second trimester pre-viability abortions, could be subject to prosecution and imprisonment.

According to the court, this result represented an undue burden on the right to end a pregnancy, characterizing the Nebraska statute as unconstitutional. Also, because the state could not prove that banning the procedure would not threaten people’s lives, the court concluded that the outright statutory ban on the D&E procedure created a significant and impermissible health risk.

Gonzales v. Carhart and Gonzales v. Planned Parenthood Federation of America, Inc. (Carhart II) (2007)

Seemingly reversed the court’s position and upheld federal D&X ban.

In 2003, the Partial-Birth Abortion Ban Act was passed by Congress and signed into law by former President George W. Bush. Dr. Leroy Carhart and a coalition of physicians challenged the act as targeting a narrow scope of abortions, specifically those later in pregnancy.

The petitioners claimed that this ban would constitute an undue burden on abortion access and constitutionally failed to provide exceptions to protect the health of the pregnant person.

In a 5-4 decision, the court ruled that the Partial Birth Abortion Ban Act applied only to the D&X procedure and was therefore not an undue burden on abortion access.

The court found that while Congress had determined D&X abortions “never medically necessary,” they could not determine with certainty the benefits and costs of making an exception.

Therefore, the court left open the possibility of a legal challenge if a pregnant person were denied D&X, and it severely impacted their health.

In her dissent, Justice Ruth Bader Ginsburg maintained that “retreating from prior rulings that abortion restrictions cannot be imposed absent an exception safeguarding a woman’s health, the Court [upheld] an Act that surely would not survive under the close scrutiny that previously attended state-decreed limitations on a woman’s reproductive choices.”

Whole Woman's Health v. Hellerstedt (2016)

Declared TRAP laws unconstitutional.

In Texas, House Bill 2 (H.B. 2) compelled physicians to obtain admitting privileges at a hospital no farther than 30 miles from the facility where they provided abortions. The law also mandated that such locations meet the licensing standards established for ambulatory surgical centers.

This is an example of a Targeted Restriction of Abortion Providers, known as TRAP laws, unnecessary restrictions with no medical rationale designed to force abortion clinics to shut down. A group of abortion providers sued Texas on the grounds that this law denied equal protection and constituted arbitrary and unreasonable state action.

In a rare, 5-3 decision, Justice Stephen Breyer, writing for the majority, struck down H.B. 2 on the grounds that the additional regulations of abortion clinics and research that accompanied those regulations did not prove that they existed to support “women’s health” or promote “women’s safety.” The majority found that the admitting privileges and surgical center requirements “provide[d] few, if any, health benefits for women, pose[d] a substantial obstacle to women seeking abortions, and constitute[d] an ‘undue burden’ on their constitutional right to do so.”

**Targeted Restriction
of Abortion Providers,
known as TRAP laws,
are unnecessary
restrictions with no
medical rationale
designed to force
abortion clinics
to shut down.**

June Medical Services v. Russo (2020)

Reaffirmed the precedent set in Whole Woman's Health v. Hellerstedt but potentially weakened the undue burden standard.

In June 2014, the Louisiana state legislature passed Act 620, a TRAP law with an admitting privileges requirement identical to the one declared unconstitutional in *Whole Woman's Health v. Hellerstedt*.

June Medical Services sued the secretary of the Louisiana Department of Health, because they claimed Act 620 violated the undue burden standard set in *Planned Parenthood v. Casey* and reaffirmed in *Whole Woman's Health v. Hellerstedt*.

With Chief Justice John Roberts as the swing vote, the court struck down Act 620 in a 5-4 decision. The majority measured the “benefits against the burdens” (a balancing test established in *Whole Woman's Health*), finding that the legislature did not produce sufficient evidence to prove that Act 620 benefited the health and safety of pregnant people.

The court upheld past precedent to keep *Roe* and *Casey* alive. However, in his separate opinion, Roberts made clear his disapproval of this balancing test, leading future lower courts to debate whether it should be applied.

Whole Woman's Health v. Jackson (2021)

Allowed blatantly unconstitutional near total abortion ban to take effect in Texas.

S.B. 8, a Texas law banning abortions after six weeks' gestation, is unique in that the enforcement of the law rests with private citizens, creating a bounty system encouraging anti-abortion extremists to file civil lawsuits against people that they believe are "aiding and abetting" abortion, putting abortion providers, clinic staff, clergy, abortion funds, family members, and even taxi drivers in danger of prosecution.

Days before S.B. 8 went into effect, Whole Woman's Health filed an application for emergency stay at the Supreme Court. The Fifth Circuit did not hear this case on the merits and canceled a hearing for an emergency injunction, so the case was sent to the Supreme Court's "shadow docket" for consideration. The shadow docket consists of filings and cases that tend to involve executive orders, federal agency rules, and other rules and laws that require immediate scrutiny and do not involve oral argument.

It is patently unconstitutional for a state to ban abortion access pre-viability. But the question remains whether it is constitutional for a state to allow private citizens to enforce an abortion ban. Because of the novelty of this question and based merely on this procedural irregularity, the Supreme Court authorized implementation of S.B. 8 in a 5-4 decision. The ban explicitly violates *Roe v. Wade*.

Upcoming: Dobbs v. Jackson Women's Health Organization (2021)

*Court will hear direct challenge to *Roe v. Wade*'s prohibition on pre-viability abortion bans.*

In 2018, Mississippi passed the Gestational Age Act prohibiting abortions after 15 weeks of pregnancy. Jackson Women's Health Organization, the only remaining abortion clinic in the state of Mississippi, sued the state department of health, claiming that a fetus at 15 weeks' gestation is not viable and, therefore, that the law is unconstitutional according to nearly 50 years of unbroken precedent beginning with *Roe v. Wade*.

Oral arguments for the case will be decided at the close of the 2021-2022 Supreme Court term.

As of the time of this printing, it seems incredibly likely that the Supreme Court will overturn *Roe v. Wade*.

The demolition of abortion rights is not a win for Catholics, no matter what Justices Samuel Alito, Brett Kavanaugh, Thomas, Gorsuch, and Coney Barrett or the bishops say. This decision will affect everyone: your neighbors, someone you love — even you personally.

LIBERATE
ABORTION

Jacqui
WOMEN'S HEALTH

ATIVE



Abortion is
MORAL

Abortion is
NORMAL

Abortion is
**NECESSARY
HEALTHCARE**

Taking Action

Why be an advocate?

We have many reasons to be advocates: to make our voices heard on issues that matter to us, to preserve our rights and those of the most marginalized among us, and to ensure that lawmakers consider our views when making decisions about our lives.

Advocacy is about creating change, solving problems, and finding solutions.

Why is it important that I identify myself as a Catholic when speaking up about my pro-choice beliefs?

There are a lot of harmful misconceptions about what Catholics believe and the values we hold. We know that Catholics support policies that enable us to make decisions about whether and when to have children, as well as laws to ensure that healthcare is accessible and comprehensive. Change starts with people like you taking a stand and saying that you are a Catholic for Choice.

“Because of you, I know what to say. I know what to do. I have the motivation to move forward.”

— Artemis Walsh, Vermont

How can my pro-choice Catholic advocacy help my community?

Advocacy amplifies your community's voice by battling misinformation about who Catholics are and what we believe. One major goal of advocacy is to help more people to understand your point of view as a pro-choice Catholic. Advocacy also encourages elected officials to represent their community's views truthfully by listening to pro-choice Catholics.

Why does Catholics for Choice lift up the voices of pro-choice Catholics?

We do this work because, like you, we want to make the world a better place. We know that the bishops' megaphones often drown out pro-choice voices. But the hierarchy does not represent most Catholics.

Is it dangerous or scary being a community advocate?

Not at all! It can be fun to meet fellow advocates and support the issues you care about. Remember to always keep your safety and personal comfort in mind — if something doesn't feel right, don't do it.

How to Take Action

In-Person Actions

- ✧ Call your elected officials to speak out as a pro-choice Catholic.
- ✧ Testify on a bill during a hearing.
- ✧ Attend CFC's webinars and tell your friends to come too.
- ✧ Call in to your local radio station to speak out as a pro-choice Catholic.
- ✧ Make a sign and bring it to a protest.
- ✧ Fight for other issues under the reproductive justice umbrella, like racial justice, immigration, voting rights, and LGBTQIA+ equality.
- ✧ Plan an informal meeting with a friend or family member to talk about being a pro-choice Catholic.
- ✧ Write an op-ed or a letter to the editor for your local newspaper.
- ✧ Tell a reporter you're a pro-choice Catholic — if you see them at an event, say something!
- ✧ Rep CFC in your everyday life! Wear a button or CFC face mask, put a pin on your backpack, place a sticker on your water bottle, or wear a T-shirt.
- ✧ When you attend rallies for related human rights issues, like Black Lives Matter protests or Pride, wear CFC swag to show how abortion justice relates to other social justice causes.
- ✧ Subscribe to *Conscience* magazine and share your thoughts with us.
- ✧ Recruit community members to sign up for the Abortion in Good Faith campaign.
- ✧ Organize a panel, film screening, or other community event.
- ✧ Host or attend a sign-making party before the event to create pro-choice Catholic signs.
- ✧ Host or attend a meeting, dinner party, or house party to talk about pro-choice Catholicism.
- ✧ Organize or attend a lobby day and speak up as a pro-choice Catholic in legislative meetings.
- ✧ Participate in or host a phone bank.
- ✧ Set up an information table at a community event, or table at other organizations' events.
- ✧ Bring a speaker to campus or host an interfaith event featuring a pro-choice Catholic.

“I will continue to fight alongside this beautiful, accepting, and courageous community.”

— Liz, Texas

How to Take Action

Digital Actions

- ✧ Use CFC's action alerts to email your elected officials and let them know your views as a pro-choice Catholic.
- ✧ Share an article on social media and write your thoughts about it as a pro-choice Catholic.
- ✧ Create a Facebook group for your like-minded friends or join an existing group.
- ✧ Tweet about being a pro-choice Catholic — or join an existing tweet chat or hashtag conversation. Don't forget to tag @Catholic4Choice!
- ✧ Tweet at your elected officials as a pro-choice Catholic.
- ✧ Follow pro-choice Catholic people and politicians on social media.
- ✧ Boost CFC's content on your social media accounts.
- ✧ Tag @Catholic4Choice in your posts.
- ✧ Host or attend a virtual meeting with your elected officials or participate in a legislative lobby day.
- ✧ Tell a reporter or op-ed writer what you think: If they write an article you agree with or disagree with, send them an email to let them know.
- ✧ Write a blog post about being a pro-choice Catholic.
- ✧ Record a podcast.
- ✧ Create an "I'm a Pro-Choice Catholic" selfie campaign.
- ✧ Record a YouTube video or TikTok explaining why you are a pro-choice Catholic.
- ✧ Submit a comment on a regulatory proposal impacting reproductive freedom. (Not sure what to write? Email CFC and ask!)

“[The Catholics for Choice Activist Summit] has been a wonderful, eye-opening and encouraging experience.

This Summit prepared me to courageously approach pro-choice catholic activism, providing insight and extremely helpful ways for me to defend my point of view.”

— Rosemary Jimenez, Texas

**We all know
someone who
has had an
abortion**

Supporting People Who've Had Abortions

Because having an abortion is so common, it's pretty likely that at some point in your life, you will need to support someone through the process of getting the care they need. As your friends and family start to recognize you as an advocate, people may seek you out for advice and guidance. This resource will provide you with some best practices for offering wholehearted care.

The truth is that everyone knows someone who has had an abortion or more than one.

“As an abortion doula, I've held many Catholics' hands during their abortion procedures. I've prayed with people who knew that they had made the right decision for themselves and their loved ones.

I am called to do this work because **abortion is moral, abortion is normal, and abortion is necessary** healthcare.

To me, there is no act more loving than to give your unconditional, wholehearted support to people at every stage of their reproductive journeys. **Being an abortion doula and loving my neighbor are one and the same.**”

— Kate Hoeting (Excelsior, Minnesota)

Five Essential Practices

1. Avoid making assumptions.

Everyone responds differently to having an abortion, and someone's reaction might surprise you, even if you know them well. If someone has had multiple abortions, they might not respond in the same way that they did to a past abortion. Each situation is different. Pay attention to the language you use, because even small words can signal your internalized assumptions.

2. Mirror their language.

To avoid making assumptions, you can use a technique called “language mirroring” practiced by chaplains, counselors, and doulas. The main goal of language mirroring is to mimic the behavior and vocabulary of the person you're supporting. If they seem jubilant, mirror their joy. If they seem somber, you can act somber too, even if you don't believe that abortion is a somber topic.

If they call it a baby, you should also call it a baby, even though you know from the Advocate's Bible that, medically speaking, it is a fetus. Language mirroring might make you uncomfortable sometimes, which brings us to our next essential practice...

3. Defer to their perspective.

One of the most difficult things about language mirroring is that the perspective of the person you're supporting is always more important than your own. Supporting someone one-on-one is not always the best

time to show off all the cool pro-choice facts you've learned from this resource. You can feel free to share how you feel, but don't tell them how to feel. Supporting the person in front of you is the priority.

4. Affirm that their feelings are normal.

The person you're supporting might feel relieved after getting their abortion. They could also feel guilty. They might feel joyful and celebratory. They might feel unsure about how to feel. The opposition spends a lot of time and money trying to tell people how to act and think.

When they repeatedly tell us how to feel after an abortion, their messaging can sometimes worm its way into our heads. Tell the person you're supporting in as many ways you can that their reaction is normal, understandable, and valid. There is no such thing as an abnormal or wrong response to having an abortion.

5. Remember the value of silence.

Sometimes, you might not know what to say. That's OK. It's better to hold the quiet than to blabber on and risk unintentionally saying something that doesn't honor how the person you're supporting feels. Being there for someone with your whole heart and soul is often more than enough. Now is the time to bear witness and to show up however your loved ones need you to.

“Catholicism represents the north star of my upbringing, of my family’s identity, and of **my own conscience and moral compass**. My grandfather studied to become a priest and eventually became very involved in a parish that my family had belonged to since arriving in the U.S., serving as a cantor at daily mass while my grandmother ran the church’s Meals on Wheels program.

They lived their Catholic faith every single day by doing good works and helping others, inspiring me to do the same. **I live my Catholic faith by pursuing a career in which I can effect real change and advocate on behalf of the most marginalized among us.** My faith teaches me that everyone deserves to thrive in their community with dignity and to access the full range of reproductive healthcare, including abortion, at whatever time they choose and in whatever setting they choose.

My faith guides and sustains me in this work, granting me the honor of representing the majority of pro-choice Catholics who believe in reproductive freedom because of our moral values, not in spite of them.”

— Shannon R. (Washington, D.C.)

Responding to Concerns

From the moment after having an abortion to years later, the most common emotion is relief. The bishops and anti-abortion organizations perpetuate the myth that everyone feels depressed and spiritually bereft after having an abortion, which simply isn’t true. Because of the isolating and stigmatized environment that anti-abortion people have created, you might need to support people who are struggling.

To help you provide the best care possible, we’ve listed a few things people might say when abortion stigma is on their mind, along with a list of potential responses. This section of the Advocate’s Bible is mostly geared toward supporting Catholics, but many of the responses will work well for people of any faith or none.

**Friend: My church/
community/family
doesn't approve
of abortion.**

The culture of secrecy and shame around abortion can make people unlikely to share their support publicly. But everyone in your church/community/family knows and loves people who've had abortions.

I will always support you.

It is hard to do something that goes against your church's/community's/family's beliefs. Remember that they love you, and I love you.

Most Catholics support the right to an abortion.

You need to listen to your conscience. Only you can know what's best for you in your circumstances.

You don't have to tell anyone if you don't want to. You can trust me, and I'll be by your side no matter what you decide to do.

***Don't say: Your culture/
church/community/family
will love you unconditionally.***

***(Don't make promises
you can't keep.)***

I don't think that this abortion was a sin. You were in difficult circumstances, and you did what you had to do.

Friend: Having an abortion is a sin.

You are a good person, and I love you.

You know your life the best. I know you thought hard about whether this was the right decision. I don't think doing the right thing can be a sin.

Can you tell me more about why you feel that way?

Anyone who follows their conscience to get an abortion has not sinned.

A quarter of people who have had an abortion in the U.S. are Catholic. You're not alone.

I personally don't think that abortion is a sin. The church's teachings have changed over time, and there's nothing in the Bible against abortion.

(Be careful with this response, as you don't want to imply that you are correcting them.)

Don't say: Actually, you're wrong. Abortion isn't a sin. (Follow Essential Practice #3: Defer to their perspective.)

Friend: I don't know whether to have an abortion.

Let me point you toward some resources that can help you decide.

(Make sure that these resources are not anti-abortion organizations. Your best bet is pointing them toward a licensed counselor at a reproductive health clinic or another medical professional who has experience discussing options with their patients and, if needed, helping them safely navigate self-managed abortion care.)

Can you talk me through what kinds of things you're thinking about?

I will support you in making this decision.

Don't say: I can help you make that decision. I think you should do X.

(Unless you are a trained counselor, you are not qualified to help someone decide whether to have an abortion. It is best to support them with resources and love as they go through the decision-making process.)

**Friend:
Since I've had
an abortion, am I
excommunicated?**

You decided to have an abortion because of the love you have for yourself and those around you. I don't think that can get you excommunicated.

You belong to this church. No amount of anti-abortion rhetoric can undo your baptism.

You were in a hard place, and God understands your situation better than anyone. No one can separate you from the love of God.

These teachings were created by men who have no experience of women or having a family.

The church rarely excommunicates people. No one is going to formally declare you "excommunicated." Your conscience had to be the final judge in this decision.

**Friend: I'm a
bad person.**

You are not a
bad person.

You did what
you had to do.

You know your
life better than
anyone.

Losing pregnancies is a
natural part of life. A huge
percentage of pregnancies end
before you would even know
that you're pregnant.

*Don't say: Yeah, you
might be a bad person,
but we are all sinners.*

This is part of being human.
Please be gentle with yourself.

**Friend: I'm such an
idiot for even getting
pregnant in the
first place.**

No contraception or strategy
— including abstinence — works
for all people all the time. The reality
is that no method is 100% effective
and foolproof. People will always
need to have abortions.

You are not
an idiot.

***Don't say: Next time, you
should use X form of contra-
ception to be more careful.
(Leave that to clinic staff, who
will most likely offer to set up a
plan for the future.)***

Learn more about relief after abortion:

- Shout Your Abortion, “I felt instant relief after my abortion and no regret!” February 8, 2022.
 - Corinne H. Rocca et al., “Emotions and decision rightness over five years following an abortion: An examination of decision difficulty and abortion stigma,” *Social Science & Medicine* 248 (2020).
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Beyond Talking: Offering Physical Support

Research resources and clinics.

Looking for abortion resources can be a minefield because so much anti-choice information is circulating on the internet. In addition, the obstacle course of navigating abortion restrictions — such as the limited number of clinics, waiting periods, and insurance coverage — vary from state to state. Offer to do this research for or with the person you're supporting.

Go to the clinic.

Depending on your relationship with this person, it might be helpful to offer to go to the clinic with them. Depending on the regulations at the specific clinic you'll be visiting, you could offer to drop them off, hang out with them in the waiting room, or stay with them during the procedure.

Hang out with them at home.

If they're having a medication abortion, they will probably experience cramping and discomfort for a few days. You can offer to take care of them while the medication starts working.

Give them snacks and painkillers.

Whether they're having an in-clinic procedure, having a medication abortion, or self-managing their abortion, you can make them a little gift basket of snacks, pads, and painkillers.

Pray.

Even though the opposition makes it seem like prayer and abortion are antithetical, any abortion provider will tell you how frequently people pray before the procedure. Sharing a centering moment with the person you're supporting can help remind them that you are faithfully pro-choice.

Design a ritual.

Sometimes, having an abortion can make people feel disconnected or unsure of how to feel. Designing a ritual (or finding one online) can help people to feel supported in body and spirit.

Follow up.

Don't let this be your last conversation about it. Ask them how they're doing, and don't be afraid to mention their abortion.

“I was born and raised in a country where the Catholic tradition is very strong; where abortion was not legal under any circumstance; and where **‘Catholic guilt’ influences most of our decisions**, especially those that have to do with reproductive health.

It was only when I was in college that voluntary termination of pregnancy was partially decriminalized.

Some of the most important women in my life have had to resort to backstreet and unsafe abortions. **I do this work for them, for me, and for those who will come after me.**”

— Manuela T. (Santiago, Chile)



Abortion storyteller Kenya Martin speaks about reproductive justice and faith outside the Supreme Court on Dec. 1, 2021.

Sharing Your Story

Storytelling is an elemental human experience that brings people together to build stronger, deeper, more meaningful connections.

Because we learn about the world around us through our observations and experiences, storytelling can also be a great tool for sharing information with others. Stories are more easily remembered than a litany of facts and figures — and are therefore incredibly useful in advocacy.

Community storytelling builds nuance and connections by gathering personal experiences from a network of people.

One reason that storytelling is so effective is that it connects experiences with emotions. It creates a relationship between storyteller and listener, removing the topic from the realm of the hypothetical. Storytellers can invoke emotions, control the narrative around their experiences, and create their own terms for sharing about themselves. Telling a story can help us to dispel inaccurate and reductive narratives. Storytelling also allows us to overcome barriers so that we can build a movement that advocates for the change we want to see in our communities.

Everyone has their own unique story.

Stories take many art forms, including music, theater, drawings, pictures, spoken words, and written words. There are stories in the social media posts that we scroll through, the art on the walls around us, the commercials on TV, the items we purchase, the music we hear, the sandwich shop where we have lunch, the streets we travel, the friends we make, and the doctors' offices we visit.

Stories are everywhere, and it is up to us to tell them and make an impact. Storytelling can embody and communicate the values of a movement for change — including the movement for abortion justice.

Abortion stories are common.

In the United States, 1 in 4 people who can become pregnant will have an abortion in their lifetime. Everyone loves someone who has had an abortion or abortions. Yet the powerful stigma created by anti-choice forces can make abortion stories difficult to share. Whether you choose to keep your story to yourself or feel called to share it, your story matters.

There are many ways to tell your story.

- ✧ Talking to friends, family, and colleagues about your experiences.
- ✧ Publishing an op-ed, letter to the editor, or book that tells your story.
- ✧ Writing a play or skit to represent your story.
- ✧ Creating a blog or contributing to someone else's.
- ✧ Writing a song about your experiences.
- ✧ Speaking at a rally or protest.
- ✧ Creating a comic strip based on your story.
- ✧ Posting about your experiences on social media.
- ✧ Performing spoken word poetry for an audience.
- ✧ Having a casual conversation with a friend, family member, colleague, or acquaintance and telling them about your experiences.
- ✧ Creating art that represents your story.
- ✧ Scheduling a meeting with your elected officials and telling them your personal story.
- ✧ Testifying at a hearing before local, state, or federal officials to make real the impact of their policies on your story.
- ✧ Sharing your story with your children.
- ✧ Sending your story to an abortion justice organization or storytelling collective, like Shout Your Abortion or Catholics for Choice.

At Catholics for Choice, we aim to build a supportive community and create spaces that feel both brave and safe.

We do all that we can to ensure that pro-choice Catholics like you feel comfortable telling their stories and know that our team always has their backs. We know what it's like to speak out as a pro-choice Catholic and how important it is to feel like you have a strong, nurturing, support system.

We'll support you emotionally and logistically as you prepare your story, support you on the ground as you're telling your story, and make sure that you are surrounded by trustworthy people who are on your team afterward. We will also help you prepare for responses to your story that you may receive — good and bad.

How can Catholics for Choice help you with your storytelling?

We can listen to your stories and tell you some of our own.

We hope to nurture strong, trusting relationships with our advocates. Building community is one of the most important aspects of this work — and one of our favorites!

We can show you examples of stories that may inspire you to tell your own.

Check out these story collections:

- ✧ We Testify
- ✧ Shout Your Abortion
- ✧ Advocates for Youth's Abortion Out Loud project
- ✧ The Abortion Diary podcast
- ✧ Catholics for Choice's "Why I Am Prochoice" collection

We can help you craft your story.

We have trained storytellers on our staff who can help you decide which story you want to tell about your experience. We can help you choose which details to include and which to leave out, as well as how to format and deliver your story to be most impactful.

We can help you find an audience.

Whether it's connecting you with organizations in your area, helping you schedule and prepare for lobby meetings, finding opportunities to testify as a pro-choice Catholic in front of elected officials, introducing you to other pro-choice Catholics with whom to commiserate, or finding opportunities for you to speak out in the media, our team at CFC can help bring your story to life.

We can provide you with emotional support before, during, and after you tell your story.

We won't help prepare you to set sail and then throw you overboard. If our team helps you with your story, our support will continue after you tell it, and we will be there for you no matter who responds or what they say, however we are able. We have your back.

We recognize that storytelling is a deeply personal act, and we prioritize the safety, comfort, and privacy of the people with whom we work.

Telling your story can make you feel vulnerable, and it can be emotionally and physically exhausting to conjure the emotions being depicted and share them with others. Our team at CFC would never use your likeness or story for advocacy or promotional purposes without your express permission and support.

To contact CFC about sharing your story, please visit our Share Your Story page at [***catholicsforchoice.org/share-your-story***](https://catholicsforchoice.org/share-your-story).

Learn more about abortion storytelling:

- Cynthia Greenlee, “How Abortion Storytelling Was Born,” *Rewire*, January 22, 2016.
 - Renee Bracey Sherman, “Sharing Abortion Stories Means Investing in Storytellers as Leaders,” National Committee for Responsive Philanthropy, March 20, 2021.
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Stories from CFC

Below, we share stories from CFC advocates, staff, and board members to give you an example to follow — and to inspire you!

Linda Pinto's Story

In my former life as a Catholic nun (I left the convent at 27), I dealt with a lot of difficult and controversial issues, but abortion wasn't one of them. In fact, I didn't really consider abortion very much at all — that is, until a family member needed one.

When I first found out, I was stunned. "That's just something you don't do," I thought. But the more I examined my conscience, the more I realized I was wrong. I'd absorbed the onslaught of messaging from the all-male Catholic hierarchy, out of touch with the lives of women.

I realized that this view renders the actual person — the one who is pregnant — completely invisible and devoid of dignity. And it reduces her to just a vessel, a carrier, an object. But women aren't invisible objects; we're human beings.

My Catholic faith teaches me that all people have dignity, including pregnant people.

It compels me to follow my conscience in all matters of moral decision-making and to respect everyone else's right to do the same. It tells me — along with the 68% of Catholics who support *Roe v. Wade* — that every person should be able to control their own body and determine the course of their own life, in connection with God.

So that's how I became a supporter of abortion rights: as a matter of justice. As a Catholic grandmother, my life is guided by the fundamental Catholic social justice principle of the primacy of conscience.

This means I can choose whom I love and whether to marry or divorce, create and nurture a family, and decide for myself what to do about an unexpected pregnancy. It means that I must speak out for every woman's right to do the same.

It's the faithful thing to do.

**I'd absorbed the
onslaught of messaging
from the all-male
Catholic hierarchy,
out of touch with
the lives of women.**

Kara Mailman's Story

Looking back, I'm very proud of past me for going against what I thought was the be-all and end-all of Catholic teachings — that abortion is evil — and deciding to have one anyway...

Now that I'm more involved with the movement and have gotten to know a bunch of people at Catholics for Choice, it's been interesting to look at my abortion in a more friendly Catholic perspective.

St. Brigid, who is my patron saint, is also the patron saint of banishing pregnancies. She knew I was in trouble and helped me figure out a way to do what I needed to do.

Lauren Morrissey's Story

I claim the label, loudly and publicly, of being Catholic and pro-abortion. When I identify as pro-abortion, I aim to address the acute stigma abortion has in religious communities. I observed firsthand through my family narrative that abortion is still a dirty word.

Most Catholics describe abortion as a “tough decision” or “nothing to do with God, just a patient and their doctor.” I resent that, because of Catholic guilt, this is the only acceptable framing.

I believe that abortion is sacred, and each abortion in my family was a blessing. The generational stigma must stop with me. With us.

The generational stigma must stop with me. With us.

Lilian's Story

As a Colombian American and an immigrant myself, I've witnessed and experienced the many barriers that my community faces to navigate the U.S. systems. I work in reproductive justice because I understand that not everyone has the same options. For foreign-born individuals, immigration status, lack of a support network as we settle in a new country, language, cultural gender stereotypes, and religion are just some of the many factors that impact our ability to access the healthcare we need.

For impoverished, racialized women and other marginalized genders, it will always be more difficult to face parenthood in a country with systemic racism, unwelcoming policies for migrants, and a labor market designed by and for men who do not have the responsibility of caring for children. Furthermore, when pregnancy is forced on people as a result of abusive relationships, it is more difficult to break that cycle of violence.

The stigma of abortion makes people suffer in silence and limits their ability to make informed decisions in a timely manner, in many cases to save their own lives.

I've seen women in my own family endure the threats and violence of a significant other as well as spiritual abuse of members of their own religion's congregations because they have chosen not to continue with an unwanted pregnancy. I love them and I believe no one should be ashamed of choosing their health (physical and mental).



We Support Reproductive Freedom

**Because of Our Faith
(Not in Spite of It)**

Lobbying for Abortion Justice

Catholic social justice calls us to participation by recognizing that everyone has a role to play in our community. In a representative democracy like the United States, this means advocating for abortion justice in the halls of power.

We must fight for the people most affected by systemic barriers to abortion and reproductive healthcare: Black people, Indigenous people, and people of color; members of the LGBTQIA+ community; people working to make ends meet; young people; those who live in rural communities; and disabled people. As pro-choice people of faith, we can enter conversations with elected officials based on our values.

In fact, identifying as a pro-choice Catholic helps us fight misconceptions about who Catholics are, what we believe, and the values we hold. Our lawmakers will know that most of their Catholic constituents support abortion access only if we tell them. Let your lawmakers know that we support reproductive freedom because of our faith, not in spite of it.

I already send emails or make phone calls to lawmakers. Why should I lobby?

The Congressional Management Foundation has long reported that the best way to make your voice heard is through in-person (or virtual) meetings with policymakers. Meeting in person with an elected official's office and having them learn your name is a powerful counterbalance to the corporations and special interest groups that undermine our democracy.

While it is common to think of lobby visits as one-off meetings, we recommend viewing them as the building blocks to ongoing relationships with lawmakers. Strong relationships allow you to engage in deeper conversations, serve as a resource to the elected official, and help tip the scales of their opinion on pieces of legislation.

Getting to know the staffer who handles reproductive health issues for your elected official is an important way to influence those who are making decisions about your life and well-being every single day.

My elected official always/never agrees with me, so why should I bother?

Elected officials keep close record of how many constituents contact them about a particular issue, so these conversations impact how much lawmakers care about an issue and what they do about it.

If your legislator always agrees with you:

Don't let them think that they can sit back while abortion access is under attack! You can help build a deeper relationship with your elected officials by providing stories for them to share in speeches, asking them to vote for and co-sponsor legislation, or inspiring them to talk more about this issue on social media or in the news.

If your legislator never agrees with you:

Don't let anti-abortion lawmakers sit in an echo chamber of misinformation! Remind them that it is their job to listen to the views of all their constituents, not just those who agree with them. We can't allow them to tout the talking point that everyone in their district agrees with them. A great way to keep lawmakers on their toes is to meet with them and follow up with a letter to the editor in your local news outlet.

Please keep in mind that if you are advocating as a Catholics for Choice activist or as part of an organizational lobby day, **you must remain nonpartisan** and **avoid discussion of any involvement in or donations to the lawmaker's election campaign.**

This is because CFC is a 501(c)(3) nonprofit organization. Nonprofits can participate in issue advocacy, but we cannot be politically involved in partisan politics.

I want to schedule a lobby visit. Now what?

1. Choose your “ask.”

What would you like to discuss with the elected official’s office? You might want to thank them for co-sponsoring a piece of legislation and talk about next steps, or you might want to ask them to vote no on a bill coming up.

Your “ask” just needs to get your foot in the door: It can be as concrete as asking them to support a specific piece of legislation, or it can more broadly cover discussing your positions on abortion justice. The angle of your ask will change depending on the bills the legislative body is considering and whether your elected official aligns with you on reproductive rights.

2. Gather your group.

Decide whether you will lobby on your own or with a group of friends or colleagues. Anyone can meet with their elected officials, including people of all ages, genders, and backgrounds. Your group can be as small as one or two people, or as large as twenty. (In large groups, not everyone will have a speaking role.)

Think about your social circle: Do you know someone who is comfortable sharing a moving story about abortion justice? Is there an ordained clergy member or other religious authority you can bring along? Do you know someone who typically supports this lawmaker or has some personal connection? You’d be surprised by the folks you can find!

Our democracy undervalues certain voices based on racist, classist, and other arbitrary parameters of “belonging.”

When Catholics for Choice uses the word “constituent,” we mean any person who lives in a particular district — regardless of immigration status, economic background, or voter ineligibility due to age or felony disenfranchisement.

That being said, we do recommend that your group is made up of people who can claim residency within the boundaries of that legislative district. Elected officials will discount the credibility of your group if they suspect it is made up of people who live outside the area they represent.

If you are interested in advocacy for abortion justice outside your district or state, we recommend mobilizing constituents to visit their own elected officials.

To learn how, contact CFC at ***info@catholicsforchoice.org***.

Meeting Request Template

Here's a template meeting request email you can adapt. This will vary based on whether your group is in town on a specific day, whether you are waiting to confirm group members, and other factors. Just use this as a guide.

Subject: MEETING REQUEST: Constituents from **[TOWN/STATE]**
with Catholics for Choice

Hi **[STAFFER/SCHEDULER NAME]**,

My name is **[NAME]**, and I am a constituent from **[TOWN/STATE]**.
I'm an advocate with Catholics for Choice, which uplifts the voices of
the majority of Catholics who support reproductive rights. I'm also
involved in my community by **[ANY COMMUNITY TIES YOU HAVE OR
IDENTITIES YOU HOLD, OR REASONS FOR YOUR ADVOCACY]**.

I'm writing to request a meeting with **[YOU/THE ELECTED OFFICIAL'S
NAME]** to discuss **[SPECIFIC ISSUE/BILL]**. I've gathered a group of
[NUMBER] additional constituents who would like to join me.

Their names are **[LIST NAMES WITH ADDRESSES TO DEMONSTRATE
THAT THEY ARE ALSO CONSTITUENTS]**.

Would **[YOU/THE LEGISLATOR]** have time **[IN THE COMING WEEK OR
TWO/ON A CERTAIN DATE]** to meet with our group? We can meet in person
or virtually.

Thank you,
[NAME]
[ADDRESS]

3. Request your meeting.

Your best bet is to call your lawmaker's office and ask for the email address for the scheduler (to meet with the policymaker themselves) or the staffer who handles reproductive health issues. If you don't get an answer when you call, you can also use the "Contact Us" form on most elected officials' websites, but you will likely get a faster response from a direct email address. Either way, lawmakers receive a lot of mail, so don't be discouraged if you have to follow up in a week or two to get a response. If you need help contacting your elected officials and their staff, reach out to CFC at info@catholicsforchoice.org.

4. Plan your meeting.

To make sure that your meeting is successful, here are a few important things to do ahead of time:

- ✧ **Research the person you're meeting with.** Learn what you can about the elected official, their staffer, and what they have said about reproductive health. Is there something you can thank them for to build common ground (even if unrelated to this issue)?
- ✧ **Practice sharing your personal story.** Your story should be 2-3 minutes and should answer the question, "Why do you care about this issue?" It could be a personal story about abortion access, a reflection on how your faith influences your support for abortion, or something else. No need to get bogged down in statistics — you are the expert of your own story.

- ✧ **If you're lobbying in a group, determine roles and order of speaking.** At the end of this section, you can find a template outline for a successful lobby visit. Fill it out!
- ✧ **Organize any materials that you want to bring to the meeting or leave with the staffer/lawmaker afterward.** Known as "leave behinds," these materials could include talking points, fact sheets, pamphlets, letters, and whatever else seems relevant.
- ✧ **Prepare questions for the office.** Asking for information about the elected official's decision-making process, insights on legislative timing, or even attitudes of others in the district provides valuable insight to our advocacy.
- ✧ **Plan for your meeting to take 20-30 minutes.** You should clarify this time-frame when scheduling your meeting and again at the start of the meeting. Make sure to leave time for additional questions and conversation.

5. Have your meeting!

The day before, confirm the meeting to make sure there haven't been any last-minute schedule changes. If the meeting time has to be adjusted, don't get thrown off — it's normal for elected officials to run late, swap out staffers, or shift the meeting time.

Preparing in advance will ensure that you can roll with these changes so that that your group will deliver compelling stories and a clear ask.

Thank You Template

Here is a template thank you email you can adapt:

Subject: Thank you for meeting with Catholics for Choice

Dear **[NAME OF STAFFER]**,

I want to thank you again for taking the time to meet with our group to discuss **[ISSUE]** on **[DATE/TIME OF MEETING]**. We appreciated the chance to share our stories and hear your perspective. **[INSERT ADDITIONAL DETAIL OF A STORY SHARED, ETC.]**

Here are the materials we shared with you in the meeting:

[INCLUDE LINKS OR ATTACHMENTS, WITH SHORT DESCRIPTIONS. LIMIT TO 3-5 RESOURCES. THE MORE YOU INCLUDE, THE LESS LIKELY THEY ARE TO LOOK AT THEM.]

As you now know, this is an issue we are following closely with Catholics for Choice. We plan to follow up in the coming weeks to see what progress your office has made. Please consider us a resource to you and **[ELECTED OFFICIAL]** moving forward. Feel free to reach out if there are new developments on your end or if there is any way we can help you in your work on this.

With gratitude,

[NAME]

[EMAIL]

[CITY, STATE]

And the other participants in our meeting:

[NAME, EMAIL, ADDRESS]

[NAME, EMAIL, ADDRESS ...]

Remember that part of the power of constituent advocacy is building long-term relationships. It's important for you and your group members to feel safe, which can be difficult when a lawmaker's political views refuse to recognize your humanity. It is the elected official's job to remain polite and respectful to you as a constituent if you do the same in return. As people of faith, we can do the hard work of finding God in all people, and we can have difficult conversations in pursuit of the greater good — as long as we feel safe.

6. Send a thank you.

After the meeting, the group leader should send a thank you email to the office and copy all the participants. Building relationships means thanking lawmakers for their time, even if you disagree. If the office remembers you as prepared and respectful, they will be more likely to meet with you in the future.

You can also include links to resources and include a photo if your group took one.

7. Follow up.

A few weeks later, it is a good idea to check back in with the office. Did you promise to share any updated information? Did the staffer or lawmaker commit to taking the action you requested? Can you thank them for following through? Checking in is part of your ongoing relationship-building efforts.

After your meeting, you might also consider sending a letter to the editor of your local news outlet. If it gets published, be sure to send it to our team! We'd love to read what you think.

Need more help from Catholics for Choice?

If you need support preparing for your lobby visit or anything else, let us know! Here are some ways we can support your advocacy:

- ✧ Researching your elected officials and contacting their offices.
- ✧ Connecting you to pro-choice Catholic legislators in your home state and with other pro-choice Catholics in your area.
- ✧ Sending you CFC swag to wear or bring to your meetings.
- ✧ Providing fact sheets, materials, and talking points to help you prepare.
- ✧ Practicing speaking and telling your story before your meetings.
- ✧ Sending you packets of materials to leave behind with lawmakers after meetings.
- ✧ Writing follow-up messages to continue to build your relationships.
- ✧ Amplifying your story and pictures from your advocacy meetings on social media.

Contact us: [**info@catholicsforchoice.org**](mailto:info@catholicsforchoice.org) or visit our website [**www.catholicsforchoice.org**](http://www.catholicsforchoice.org)

“Thank you, CFC, for preparing me to answer difficult questions and teaching me that lobbying isn’t as difficult or scary as it seems.”

— Rosemary Jimenez, Texas



Pro-Tips for Your Lobby Visit

1. Bring some “leave behinds” for your legislator.

Pack resources, one-pagers, or CFC swag related to the issue you’re lobbying for. If you have these resources electronically, you can also send them in your follow-up email as links or attachments.

2. Dress comfortably.

Pick out what you are going to wear in advance, and make sure you feel comfortable and confident. We know that dress codes are sexist and classist, but if you are able, it’s worth dressing in “business” or “business casual” attire. Don’t forget to wear your CFC button or other swag!

3. Arrive early.

If you are lobbying in person, it’s a good idea to print a map of the office buildings and figure out exactly where you will be going. You may need to account for travel time between different floors or buildings for multiple meetings. Don’t forget to include time to go through security.

4. Be OK with saying, “I will get back to you on that.”

You are the expert of your own story — you need not be an expert on every statistic. Following up with the office after your meeting to provide additional information is a good way to continue the conversation.

5. Take a few deep breaths!

Lobbying need not be scary. It can be fun and exciting to interact with people who influence the policies that shape our lives. Elected officials and their staff are literally paid to meet with and hear from people like you. It is their job, and it’s also your job as an informed and active constituent to make your voice heard. Lobbying isn’t just for one type of person: Everyone can lobby. In fact, everyone should.

Elected Official (or Staff):**Meeting Location:****Meeting Date and Time:****Group Meeting Time and Location:**

Roles

These can be divided among different people, or one person can have multiple roles:

Group Leader

This person is the emcee of the lobby visit (and most likely, the person who set it up). They are responsible for kicking off a round of introductions, calling on the different speakers, and closing the meeting.

Notetaker

This person takes notes on the meeting, and hopefully they share that information with Catholics for Choice. These notes help the group remember what was discussed, track what the legislator commits to, and keep CFC in the loop for our own records.

Storytellers

These are 2-3 people equipped to share their story about why they care about the issue at hand.

Who will be the **Group Leader**?

Who will be the **Notetaker**?

Who will be the **Storytellers**?

Lobby Meeting Agenda

About 10 minutes before the meeting, gather the group early and run through this worksheet one last time.

5 minutes: Group Introductions

Group Leader introduces the group gathered, any relevant faith or community ties, and what the group wants to discuss. If there's time (and the group is small enough), everyone can introduce themselves briefly with their name, where they live, and any relevant community ties. If the group is too large or there isn't time, each speaker should introduce themselves before they talk.

- a. **Group Leader** should ask how much time the staffer/lawmaker has.
- b. **Group Leader or designated Group Member** should thank the office. (If there is something you can thank them for, it helps start off the meeting on a positive foot! It can be something small.)
- c. **Group Leader or designated Group Member** should introduce the ask.

10 minutes: Share Your Stories

Storytellers share their 2-3-minute remarks. Remember, sharing your story means explaining why you care about this issue. It should be personal to you and can focus on why you care about abortion justice as a Catholic, your own personal abortion story, or something else. Make sure to use "I" statements and do not share someone else's story.

Story 1: _____

Story 2: _____

Story 3: _____

5 minutes: Staffer/Legislator Responds

Group Leader prompts the staff person or legislator to share their views and respond to what they have heard.

7 minutes: Group Questions & Answers

Group Members ask any questions they have for the legislator.

- What is the legislator hearing from others in the district?
- Does the legislator support the ask? What additional steps are they willing to take to move this issue forward?

3 minutes: Repeat the Ask and Close the Meeting

Group Leader repeats the ask one more time, along with any next steps. Take a group picture, if possible. Close by thanking the staff/lawmaker for their time.

Group Debrief and Follow-Up

After the meeting, the group should meet to discuss what they heard and make sure everyone is on the same page.

- a. **Notetaker** should report back and share their notes with the group and CFC.
- b. **Group Leader** (or whoever set up the meeting) should send a thank you email, copying the group participants.
- c. **Group Members** should consider posting on social media (and tagging CFC and the elected officials) and submitting a letter to the editor for your local paper to spread the word about the meeting.

**Dismantle
the injustices
that obstruct
our freedom**

Advocating for Federal Policy Solutions

In the wake of vicious attacks on reproductive freedom in state legislatures and courts across the country, the basic constitutional right to access abortion care is hanging by a thread. We need laws that guarantee abortion is available to all. That's why pro-choice Catholics everywhere must advocate for federal policy solutions.

The Women's Health Protection Act (WHPA)

What is WHPA?

WHPA would protect the constitutional right to access abortion by instituting a nationwide safeguard against bans and restrictions. The bill would create a statutory right for providers to deliver abortion care and a right for their patients to receive that care, free from medically unnecessary restrictions. Importantly, it would also give guidance to courts considering whether a requirement impedes access to abortion care. A strong majority of voters and a large coalition of organizations — including more than 100 faith-based organizations — support WHPA.

On Sept. 24, 2021, the U.S. House of Representatives passed WHPA in a vote of 218-211. While the Senate's vote on February 28, 2022, failed 46-48, it marked the Senate's first standalone vote on proactive abortion rights legislation in decades.

What do Catholics believe?

Abortion access is a Catholic social justice value. Our faith tradition drives us to support policies that advance the human rights of those who are most harmed by abortion restrictions, particularly Black people, Indigenous communities, and people of color; young people; immigrants; those working to make ends meet; people living with disabilities; and LGBTQIA+ people.

According to the Pew Research Center, the majority of Catholics believe that abortion should be legal in all or most cases and that *Roe v. Wade* should not be overturned. Moreover, Catholic women in this country have abortions at approximately the same rate as those of other faith traditions or no faith tradition.

According to the Guttmacher Institute, 24% of abortion patients identified as Catholic, whereas 17% identified as mainline Protestant, 13% as evangelical Protestant, 38% reported no religious affiliation, and 8% reported some other affiliation.

We strive to dismantle the injustices that obstruct our freedom to make choices about our own bodies, families, and futures and to build a society where we all can participate equally and thrive in our communities with dignity. WHPA is a moral means to this sacred end.

Abortion restrictions are part of the intertwined systems of oppression that deny Black people, Indigenous people, and people of color access to constitutional rights. These restrictions are inherently rooted in anti-Black racism and white supremacy.

Sinful structures of gender inequality, systemic racism, economic insecurity, and immigration status are antithetical to our Catholic faith and to the principles of equality, freedom, and justice that our nation should strive toward. A compassionate community would ensure that every single person can access quality, timely medical care from trusted providers.

TAKE ACTION TO SUPPORT WHPA:

www.catholicsforchoice.org/pass-whpa

The Hyde Amendment and the Equal Access to Abortion Coverage in Health Insurance (EACH) Act

What is the Hyde Amendment?

The Hyde Amendment is an annual rider attached to congressional spending bills for most federal government healthcare and insurance programs, including Medicare and Medicaid. First passed in 1976, Hyde punishes those working to make ends meet by banning insurance coverage of abortion except in the extreme cases of rape, incest, and life endangerment. Hyde creates a huge barrier for low-income people who need abortion care.

This oppressive policy got its name from former Rep. Henry Hyde (R-IL), who developed the measure in conjunction with the U.S. Conference of Catholic Bishops. During a debate on the floor of the U.S. House of Representatives, Hyde said, “I certainly would like to prevent, if I could legally, anybody having an abortion, a rich woman, a middle-class woman, or a poor woman. ... Unfortunately, the only vehicle available is the Medicaid bill.”

The Hyde Amendment is a blatant and shameless attack on those who already suffer the injustices of poverty.

First passed in 1976, Hyde punishes those working to make ends meet and creates a huge barrier for low-income people who need abortion care.

In May 2021, President Biden, our nation's first pro-choice Catholic president, demonstrated his strong commitment to abortion rights and accessibility by eliminating Hyde from his proposed budget.

This is a critical step in ensuring that all people who obtain healthcare and/or insurance coverage through the federal government will be able to access abortion care, free from political or religious interference in private health decisions.

Although the future of Hyde remains unknown, President Biden has demonstrated strong moral leadership and upheld our values of Catholic social justice, which compel us to work for equal care and equal justice for all, especially the most vulnerable.

The symbolic power of President Biden's rejection of the Hyde Amendment shows that he, as a deeply devout Catholic, understands that protecting reproductive rights is fundamental to upholding human dignity. Giving pregnant people the legal right to have control and agency over their bodies translates to other aspects of their lives — namely the capacity to claim political, economic, and social autonomy.

Whom does the Hyde Amendment hurt?

Because Medicaid is the primary public health insurance program for those living at or below the federal poverty level in the U.S., the Hyde Amendment's ban on abortion coverage is especially harmful to Black people, Indigenous individuals, and people of color; those working to make ends meet; young people; LGBTQIA+ people; and immigrants — all of whom disproportionately meet Medicaid eligibility requirements because of systemic racism and institutionalized bigotry.

When someone wants an abortion but is denied care, they and their children are more likely to be driven into years of even greater economic hardship.

What's more, the reach of dangerous federal abortion coverage bans has expanded over time to impact Indigenous people; military personnel; Peace Corps volunteers; federal employees; Washington, D.C., residents; and people in immigration detention facilities and prisons.

Ultimately, the Hyde Amendment has a heinous history of harming those already facing

The Hyde Amendment is a blatant and shameless attack on those who already suffer the injustices of poverty.

Learn more about the Hyde Amendment:

- Marisa Spalding, "How Hyde Hurts Women," *Conscience*, December 3, 2015.
-

systemic racism, economic insecurity, and immigration restrictions. Hyde puts lives at risk by allowing the government to interfere with private reproductive healthcare decisions.

What is the EACH Act?

The Equal Access to Abortion Coverage in Health Insurance (EACH) Act would permanently eliminate the Hyde Amendment and related insurance bans, mandating that federal health plans and programs cover abortion alongside all other pregnancy-related care.

The legal right to abortion has never been enough to guarantee on-the-ground access to care around the country. It is time for Congress to protect abortion; ensure that it is affordable; and make it freely available, without stigma or shame, to Black, Indigenous, and people of color and those working to make ends meet.

What do Catholics believe?

As Catholics, our faith calls us to follow our consciences and respect others' right to do the same. Catholics believe in the inherent dignity of every person, and our faith's preferential option for the poor calls on us to champion the rights and well-being of our

neighbors. In contrast, the Hyde Amendment harms the most vulnerable and allows the government to interfere with private reproductive healthcare decisions.

According to the Pew Research Center, the bishops' position — opposing abortion in every instance, even in cases of rape, incest, or when it is necessary to preserve someone's health or life — is shared by only 14% of U.S. Catholics. Catholics for Choice's Abortion in

Good Faith campaign tells the stories of Catholics across the country who want meaningful, accessible reproductive healthcare for everyone, no matter how much money they have.

Catholics reject the Hyde Amendment because it interferes with an individual's agency to make these conscience-based decisions. Everyone deserves equal access to abortion care regardless of

who we are, where we live, or how much we earn. We need to make the EACH Act a reality.

TAKE ACTION TO SUPPORT THE EACH ACT:

www.catholicsforchoice.org/each-act

The bishops' position — opposing abortion in every instance, even in cases of rape, incest, or when it is necessary to preserve someone's health or life — is shared by only 14% of U.S. Catholics.

Learn more about the EACH Act:

- Catholics for Choice, "The EACH Woman Act," Conscience, December 3, 2015.
-

The Helms Amendment and the Abortion is Health Care Everywhere Act (AHCEA)

What is the Helms Amendment?

The Helms Amendment is an amendment to the Foreign Assistance Act of 1961 that prohibits the use of foreign assistance to pay for abortion care as a method of family planning or to motivate or coerce any person to provide abortion care.

The Helms Amendment, created in response to the Roe v. Wade decision, has restricted access to abortion since 1973. This policy has very few exceptions and has been used to prohibit the use of federal funding for all abortions even in cases of rape, incest, or risk to the life of the pregnant person.

For nearly five decades, the dangerous Helms Amendment has stymied access to safe abortion across the globe and has forced pregnant people worldwide to enter unsafe situations to obtain the care they need. The Helms Amendment has been strictly interpreted as a complete ban on support or counseling for safe abortion care and thus forces many choose unsafe abortion, endangering the lives of the most vulnerable people in the world.

It is wrong for anti-abortion politicians in the U.S. to take advantage of the fact that other nations rely on foreign assistance. These politicians are forcing their own unpopular opinions upon those receiving aid. This is a prime example of neocolonialism.

Does the Helms Amendment align with our Catholic values?

No. The Helms Amendment is an affront to our values as Americans and as Catholics, including freedom of speech, freedom of religion, and the Catholic call to care for the most marginalized of society.

Since 1973, the Helms Amendment has endangered the lives of the most vulnerable people in the world, depriving them of both moral autonomy and basic reproductive healthcare.

It is unconscionable for this dangerous and unjust policy to continue.

Catholics are guided by the pursuit of justice and peace and the preferential option for the poor and vulnerable. That's why we oppose policies like Helms that harm any of our neighbors.

**For more than
four decades, the
Helms Amendment
has endangered the
lives of the most
vulnerable people
in the world**

The Guttmacher Institute found that if the Helms Amendment were repealed, there could be approximately 19 million fewer unsafe abortions and 17,000 fewer maternal deaths each year.

What is the Abortion is Healthcare Everywhere Act?

The AHCEA would expand abortion access globally by repealing the Helms Amendment. It would also declare that funding from the U.S. would be used to provide patients with reproductive healthcare services and information, as well as ensure that physicians have the necessary abortion training and equipment.

Learn more about the Helms Amendment:

- CHANGE, “The Helms Amendment, and Why It Needs to End,” March 2021.
- Repeal Helms, “Resources,” www.repealhelms.org/resources

If the Helms Amendment were repealed, there could be approximately 19 million fewer unsafe abortions and 17,000 fewer maternal deaths each year.

Title X

What Is Title X?

Title X (Title 10), the centerpiece of the United States’ family planning program, was established in 1970 by President Richard Nixon, with broad bipartisan support, to help make contraceptive services more affordable and accessible for all. Today, it is the only federal program dedicated to delivering family planning services for low-income, underinsured, and uninsured individuals, providing the full range of options at reduced or no cost. Title X health centers provide services, supplies, and information to all who need them, with priority for poor and low-income people.

Title X’s covered services include the following:

- ✕ Pregnancy testing
- ✕ Contraceptive counseling and services
- ✕ Screening and treatment for sexually transmitted infections (STIs)
- ✕ Referrals for health and social services
- ✕ Screening for cervical and breast cancer
- ✕ Treatment for high blood pressure, anemia, diabetes, and HIV and AIDS
- ✕ Infertility services
- ✕ Health education

Pro-choice advocates march to the Supreme Court in October 2021 to advocate for the EACH Act and WHPA.

Who does Title X serve?

In 2017, Title X-funded clinics served more than 4 million clients. Planned Parenthood clinics and other private nonprofit organizations comprise 40% of Title X providers.

Title X-funded clinics primarily serve low-income women and adolescents. About two-thirds of those who receive care have incomes at or below the federal poverty level. In 2017, 42% of Title X patients were uninsured. More than half of Title X clients (61% for female clients) use Title X clinics as their primary or only regular source of healthcare.

What do Catholics believe?

The vast majority of Catholics in the United States support contraceptive services, and 98% of sexually active Catholic women in the U.S. have used a birth control method other than natural family planning at some point in their lives. Clearly, Catholics do not listen to the bishops when making personal decisions about contraception. Most Catholics use contraceptives and believe that it is a moral choice.

Catholics also believe in the inherent dignity of each person, including those working to make ends meet. Our Catholic social justice tradition calls upon each of us to advocate for policies like a robust Title X program and networks of providers committed to equity and comprehensive care that protect the most marginalized and vulnerable among us.

Nearly 8 in 10 Catholics think that health insurance companies should be required to offer health plans that include birth control. The Title X program has a proven track record of helping people facing financial and other structural barriers to care gain access to needed reproductive health services. Supporting Title X means upholding the Catholic values of human dignity and social justice.

As pro-choice Catholics, we must fight at the state and national levels to support policies that expand access to affordable contraceptive healthcare and speak out against attacks on the Title X Family Planning Program.



The Equal Rights Amendment

Many Americans believe that women are guaranteed equal rights under the U.S. Constitution. This is false. Although women and other activists have worked for nearly 100 years to see their rights enshrined in our nation's supreme law, decades of struggle and searing disappointments still keep what should be the 28th Amendment of the Constitution tantalizingly out of reach.

In 2020, Virginia became the 38th state needed to ratify the ERA. Unfortunately, a deadline was placed on the ratification of the ERA in the late 1970s (no other constitutional amendment has ever had been imposed with a deadline). Thanks to the relentless campaigning of Phyllis Schlafly, right-wing religious groups and plenty of Republican men, the ERA was not ratified by its deadline. However, a deadline elimination bill passed in the House in February 2020. It has not yet made it to the Senate floor.

What would the ERA do?

If published, the ERA would ban discrimination on the basis of sex and guarantee equality for all under the Constitution. Some argue that these protections are already guaranteed by the 14th Amendment's equal protection clause. But in reality, that amendment has not been sufficient to protect the rights of women. Thanks to the 2020 Supreme Court decision in *Bostock v. Clayton County*, which ruled that Title VII of the Civil Rights Act of 1964 protects against LGBTQIA+ people from discrimination, the ERA will protect women and all gender-expansive people.

How would the ERA affect abortion rights?

Getting the ERA published would not simply be a symbolic victory; it would make fighting discrimination possible on a constitutional basis. Having gender equality as a constitutional right could have deep consequences for abortion rights. The ERA would allow lawsuits to be filed to challenge state bans on abortion with the argument that such laws are a form of sex discrimination under the Constitution. One of the main reasons *Roe v. Wade* is so vulnerable is because the right to an abortion is not protected under the constitutional guarantee of equality, but instead is based on privacy.

Who is opposed to the ERA?

The potential power of the ERA puts deep fear in the Catholic hierarchy, so much so that the USCCB-sponsored National Right to Life group has a lobbyist dedicated solely to opposing the ERA and doing everything within his power to prevent it from being enshrined in the Constitution. Referring derisively to the ERA as the "Everything Related to Abortion Act," they claim the amendment would be used as a "legal weapon to invalidate virtually all state and federal limits on abortion, and to require funding of elective abortion at all levels of government."

What can be done?

Gender equality and abortion rights activists can pressure the Senate to put the deadline elimination bill on the floor and urge their Senators to get rid of this deadline once and for all. If passed, the ERA would have to be published by the U.S. archivist as the 28th Amendment.

The Global Gag Rule (GGR) and the Global Health, Empowerment and Rights (HER) Act

What is the GGR?

The GGR prohibits foreign nonprofit organizations that receive U.S. global health assistance funding from providing information, referrals, or services for legal abortion. Simply put, this policy bars doctors from providing their patients with accurate and comprehensive information about their health.

Under this policy, they also cannot advocate for abortion access in their country — even with their own money — if they want to maintain U.S. funding.

Also known as the Mexico City Policy, the GGR was first announced by the Reagan administration at the 1984 International Conference on Population and has since been expanded, restricted, rescinded, and reinstated by subsequent U.S. presidents. This harmful policy has been in effect for 21 of the past 36 years.

Does the GGR address taxpayer funding for abortion?

The GGR has absolutely nothing to do with taxpayer money being used to fund abortion care. The Helms Amendment has actually restricted the use of U.S. assistance for abortion since 1973.

Does the GGR impact how much money the U.S spends on global health assistance?

The global gag rule does not impact how much money the U.S. spends on global health assistance, but rather how that money is used.

How did this policy change under the Trump administration?

The Trump administration reinstated the global gag rule in January 2017, then soon after expanded it to apply to all U.S. global health assistance. The impact of this change was huge — the amount of money affected by the policy from roughly \$600 million to about \$12 billion in estimated planned funding in 2018, a 20-fold increase.

Not all projects impacted by the unprecedented expansion to the GGR pertained to family planning. Many were related to HIV/AIDS, nutrition, malaria, water and sanitation, tuberculosis and other infectious diseases that cause suffering around the world.

Trump's expansions did not stop there. In May 2019, the U.S. Department of State issued new additional guidance that the gag rule would now also apply to sub-recipients of "gagged" organizations, even if they themselves do not receive any U.S. aid.

Under the Trump administration, the policy was also rebranded as “Protecting Life in Global Health Assistance” (PLGHA). This intentionally misleading title was meant to distract people from the true harmful effects of the rule.

Who does the GGR impact?

GGR impacts those seeking reproductive healthcare care or abortion and medical care providers. More broadly, it also affects partner organizations implementing U.S. aid programs and their sub-recipients, public health systems, and foreign policy in general.

Does the GGR impact the number of abortions performed worldwide?

Research has shown that this rule does not reduce the number of abortions performed globally but has increased the number of unsafe abortions.

What is the Global HER Act?

The Global HER Act would permanently end the global gag rule and allow foreign nongovernmental organizations receiving U.S. aid to use non-U.S. funds for HIV prevention, abortion information and referrals, as well as maternal and child health care. The Global HER Act would also remove discriminatory restrictions on healthcare services by allowing doctors to provide their patients with information on abortion care without fear of their clinic losing U.S. federal funding for doing so.

Recent years have seen an emboldened crusade by the Catholic hierarchy and their ultraconservative allies to redefine religious liberty as a license to discriminate against those who do not share their beliefs.

Learn more about the global gag rule:

- PAI, “Helms Amendment and the Global Gag Rule — What’s the Difference?” July 16, 2020.
 - PAI, “The Global Gag Rule—What’s the Point?” March 8, 2018.
 - CHANGE, “Prescribing Chaos in Global Health: The Global Gag Rule from 1984-2018,” June 2018.
 - Guttmacher Institute, “The Unprecedented Expansion of the Global Gag Rule: Trampling Rights, Health and Free Speech,” April 28, 2020.
 - Guttmacher Institute, “The Case for Ending the ‘Global Gag Rule’ and the Helms Amendment,” February 2021.
 - KFF, “The Mexico City Policy: An explainer,” January 28, 2021.
-

The Equality Act

What is the Equality Act?

The Equality Act would provide consistent and explicit anti-discrimination protections for LGBTQIA+ people in areas including employment, housing, credit, education, public spaces and services, federally funded programs, and jury service.

What do Catholics believe?

Our Catholic faith calls us to protect and care for all our neighbors equally. CFC plays a crucial role in lifting the voices of the majority of Catholics who follow their own consciences, and we proudly join our partners in the fight for LGBTQIA+ equality because we know that failing to honor someone's human dignity is intolerable.

As pro-choice Catholics, we know that it is wrong to impose personal beliefs on others, just as it is wrong to use faith as an excuse to discriminate against those with whom we disagree. That is why, when faced with unfairness, we must fight for social justice and protect ourselves and our family, friends, and neighbors from discrimination.

We refuse to stand idly by when our faith is exploited to deny others access to contraception and used to increase societal inequalities. It is wrong to use faith as an excuse to trample on our neighbors' consciences.

Recent years have seen an emboldened crusade by the Catholic hierarchy and their ultraconservative allies to redefine religious liberty as a license to discriminate against those who do not share their beliefs. The consequences of these efforts are particularly clear in the context of Catholic healthcare.

Having consistently failed to convince even Catholics to follow their bans on abortion and modern methods of contraception, the bishops demand that Catholic hospitals deny these essential health services to all patients regardless of a patient's wishes or their doctor's advice and despite receiving billions in taxpayer dollars. Discrimination is wrong in healthcare and business alike, and the Equality Act is an important step toward protecting everyone's right to follow their consciences.

TAKE ACTION TO SUPPORT THE EQUALITY ACT:

www.tinyurl.com/bdm2ke2m

Learn more about the Equality Act:

- Human Rights Campaign, "The Reality Flag," www.hrc.org/resources/the-equality-act
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Connecting with Catholics for Choice

Catholics for Choice — which serves the pro-choice Catholic majority — encounters, educates, and emboldens people of faith who support reproductive freedom.

Catholics for Choice believes **healthcare is a human right** — and that includes access to abortion.

Our faith calls us to affirm reproductive and religious freedom as **essential to Catholic social justice**.

Questions for us about the Advocate's Bible?

www.catholicsforchoice.org
info@catholicsforchoice.org
202-986-6093

Catholics for Choice

2000 14th Street NW, Suite 104
PO Box 73008
Washington, DC 20056

Connect with us and scan this QR Code



Catholics for Choice



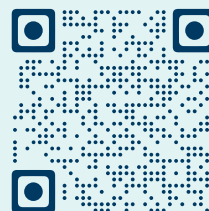
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