



THE PREVENTION DECEPTION: HOW NOT TO REDUCE ABORTIONS

By *Richard M. Doerflinger*

It sounds almost plausible at first.

According to some members of Congress, the problem with the abortion issue is that people are polarized into extreme camps. Why can't we agree to reduce abortions in "non-punitive" ways—and begin by reducing the unintended pregnancies that often end in abortion?

This "Prevention First" agenda has gained more prominence with the new Democratic leadership in Congress. Bills to "ensure access to contraceptives" and bring about "abortion reduction" may soon be debated. And while Catholic moral teaching rejects contraception as a threat to the integrity of marital sexuality, even Catholics may be tempted to ask: If this approach will reduce abortions, can it be all that bad?

Of course, that is what advocates of "Prevention First" hope we will say. At a time when half of Americans identify themselves as "pro-life," Prevention First advocates see a negative side to being considered pro-abortion—and they want to finesse the issue in a way that may divide many Catholic laypeople from their Church and its teaching.

To see this agenda for what it is, we might begin by realizing who is behind it. The "Prevention First" idea was developed by "NARAL Pro-Choice America," which called itself the National Abortion Rights Action League until it decided to hide the word "abortion" even in its name. The agenda's architects in Congress include co-sponsors of the extreme "Freedom of Choice Act," which would force federal, state and local governments to allow and even fund elective abortions (including the barbaric "partial-birth" abortion method). Even the pending bill titled "Ensuring Access to Contraceptives" is actually designed to reverse the federal "Mexico City" policy, so that foreign aid for family planning will again be channeled through groups that perform and promote abortions. How can one "reduce abortions" by giving more money and power to groups promoting abortion?

This should be enough to raise our suspicions. But the flaws in "Prevention First" also lie deeper. There are at least four reasons to reject this approach.

I. CONFUSION ABOUT THE PRO-LIFE GOAL

The aim of the Church's pro-life message is not just to reduce the number of abortions by any means necessary. Statistically, abortions might be reduced in the U.S. by requiring every woman (or man) to be sterilized, by allowing immigration into the country only by people beyond their fertile years, or by discriminating against segments of the population with high abortion rates. That wouldn't make these proposals right.

Our primary goal is to promote respect for human life, before and after birth. If this succeeds, not only will abortions decrease but women, families and society will be more ready and willing to accept and nurture new life. So the real question is: Do aggressive contraceptive programs promote respect for and acceptance of new life?

Historically there is much evidence against it. Growing use of the contraceptive pill in the 1960s helped usher in an era of what proponents called "free love," more accurately called "sex without regard for consequences." The idea took hold that sexual activity could be separated from responsibility for children and pursued simply for pleasure. The result was an increase in premarital and extramarital sex, divorce, sexually transmitted disease, and (ironically) out-of-wedlock childbearing. The family that provides a fitting context for welcoming new life was weakened, and abortions increased.

In the early 1960s even Planned Parenthood insisted that its goal had nothing to do with abortion: "An abortion," said its brochures, "kills the life of a baby after it has begun." But Planned Parenthood's clients found that contraceptives are not always effective in real life—and having been assured that their sexual activity would be pregnancy-free, those experiencing "contraceptive failure" were frustrated and more committed than ever to correcting this mistake. Abortion became the obvious "backup" solution, and Planned Parenthood became the largest network of abortion providers in the world. A rededication to this contraceptive agenda could have the same impact on acceptance of abortion, this time on an even larger scale.

2. MODES OF ACTION: HOW DOES THIS APPROACH WORK, WHEN IT DOES WORK?

One might think that today contraceptives are more effective than 40 years ago. That is not entirely true. Some contraceptives now use lower doses of key ingredients, to lessen the potentially deadly side effects for women. In terms of respect for unborn life, however, the key question is: How do these drugs work, when they do work?

Even in the 1960s, medical experts found that some contraceptive drugs and devices may work not only by preventing fertilization, but also by preventing the newly conceived embryo from implanting in the womb and surviving. Some experts therefore recommended redefining the word “conception” to be synonymous with implantation instead of fertilization—so devices like the IUD could be called “contraceptive” even if they work after fertilization, causing an early abortion. This campaign was so successful that the U.S. Food and Drug Administration now calls “contraceptive” even drugs that it admits can act by interfering with implantation—and state and federal proposals mandating “contraceptive” coverage in health insurance plans generally cover all such drugs as well.

However, from a Catholic moral perspective (and the perspective of biological reality), an intervention to prevent the survival of a new embryo is abortifacient in nature.

To be sure, no one is certain how often a given drug may have this effect. Animal studies are inconclusive, and conducting a controlled study among women to see how often their birth control drugs suppress a new life would be grossly unethical. So this is one possible mode of action among others, and it is probably true that contraceptive pills act chiefly by preventing ovulation. But it is difficult to claim that we can reduce abortions by promoting drugs that may sometimes cause an early abortion.

This problem is especially acute in the case of “morning-after” pills or “emergency contraceptives” (ECs). Planned Parenthood and others urge women to take these after “unprotected” intercourse, or when an ordinary contraceptive has failed. The FDA and manufacturers’ package inserts admit that ECs may prevent implantation. Moreover, because ECs are taken hours or even days after sexual relations, they will sometimes be taken only after sperm and egg have already had a chance to meet; in such a case the only way ECs could interfere with pregnancy is by the abortifacient effect.

Yet the Prevention First agenda includes a mandate for all hospital emergency rooms to provide ECs on request in all cases of rape—including statutory rape, when a minor is simply below the legal age of consent to sexual relations. That mandate applies even when the drug could only work by aborting a newly conceived life.

3. COERCING CONSCIENCES

Prevention First has been marketed as a “non-punitive” way to reduce abortions. But its mandate for contraceptive coverage in all health plans punishes religious employers and their employees, by making it impossible for them to purchase drug coverage that is morally acceptable to them. The proposed bill requiring hospitals to provide ECs is enforced by denying federal funds to any hospital that does not comply, essentially forcing the hospital to close. And proposals to require federally funded sex education programs to promote contraceptives would defund current grantees who promote only abstinence before marriage.

The contraceptive mandates imposed by state laws sometimes include a religious “conscience clause” crafted by pro-abortion organizations, which is so narrow as to be almost useless. It defines a religious organization as one that employs only those of its own faith, serves only those of its own faith, and takes the inculcation of religious doctrine as its chief activity. This excludes almost all Catholic schools, hospitals and charitable institutions, which serve people of all faiths.

This development is, to say the least, ironic. Government funding is sometimes conditioned on a grantee’s pledge not to discriminate against people based on race, religion or creed. Thus funding for Bob Jones University was endangered years ago by the school’s policy against interracial dating. Catholic charitable institutions, for their part, are deeply committed to human equality, not only because of civil law but because of their Christian mission to reach out to all children of God who are in need. But in contraceptive mandate laws, it is precisely the fact that they serve everyone that makes them undeserving of respect for their religious and moral convictions.

Invoked to support this topsy-turvy legal approach is the claim that any employer’s refusal to provide contraceptive coverage is itself a form of discrimination—specifically discrimination against women, because only they can become pregnant. Such a “sex discrimination” argument was accepted by the Equal Employment Opportunity Commission in 2000; but in March 2007, the 8th Circuit Court of Appeals ruled that Union Pacific Railroad’s exclusion of contraceptive coverage was not sex discrimination. With a good deal of common sense, the court found that the employer did not cover birth control drugs or devices used by men *or* women—for example, it did not cover either tubal ligations or vasectomies—so “the coverage provided to women is not less favorable than that provided to men.”

Another claim used to override Americans’ usual respect for rights of conscience is that, by refusing to give women the contraceptives they want, Catholic and other health care providers are themselves violating the consciences of these women. If we must choose one set of conscience rights over another, goes the argument, the conscience of the individual woman must prevail.

This argument makes little sense at a time when our society is already saturated with access to contraceptives. By one account, 89% of U.S. women of reproductive age who are sexually active use contraception, and 98% have done so in their lifetime. Birth control drugs and devices (including, most recently, ECs) are available over the counter at most drugstores. By contrast, many standard medical treatments are available only from certain practitioners or even only from specialists, without prompting charges of a violation of patients' consciences. Telling a woman that she may have to go elsewhere for something she wants does not violate her conscience—forcing providers to do things that are against their moral convictions and religious beliefs does.

The new call for government to enforce women's access to reproductive procedures is a far cry from the abortion movement's original slogan of "freedom of choice." Those who object to these procedures will have no freedom and no choice. And this legal approach can equally be used to override conscientious objections to abortion as well as contraception, as supporters know well. Thus, for example, the "Abortion Access Project" established by pro-abortion groups tells its members to agitate for provision of ECs in all hospitals, including Catholic hospitals, as part of its "how-to" manual on "Designing A Campaign To Increase Hospital-based *Abortion* Services" (emphasis added). Given the possible abortifacient action of ECs, supporters see mandates for such drugs as an important step toward forcing involvement in abortion generally.

4. FAILING TO REDUCE ABORTIONS

Finally, there is now ample evidence that this morally problematic and coercive campaign cannot achieve its alleged pragmatic goal. In short, contraceptive campaigns simply do not reduce abortions.

The Alan Guttmacher Institute, research affiliate of Planned Parenthood, often obscures this fact by announcing that contraceptives have "prevented" so many thousands of pregnancies and abortions that otherwise would have occurred in a given year. But these projections are based on a flawed mathematical model, not genuine findings. In 2006, when the Institute issued a report card ranking the 50 states by how aggressively they promote contraceptives, the embarrassing fact emerged that New York, California and other states receiving the highest grades also had some of the highest abortion rates in the country; some states ranked near the bottom by Guttmacher, such as Kansas and the Dakotas, have the lowest abortion rates.

Studies from a variety of countries have shown that contraceptive programs do not reduce abortion rates. In fact, says one recent overview: "Most studies that have been conducted during the past 20 years have indicated that improving access to contraception did not significantly increase contraceptive use or decrease teen pregnancy."

Perhaps the most surprising finding is that programs promoting ECs do not reduce abortions. ECs have been promoted as the great "backup" to unprotected sex and con-

traceptive failure, because they require no planning but can be taken *after* intercourse. Yet when leading experts who favor EC programs recently summarized 23 studies gauging the effect of such programs, they had to admit that *not one* of the 23 found a reduction in unintended pregnancies or abortions. Earlier these authors had predicted that expanding access to ECs would cut the abortion rate in half.

Why do contraceptive programs fail to reduce abortions? Many explanations have been offered. Certainly real people are less organized and more ambivalent than mathematical models are. The drugs and devices may be less effective in real-life situations than in organized clinical trials. The phenomenon Planned Parenthood discovered in the 1960s—that people who experience "failed" contraception may be even more tempted to resort to abortion as a backup—is probably also at work, as suggested by the fact that about half of abortions are performed on women who were using contraception when they became pregnant. Whatever the reasons, it turns out that the moral, legal and social costs of these campaigns cannot even be justified with the pragmatic argument that they will necessarily reduce abortions.

CONCLUSION: WHAT REDUCES ABORTIONS?

What, then, will reduce abortions? One clue lies in the Guttmacher data mentioned above. Abortions are lowest in "heartland" states with a more traditional culture of honoring marriage and discouraging premarital sex. New studies show that an increase in the number of teens nationwide who delay initiating sexual activity is responsible for a large part of the reduced abortion rate in recent years. This "abstinence" approach is, of course, precisely what the Prevention First campaign would cut off government support for.

Second, these and other states place modest legal restraints on abortion. Widely supported laws to deny public funding of abortion, to ensure informed consent for women seeking abortions, to protect parental rights in the case of minors seeking abortions, etc. have a well-documented and significant effect of reducing abortions.

Third, most women undergoing abortion say they did not prefer abortion, but saw no other way to preserve their educational goals, career or way of life. No one offered them a choice other than abortion. By offering life-affirming services to pregnant women and their children, as proposed in federal bills like the "Pregnant Women Support Act" (H.R. 6145), we could make a substantial impact on the number of abortions.

Helping young people to respect their sexuality, placing limits on the abortion industry, and providing real alternatives to pregnant women can reduce abortions without creating any moral or social problems. That could be the true common ground in the abortion debate. Will Congress seize this opportunity?

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Parish/ Diocesan Activities

Parent Power Workshops:

In 1999, a division of Project Reality made up of medical and educational professionals began presenting Parent Power Workshops to school, faith-based and community groups in Chicago. These presentations are now available for use in other communities across the country and are also available in Spanish.

- The objectives of the Parent Power workshops are:
- To help parents understand the influence they have to impact their children
- To encourage parents to parent with purpose; to teach values, to train for success and to prevent problems
- To give practical information and skills for communicating effectively with teens
- To give parents accurate and updated information about sexually transmitted diseases (STDs), the emotional effects of teen sexual activity, and to help parents effectively communicate the message of abstinence to their teens.

The Parent Power workshops are usually given in 2 1/2 hour sessions and include discussion, role playing and a Q&A session. For more information or to schedule a Parent Power workshop for your parent group, please contact: Southwest Parents Committee at (773) 545-8820 or Project Reality at (847) 729-3298.

Resources

Teaching Documents

Evangelium Vitae (The Gospel of Life).
Pope John Paul II, 1995.

Humanae Vitae (On the Regulation of Births).
Pope Paul VI, 1968.

The Theology of the Body: Human Love in the Divine Plan. Pope John Paul II. (forward by John Grabowski, Ph.D.). Boston: Pauline Books & Media, 1997.

Married Love and the Gift of Life.
U.S. Conference of Catholic Bishops, 2006.
Available at
www.usccb.org/laity/marriage/MarriedLove.pdf.
Copies may be ordered at
www.usccbpublishing.org/productdetails.cfm?PC=722.

Print

Books

Anonymous (Miriam Grossman, M.D.). *Unprotected*. New York: Penguin Group, 2006.

John S. Grabowski. *Sex and Virtue: An Introduction to Sexual Ethics* (Catholic Moral Thought). Washington, D.C.: The Catholic University of America Press, 2003.

Kevin S. Hasson. *The Right to be Wrong: Ending the Culture War Over Religion in America*. San Francisco: Encounter Books, 2005.

Ronald D. Lawler, Joseph Boyle and William May. *Catholic Sexual Ethics, 2nd Edition*. Huntington, Ind.: Our Sunday Visitor, 1998.

Full Potential Project

The Full Potential Project is a three-region program in the District of Columbia, southwest Florida and southern New Mexico funded by a grant from the U.S. Department of Health and Human Services' Administration for Children and Families. Established community partners in each region bring the abstinence message through educational activities at no cost to schools, parents and youth serving agencies.

Game Plan & Navigator Abstinence Programs
Game Plan and Navigator are nationally recognized and effective abstinence education curricula utilized in more than 23 states across the nation. Both are eight session programs with positive health messages about the benefits of abstinence as well as components on healthy relationships, decision making, and goal setting. Game Plan is recommended for grades 7 through 9 and is available in Spanish. Navigator is recommended for grades 9 through 12. Both programs have been evaluated and proved effective in reaching youth with the message of abstinence as the healthiest choice. *These curricula are available at no cost to participating Full Potential Schools.*

Interactive day long teacher trainings for Game Plan and Navigator are available.

Carrie Lukas. *The Politically Incorrect Guide to Women, Sex and Feminism*. Washington, D.C.: Regnery Publishing, Inc., 2006.

Jennifer Roback Morse. *Smart Sex: Finding Life-Long Love in a Hook-up World*. Dallas: Spence Publishing, 2005.

Chris and Linda Padgett. *Not Ready for Marriage, Not Ready for Sex: One Couple's Return to Chastity*. Cincinnati, Oh.: St. Anthony Messenger Press, 2006.

Steven E. Rhoads. *Taking Sex Differences Seriously*. San Francisco: Encounter Books, 2004.

Rev. Walter Schu, L.C. *The Splendor of Love: John Paul II's Vision for Marriage and Family*. New Hope, Ky.: New Hope Press, 2003.

Laura Sessions Stepp. *Unhooked*. New York: Penguin Group, 2007.

Sam & Bethany Torode. *Open Embrace: A Protestant Couple Rethinks Contraception*. Grand Rapids, Mich.: William B. Eerdmans Publ. Co., 2002.

Christopher West. *Good News about Sex & Marriage*. Ann Arbor, Mich.: Servant Publications, 2000.

_____, *Theology of the Body for Beginners: A Basic Introduction to Pope John Paul II's Sexual Revolution*. West Chester, Pa.: Ascension Press, 2004.

Karol Wotyla (Pope John Paul II). *Love and Responsibility*. San Francisco: Ignatius Press, 1993.

Motivational Youth Assemblies: National motivational speakers travel to each Full Potential region to provide motivational assemblies for selected Full Potential schools. Assemblies provide an opportunity for school-wide education to receive the abstinence message while motivating and engaging students to make positive decisions.

Youth Ambassador Clubs: Youth Ambassador Clubs train youth leaders as advocates for abstinence among their peers and in their local communities. Youth Ambassadors are recruited from schools participating in the Game Plan or Navigator programs. For more information call Project Reality at (847) 729-3298.

Family Honor, Inc. offers a number of chastity programs, training and resources at www.familyhonor.org.

Generation Life develops young adult leadership by recruiting, motivating and training college students and young adults to present pro-life and chastity messages to their peers and to teens: www.generationlife.org.

LifeSaver Retreats: a 1-day workshop retreat for teens from Northwest Family Services: www.nwfs.org/lifesaver.htm.

Articles/ Fact Sheets

Visit www.heritage.org/research/abstinence and www.heritage.org/research/family for numerous articles on the effectiveness of abstinence programs and state laws in reducing abortion rates.

Visit www.usccb.org/prolife/issues/contraception/index.shtml and www.usccb.org/prolife/issues/contraception/morningafter-pill.shtml for fact sheets and articles on the failures and risks of contraceptives and emergency contraceptives.

CD/ DVD

Excellent videos, CDs and audio cassettes can be found at One More Soul (www.omsoul.com) and Life Cycle Books (www.lifecyclebooks.com, in the on-line catalog under abstinence).

Note, in particular, the following CDs at One More Soul:

“Contraception: Why Not?” by Janet Smith; “John Paul II’s Theology of the Body” by Christopher West; “Why NFP?” by Jason Evert; and “NFP Talks for Clergy” (also available on audio cassette).

Note, in particular, these videos from Life Cycle Books:

“Sex Has a Price Tag” (Pam Stenzel); “Sex Is Not a Game”; “Sex, Lies & the Truth” (Christian and secular versions available); and “Sex, Love & Relationships” (4-session, 2- video curriculum, with leaders’ guide and reproducible handouts).

“Taking a Stand: Helping Our Kids Win the Battle for Sexual Purity,” by Tom Curran and Mary Beth Bonacci, is a 5-video (or 5 DVD) set for parents: www.mycatholicfaith.org/resources_bonacci.html.