



Secretariat for Pro-Life Activities

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Response to Guttmacher Institute's Claims On Contraception and Abortion Policy

In an attempt to rebut the May 3, 2006 USCCB press release, "Latest Guttmacher Institute Report At Odds With Itself" (www.usccb.org/comm/archives/2006/06-089.shtml), the Guttmacher Institute (GI) wrote to congressional offices on May 5 making some new assertions. We stand by our release and have the following response to GI's claims.

GI: GI's two goals, reducing abortions while also promoting abortion access, are clearly "entirely compatible," because European countries which take this twofold approach have relatively low abortion rates.

Fact: Those countries have more restrictive policies on abortion than the U.S. – allowing elective abortions only in the first three months, and only after an "informed consent" procedure, counseling on alternatives and a waiting period, for example. GI *opposes* such modest policies, which have been found to reduce abortions in a number of studies. GI cannot cite Europe in defense of its own radical agenda.

GI: "Behind almost every abortion in the United States is an unintended pregnancy. Therefore, efforts to reduce unintended pregnancy will reduce the number of abortions."

Fact: To be sure, behind most abortions (and many live births) was an unintended pregnancy. But as GI's own data suggest, simply making "efforts" to reduce pregnancies does not mean one will reduce abortions. Those efforts may fail to reduce total unintended pregnancies; *or* they may reduce total pregnancies, but encourage more pregnancies to end in abortion. Both phenomena have been found in professional studies on the impact of contraceptive programs.

GI: "[T]he most effective way to prevent large numbers of abortion in this country is to improve access to safe, affordable, effective contraceptive methods..."

Fact: This claim is simply asserted – GI's own data do not demonstrate it, and in some ways they contradict it. As noted in our press release, many states praised by GI for having the most aggressive policies promoting contraception also have the highest abortion rates (see www.guttmacher.org/statecenter/ccfs.html).

GI: In these states, abortion rates are nonetheless “far lower than they would be absent that commitment” to contraception.

Fact: There is no direct evidence for this – one cannot validly compare a factual situation with one that never happened. Such projections also rest on the invalid assumption that “all else remains the same” – that contraceptive programs do not change people’s sexual behavior and thus undermine the programs’ goal. In any case, abortions have increased in such states immediately *after* such policies took effect. For example, in Maryland, the first state to enact a contraceptive mandate, abortions increased the years after the mandate took effect (even as they decreased nationwide). (See www.guttmacher.org/pubs/sfaa/maryland.html.) So it is far from obvious that more access to contraception reduces abortions.

GI: “Removing policy restrictions [on abortion] will not result in more abortions...but in earlier abortions, which is to everyone’s benefit.”

Fact: Obviously the opposite happens: The policy of abortion on demand, created by the Supreme Court and praised by GI, has encouraged abortionists to offer more grotesque late-term abortions, such as the “partial-birth” procedure that is tantamount to infanticide. It is also absurd to argue that unborn children would “benefit” from being killed even more swiftly.

GI: “[E]ven though contraceptive use is often imperfect, it reduces the probability of having an abortion by 85%.”

Fact: Not quite. GI’s figures show that while 48% of unintended pregnancies are from women using contraception, a higher percentage of abortions (54%) is from this group. Use of contraception seems to increase the likelihood that an unintended pregnancy will be aborted.

GI: It is “unreasonable” to think that “making contraceptive services ever harder to get” will reduce abortion.

Fact: It is GI that is urging Congress to change current law on contraception, to make it a universally coerced “benefit” in everyone’s health insurance instead of an individual choice. And GI is doing this without any solid basis in fact, since its own data show that many states which do not aggressively promote contraception have lower abortion rates than those which do.

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