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.

4. Failing to reduce abortions

The Alan Guttmacher Institute, research affiliate of Planned Parenthood, often announces that contraceptives have "prevented" so many thousands of pregnancies and abortions. But these are projections 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 for contraceptive services 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, "[m]ost 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. 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.

Conclusion: What reduces 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.

Second, these and other states place modest legal restraints on abortion, which have a well-documented and significant effect of reducing abortions.

Third, offering life-affirming services to pregnant women and their children, as proposed in federal bills like the "Pregnant Women Support Act" (H.R. 6145), could make a substantial impact on the number of abortions.

These strategies can reduce abortions without creating any moral or social problems, and could be the true common ground in the abortion debate. Will Congress seize this opportunity?

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The full-length version of this article is posted at http://www.usccb.org/prolife/programs/rlp/doerflinger.pdf.

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The Prevention Deception: How Not to Reduce Abortions

Richard M. Doerflinger

Respect Life

It sounds almost plausible at first.

According to some members of Congress, we should agree to reduce abortions by reducing the unintended pregnancies that often end in abortion through increased access to contraception. This "Prevention First" agenda has gained more prominence with the new Democratic leadership in Congress. Even Catholics may be tempted to ask: If this approach reduces 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.

There are at least four reasons to reject the "Prevention First" approach.

1. Confusion about the pro-life goal

The aim of the Church's message is not just to reduce the number of abortions by any means necessary. Our primary goal is to promote respect for human life, before and after birth. Historically, there is much evidence against contraceptive programs accomplishing this goal. Growing use of the contraceptive pill in the 1960s helped usher in an era of what proponents called "free love." 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. But Planned Parenthood's clients found that contraceptives are not always effective in real life, and abortion became the obvious "backup" solution. 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 and when do contraceptives 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 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 a very 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. 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.

No one is certain how often a given drug may have this effect. 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), sometimes taken only after sperm and egg have already had a chance to meet, and would only interfere with pregnancy 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.

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.

The contraceptive mandates imposed by state laws sometimes include a religious "conscience clause" that 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.

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 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, so "the coverage provided to women is not less favorable than that provided to men."