Approved _____
Date

MINUTES OF THE HOUSE COMMITTEE ON FEDERAL & STATE AFFAIRS.

The meeting was called to order by REPRESENTATIVE ROBERT H. MILLER at
Chairperson

1:30 a.m./p.m. on February 15, 1988 in room 526S of the Capitol.

All members were present except:

Representative Roenbaugh & Hensley - E * Sprague

Committee staff present:

Mary Torrence, Revisor's Office
Mary Galligan, Research Department
Lynda Hutfles, Committee Secretary

Conferees appearing before the committee:

B.J. Whiteman
Sgt. Huffmeier, Topeka Police Department
Lewis Rice, Sylvia
Senator Ed Reilly
Representative Bill Riordon
Reverend Bill Gilifillian, Kansans for Life
Jim Ryan, Kansans for Life
Pat Goodson, Right of Life of Kansas
Tori Foy, Kansas Teens for Life
Michelle Ruebke, Hesston
Matt Hollingshead, Newton
Dr. Nancy Toth, Topeka
Mike Cavell
Mary Ann Grelinger, Right to Life
Dr. George Tiller
Belva Ott, Planned Parenthood of Kansas
Juanita Carlson, ACLU
Mike Paredes, ACLU
Darlene Stearns, Religious Coalition for Abortion Rights in Kansas

The meeting was called to order by Chairman Miller.

The chairman told the committee that this bill had passed the House last year and was substantially amended by the Senate to include that parental consent is required for a minor to obtain an abortion. The bill was referred back to House Committee very late in the session last year. Hearings will be held on the runaway portion of this bill first and then time will be divided between the opponents and proponents of the parental consent bill.

B.J. Whiteman related her experiences with her own runaway child who has since been retrieved from what she felt was an unsafe environment. There is no punishment at this time for people who encourage or harbor young runaways.

Sgt. Huffmeier, Juvenile detective with the Topeka Police Department, told the committee of the problems he has had with people who harbor young runaways.

Mr. Lewis Rice of Sylvia related the experiences they have had with their granddaughter. who is a runaway and has run away from an SRS institution.

Proponents: - HB2950 & HB2007 - Parental Consent

Senator Reilly gave testimony in support of the bills. In today's society, our youth are faced with many complex issues - aids, drug abuse and alcohol, etc. In order to continue to preserve homelife, parents need the opportunity to have input in their children's decisions. Minors cannot have a hangnail taken care of or a circumcision without parental consent. Who is more qualified than the parent who brought the child into the world to make decisions for them. The irresponsibility of a few parents should not be held against those who are responsible. Senator Reilly said it is the parents obligation to guide their children.

Representative Riordon, a co-sponsor of HB2950, said he is personally repulsed by abortion and thinks it is morally wrong. As a teacher Representative Riordon said the he must do more than present facts in the classroom. You are not helping young the young people by keeping things from their parents.

Reverend Bill Gilifillian, Vice-President of Kansans for Life, gave testimony in support of the bills. The genious of a parental consent or even parental notification is that it carefully balances the affirmative rights of parents to guide their children and the children's emerging rights to choose. See attachment A.

There was discussion of whether most girls tell their parents of their pregnancy. Reverend Gilifillian said that as a direct result of the Minnesota parental consent law, there was a decline in teen pregnancy. He said he would provide statistics on this.

Jim Ryan, Kansans for Life, gave testimony in support of the bill. He said that the last 25 years have brought about the greatest collapse of home life. He is concerned about the youth of our state and their family life. The welfare of the children is of the utmost importance. Mr. Ryan said that teen abortions will be cut by 1/3 in the state if these bills are passed. See attachment B.

Pat Goodson, Right to Life of Kansas, gave testimony in support of the bills. The tremendous support of this legislation is an indication of the feeling of most Kansans . It is a rare parent who is not outraged at the fact that minors are able to obtain abortions without the knowledge or consent of their parents. See attachment C.

Tori Foy, Kansas Teens for Life, told the committee she was seventeen years old and felt they should hear from a person whom this bill would affect the most. She said she felt this bill would help promote unity among parents and their teenagers. See attachment D.

Michelle Ruebke of Hesston was in support of the bill, but differed in the interest of time.

Matt Hollingshead, Newton, gave testimony in support of the parental consent bills. He said he found it baffling that he could not get an aspirin from school or get his ear pierced without his parent's consent, but he could take his girlfriend to get an abortion.

Dr. Nancy Toth, Topeka physician, told the committee that informed consent is a concern of every practicing physician in the state of Kansas. This is true not only because of the malpractice climate, but also because it important that the patient underst procedure, its risks, benefits and alternative forms of treatment in order for the patient to help determine what is best for her. See attachment E.

Mike Cavell, an attorney, gave testimony on the constitutionality of the parental consent bills. See attachment F.

Mary Ann Grelinger, Right to Life of Kansas, gave testimony in support of parental consent and parental guidance for minor children. Parental responsibility for children is expressed in statute after statute in the State of Kansas. There should be almost no limits on parents' rights, but there has to be that one limit, the right to life of all persons, both preborn and born. See attachment G.

Opponents: - Parental Consent

Dr. George Tiller, a family physician from Wichita, gave testimony in opposition to the parental consent bills. His practice includes fertility control, geriatrics, sports medicine, alcohol & drug counseling and abortions. The focus of the two bills is parental consent. Only 3% of minors seeking abortions come without parental consent. 10 % of those minors seeking abortion come from families afflicted with alcohol and drug addiction. Dr. Tiller gave two examples of young girls seeking abortion who were from sick families. This is bad legislation. Unfortunately, not all of these girls come from families headed by compassionate fathers. The disadvantaged and uneducated will be disadvantaged by this legislation.

MINUTES OF THE HOUSE COMMITTEE ON FEDERAL & STATE AFFAIRS,

room 526S, Statehouse, at 1:30 a.m./p.m. on February 15, 1988, 19__.

Belva Ott, Planned Parenthood of Kansas, Inc., gave testimony in opposition to HB2950. Parental consent and notification laws recently have been found to have not secceeded in improving family communication and had forced teenagers to go through a very stressful court proceeding for little reason. HB 2950 takes a major leap backward in recognizing the values of self-determination, personal responsibility, individual choice, family life and the joy of having children. See attachment H.

Juanita Carlson, ACLU of West Missouri & Kansas, expressed her opposition to the bills. These bills create an additional barrier for a young woman who is already going through a difficult process.

Mike Paredes, ACLU, gave testimony in opposition to the bill and illustrated that the realistic effect of this bill is its constitutionality. Mr. Paredes said that the state should provide funding for increased levels of services to include abortion, education, etc. See attachment I.

Darlene Stearns, State Co-ordinator for Religious Coalition for Abortion Rights in Kansas, gave testimony in opposition to HB2950. Their opposition is based on the statements of ther member denominations who believe abortion is ultimately a religious issue. Ms. Stearns said they support individual choice and oppose any legislation that would make abortion inaccessible to any group of women. See attachment J.

Additional written testimony:

Robert W. Conroy, Associate Director, C.F. Menninger Memorial Hospital-See Attachemtn K.
Judge C. Fred Lorentz, Fredonia, Ks. - See attachment L

The meeting was adjourned.

Kansans for Life

3601 S.W. 29th Street, Suite 241, Topeka, KS 66614.
(913) 272-9242

Testimony concerning HB 2950, The Parental Consent Bill
Mr. Bill Gilfillan, Vice President, Kansans for Life

The genius of a parental involvement bill like HB 2950 is that it carefully balances the time honored rights of parents with the developing rights of children that accompany maturity.

The rights of parents is underscored as the bill requires that one parent give written consent to the physician before the abortion begins. We think the average Kansan would say "yes," parents should be consulted and informed, and not kept in the dark on any upcoming major surgery such as abortion. If we get calls from the school nurse asking for our approval for aspirin, of course we want the right to consent or withhold our consent for an abortion.

And teens have rights too, the older the teenager, the more responsibilities and privileges are usually granted. So that at majority, they are legally on their own.

In essence, parental consent or parental notification bills balance these rights.

Let me describe the bill briefly and then answer several objections. The Parental Consent bill would require that one parent give written consent to the physician or by his agent before he performs the abortion. (New Sec. 3, line 81).

If the unmarried teenage girl who lives at home is just too terrified or for whatever reason decides she must have the abortion without her parents knowledge and approval, she must receive written consent from any district court judge (line 97).

The judge would meet with the girl in counsel privately in his chambers, keep an anonymous record and decide if the girl is mature enough to make this decision or determine whether or not the girl's best interest



Attach A

is served by an abortion (New Sec. 5, Line 110). Currently, some twenty-nine states have either parental consent or parental notification laws.

Objections to the Parental Consent Bill:

1. It violates a teenagers right to privacy. So claims the ACLU. Not so, repeatedly says the U.S. Supreme Court. The Supreme Court continues to recognize the guiding rights of parents even when limiting the freedoms of minors (See T.L.J. v. Webster most recently, 792 Fed. Reporter, 2d Series, pp. 734-740. See also Planned Parenthood v. Ashcroft.) While a woman does have the right to make choices, both the state and federal governments recognize this as an emerging right. The younger the minor, the more vulnerable, less critical she is. The judicial bypass required by the U.S. Supreme Court provides total privacy and anonymity for the minor in seeking consent apart from her parents. While parents may shake their heads at his feature, the court requires it to protect the minor's privacy.

2. The bill implies that all teenagers come from happy and supportive homes where a pregnant girl can tell her parents even the shocking news of pregnancy.

The bill makes no such fairy tale assumptions. While many girls choose not to tell parents, most do, according to the ACLU's "1987 Reproductive Freedom Project." Three times on its first four pages the report states, "the majority of minors voluntarily tell at least one parent of the pregnancy." Later, "in reality, most minors already talk to their parents," and "most teenagers voluntarily tell one or both parents about a pregnancy or proposed abortion."

True, it is simplistic to conclude that all unwanted pregnancies end up as happy, well-adjusted family units. It is equally absurd to believe that parents will never cool off. There is no patronizing here. The bill suggests that women can cope and rise above their circumstances, especially with their parents help.

Pregnant girls usually tell. Parents usually cool off. If she's convinced that she can't, and they won't, she can privately, confidentially tell the judge.

3. Because the abortion is delayed, the health risks rise and the life of the pregnant teenage mother could be threatened. True, the sooner the

abortion is performed, the greater chances of safety.

If the pregnant teenager is in her second or third trimester and decides to have an abortion, then more than ever she needs her parents knowledge and help. Many a parent will simply sign the consent form for convenience and health reasons. A later abortion could damage her physically now and emotionally later. That's too big of a decision for a teenager to make alone. If she's in her first trimester, the danger is far less acute and the judicial escape clause is not only anonymous, but also expedited for that very reason.

In closing, let me state that the genius of a parental consent or even parental notification bill is that it carefully balances the affirmative rights of parents to guide their children and the children's emerging rights to choose. Only the most radical of prolife and feminist groups will tell you that those rights should not be balanced this way.

# Cutoff of Abortion Funds Doesn't Deliver Welfare Babies

By Jacqueline R. Kasun

The abortion-funding debate is once more in the news, with referendums designed to end state funding of abortions defeated in Massachusetts, Oregon and Arkansas. But as debaters well know, plausibility and truth are not synonymous.

Proponents of public funding may have aided themselves in carrying the day with the argument that abortion prevents the birth of children who would become dependent on public assistance, and they offer estimates of the alleged savings thus achieved. Unfortunately, public funding's champions do not present the whole picture. With funding cut off, abortions decrease, but *births* decrease as well:

**Ohio**

| *Outcome of 3-month Pregnancies, Feb.-July* | *1977* | *1978* |
|---|---|---|
| No. induced abortions | 3,958 | 2,591 |
| No. live births (Aug.-Jan.) | 6,156 | 5,932 |
| Est. no. of miscarriages | 543 | 523 |
| Total pregnancies | 10,657 | 9,046 |

**Georgia**

| *Outcome of 3-month Pregnancies, Feb.-July* | *1977* | *1978* |
|---|---|---|
| No. induced abortions | 1,474 | 1,164 |
| No. live births (Aug.-Jan.) | 6,854 | 6,829 |
| Est. no. of miscarriages | 604 | 602 |
| Total pregnancies | 8,932 | 8,595 |

The figures above are gleaned from a careful study, published in the May-June 1980 issue of the Guttmacher Institute's Family Planning Perspectives, of what happened in three states after the passage of the Hyde Amendment, which eliminated most federal funding of abortion. One of the states, Michigan, continued to pay with state funds for poor women's abortions. The other two, Ohio and Georgia, did not. Birth and abortion records of Medicaid-eligible women for all three states were studied and compared for a six-month period of 1977 (before Hyde) and a comparable period of 1978 (after Hyde).

Indeed, there was a reduction in abortions in Ohio and Georgia, apparently resulting from the cutoff of public funds. So what is to account for the decrease in births? *Conceptions* decreased. The decrease amounted to 4% in Georgia and a hefty 15% in Ohio. Remember that these figures come from a careful counting of birth and abortion records kept for Medicaid-eligible women in both states.

The evidence would seem to be conclusive, but it is ignored or selectively cited. As a case in point, this year Oregon's secretary of state insisted that the anti-funding ballot also contain the message that the measure would cost the state $2.4 million a year, because *each* abortion not paid for by the state would be replaced by the live birth of a welfare-dependent child.

Prior to making this estimate, the secretary of state had received a memorandum from Planned Parenthood estimating that only 20% of the abortions not funded by the state would end up as live births and that the other 80% would be paid for by the women themselves. That number, too, was erroneous, but not as wide of the mark as the secretary of state's.

The Planned Parenthood estimate, while based on the study cited above, used only part of the study's data. As would be expected, there was little change between the six-month periods in 1977 and 1978 in the number of abortions performed on poor women in Michigan, where state support replaced federal funding. In Georgia and Ohio, where government funding ceased, the number of abortions performed on Medicaid-eligible women declined by 21% and 35%, respectively. On the basis of these figures, together with the number of live births, the authors of the study estimated that, if the same proportion of pregnancies had been aborted in 1978 as in 1977, there would have been about 20% more abortions in both states. The next small step might seem to be obvious—that is, to conclude that the unfunded 20% of abortions must have resulted in live births. Following this reasoning, a Guttmacher Institute study of the "Public Benefits and Costs of Government Funding for Abortion," published in the May/June 1986 issue of Family Planning Perspectives, did use this apparently reasonable assumption as the basis of its cost estimates, concluding that "for every tax dollar spent to pay for abortions for poor women, about four dollars is saved in public medical and welfare expenditures."

Planned Parenthood and its former affiliate, the Guttmacher Institute (both strong advocates of public funding), are correct: Fewer abortions occur when public funding for abortions is cut off. But what the statements by these agencies omit is the most interesting and significant effect: Though abortions decline, births do not increase, and therefore public assistance cannot increase, because people take steps to reduce conceptions.

This fact, though contrary to certain stereotypes of human response enshrined by the social-welfare establishment, is in perfect harmony with elementary principles of economic behavior. Faced with a price for a formerly "free good," such as an abortion, consumers turn to a less costly substitute—in this case, apparently to the prevention of pregnancy. This substitution effect, familiar to economists, has shown up in other studies of abortion. In Denmark, after abortion became more liberally available, sales of contraceptives declined sharply as rates of abortion and pregnancy rose, while the birth rate rose briefly and then resumed its long-run decline.

In her studies of American women, Kristin Luker found that the knowledge that "I can always get an abortion" played an important role in the decision to risk getting pregnant. In Minnesota a law requiring parents to be notified of minors' abortions (another way of imposing a higher "price" for the service) was followed by dramatic reductions in pregnancies, abortions and births among teenagers.

The evidence blows apart the economic arguments for public funding of abortion. Government-funded abortion provides no "cost savings" to the public. Rather, the evidence shows that people respond to its availability at public expense by using it in place of other means of birth control and that they adapt to its non-availability at public expense by using other means of limiting births.

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*Ms. Kasun is a professor of economics at Humboldt State University in Arcata, Calif. Her book "The War Against Population" is due from Jameson next year.*

# MINNESOTA PARENTAL CONSENT ADDENDUM

The following was learned from Jim Wigginton, a Supervisor in the Minnesota Center For Health Statistics of the Department of Public Health: (612) 623-5359

In his opinion, there is a noticeable drop in the teen pregnancy and teen abortion rate before and after the parental consent bill became law. He says it is not unreasonable nor illogical to assume the drop was a result of parental consent law.

He qualified this statement with the following analysis:

* The Parental consent law had some effect. But the question is did these girls then leave the state to have an abortion? He said if they did, they probably would have went to North Dakota and South Dakota, where no parental consent law exists and where it is easier to have an abortion then in Minnesota.

* He believes the figures are accurate, but again qualified the statement by saying that towards the approach of a census year, it is easier for the figures to become distorted due to population estimates of teen's in those age brackets.

* The girls could have lied about their age and said they were 18 or 19 instead of 16 or 17, and had an abortion. But he says the statistics would have revealed an abnormal rate of increase in the teen pregnancy rates and abortion rates for 18 and 19-year-olds. He said the figures don't reveal this tendency.

Greensboro News & Record

Robert D. Benson, *President and Publisher*
Ben J. Bowers, *Vice President and Executive Editor*
John R. Alexander, *Editorial Page Editor*
Ned Cline, *Managing Editor*

Monday, June 1, 1987 A12

## Editorials

# Telling mom and dad

The N.C. House of Representatives has passed legislation that would require unmarried girls who are 17 years old and younger to get their parents' consent before having an abortion. Although we favor legalized abortion for women, we also think that abortions for minors constitute a special category of decision-making in which parents should be involved.

Under current state law, parental consent is required for minors to undergo abortions and most medical procedures. But that law is not in conformity with a U.S. Supreme Court ruling which held that parental consent for a minor's abortion is unconstitutional *unless* the state gives the minor the option of asking a judge to waive the consent provision.

The House legislation, which passed by a vote of 70 to 26, would allow minors to ask District Court judges to waive the consent provision. This stipulation gives minors in special cases a potential escape route from parental consent, while making North Carolina comply with the high court's ruling.

Our support for parental consent derives from several factors. First, an abortion carries medical and psychological risks. In other medical procedures, including something so inconsequential as getting aspirin from the school nurse, parents must give their consent for a minor. Parental consent on abortions would be consonant with law regarding other medical procedures.

In addition, to allow, say, a 15-year-old to undertake the decision alone would be an affront to the concept of family, especially the parent-child relationship. While we support minors obtaining contraceptives without parental consent (and so does North Carolina law), abortion is much too grave a procedure to exclude a girl's parents.

Finally, abortions can have negative psychological implications — guilt, confusion, shame — for women of any age. But for an immature minor to grapple alone with emotions that sometimes attend abortions can be particularly trying. Parental guidance and support are urgently needed at such a traumatic time.

Opponents of the House bill say it will drive pregnant minors to back-alley abortion parlors or to other states that do not require parental consent. Such scenarios are a possibility. But we still think these risks are outweighed by the importance of parental consent.

Judges are understandably opposed to the legislation. Should a pregnant minor request that her parents not be told of her wish for an abortion, or should she ask a judge to override her parents' wishes, the judge will face an unpleasant dilemma. But judges must make many difficult choices in carrying out their responsibilities. Few minors, moreover, are expected to take the cumbersome court route.

The Senate, which let a similar bill die in committee in 1985, must now consider the parental consent issue. A respect for family should persuade lawmakers to approve the legislation.

A

# "RYUN DISQUALIFIED FROM OLYMPICS"

Headlines blared the disappointing news. America had pinned her Gold Medal hopes on me to win the 1500-meter event at the 1972 Olympics in Munich. Instead, I'd taken a spill just 500 meters from the finish of my first qualifying race.

"Somebody bumped me," I protested to the Olympic committee. But even though video footage proved I had been fouled, the committee refused to reinstate me.

This simple contest had been the focal point of all my training and energy during the last year. Now it was being stolen from me. The old Jim Ryun wished he could give each and every member of the Olympic committee a good, swift kick with his #12½ t shoes. But how was the *new* Jim Ryun going to handle the situation?

You see, for 10 years, running was my god. I tried other sports in junior high school—basketball, baseball—but usually got invited to turn in my uniform. In the fall of 1962 when I joined the high school track team I ran the mile in 5:38. By the following spring I was running it in 4:07.

In 1964, my junior year, I became the first high-schooler in the world to run the mile in under four minutes, and qualified to compete at the Tokyo Olympics. I owed it all (I thought) to my god Running, so I gave my god the best of everything . . . my time, my energy, my love.

## First World's Record

On July 23, 1966 in Berkeley, California I set my first world's record at 3:51.3, bettering the old record by 2.3 seconds. I was the fastest man alive, but apparently at least one person in the stadium wasn't impressed; when I returned to my gear after an hour and a half of interviews, I discovered all of it had been stolen.

I was so exhausted and upset I barely noticed the pretty young girl who stopped me outside the stadium to ask for my autograph. "Look," I moaned, "I'm sorry, but I'm tired, somebody just stole all my equipment, and I want to get back to my room. I'll give you one later." I ran to the dorm thinking I'd never see this girl again and promptly forgot about the whole thing.

Later that year, as a college sophomore, I received the *Sports Illustrated* Sportsman of the Year Award, one of the most coveted prizes among professional and amateur competitors, I received the Sullivan Award as best amateur competitor in the U.S. and gained worldwide recognition as an athlete.

## Never a Finish Line

In the midst of all the glory and fanfare I became aware of a gnawing sense of emptiness in my heart. "If I'm so famous," I thought, "why am I so dissatisfied? I should be the happiest man alive!" The problem with running, or any type of sport for that matter, is that no matter how good you are you've always got to get better. You never reach the finish line. You've just got to keep running and running and running.

Around Thanksgiving of 1966 a friend set me up with a blind date. I didn't think I'd ever met this girl Anne, but I soon found out differently.

"Remember the girl who wanted your autograph after you set the world record? You said you were tired and you'd give her one later, remember?" Anne prodded. "Well, I'm here to collect!" We had a good laugh over that. Anne and I began dating regularly and gradually I came to love her more than I loved running.

In 1967 I set another record for the mile: 3:51.1, a record that would remain unbroken for eight years. I competed in the 1968 Olympics and took the silver medal in the 1500-meter race.

The emptiness remained.

## Surrender Begins

Anne and I were married in 1969, and for the first time in my life running lost its place of supremacy. I began losing races and the sportswriters blamed Anne. I told them, "Look, *you* guys, I'm married now. I want to spend some time with my wife." I got so frustrated over the whole thing that I just walked off the track at the national championships, then went on television with Howard Cosell to announce my retirement.

I thought I was through with running, but in 1971 Anne and I decided I should get back into competition. The next few months were some of the most frustrating of my life. One week I'd be running great, the next week I'd be in a nationally televised

ATTACH B

race and finish dead last. From the highest highs to the lowest lows I soared and plunged, pulling Anne along with me.

About this time I kept meeting people who identified themselves as "born-again Christians." I'd gone to church most of my life and been baptized at age 12, but there was a big difference in these other people. They'd be going through the same kinds of trials I had, but they'd come out saying "Praise the Lord!" What kind of response was that?

### Spiritual Assessment

One day, a few months before I was to leave for the Olympics in Munich, Anne and I had a racquetball date with some friends, the Taylors. After the game, Bernie Taylor invited us to their house for a glass of lemonade. "I have a story I want to tell you," he said mysteriously.

He explained that although he'd attended church all his life, he never knew what it was to be a born-again Christian: inviting Christ to come into your life and take over completely. He had done this recently and it had completely changed his life. Furthermore, he had been baptized in the Holy Spirit and now spoke in tongues.

This forced Anne and me to analyze exactly where we were spiritually. We went home and studied the Bible, especially the verses Bernie pointed out. After about 30 days of this, we came to the amazing conclusion that Bernie (or rather, the Bible) was right. We needed to be born again and baptized in the Holy Spirit.

So on the third weekend of May, in 1972, we knelt with some friends, asking them to lay hands on us to receive the Lord into our lives and be filled with the Holy Spirit. As we prayed, the emptiness that running had never been able to fill vanished. I rejoiced in a new, heavenly language and felt a joy and peace that the old Jim Ryun had never, ever experienced.

### Faith into Action

Now just a short time later, at the most important athletic event in the world, I was about to find out just how the new Jim Ryun would handle one of the major crises of his running career.

"Lord," I complained, "these Olympic officials *know* I was fouled out of that race. But they won't reinstate me just because they've never done such a thing before!"

It might be nice to say the Lord performed a miracle and got me back in the race. Instead, He decided on a greater miracle. For several years I struggled with the hurt and bitterness until one night I knelt and said, "Lord, forgive me." I knew He had, but the unforgiveness in my own heart remained. Then one day I became aware of an amazing thing: I wasn't bitter anymore. God had allowed me to be disqualified from the world's most prestigious athletic competition in order to make me a *real* winner.

### Running with Jesus

My family and I now live in Lawrence, Kansas, back where my running all began, but not back to the old routine of running for myself. I am running in road races and on the track — with a new desire: to share Jesus Christ and His wonderful, obedient, disciplined lifestyle. Running with Jesus has brought me the freedom and happiness that running for myself never could.

# IN QUEST OF GOLD

by Jim Ryun

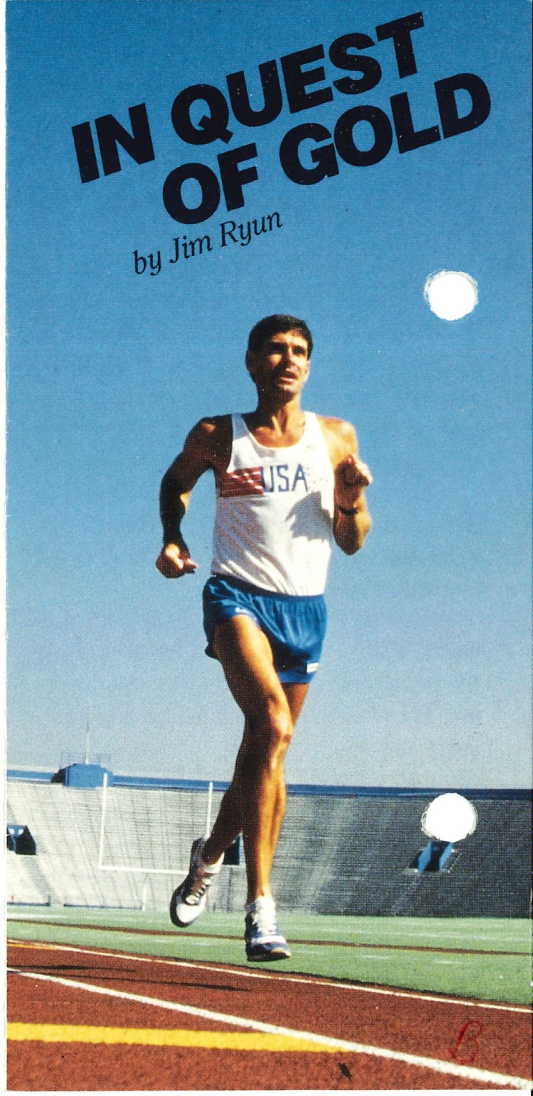


PHOTO: GARY MASON

TESTIMONY
HOUSE FEDERAL AND STATE AFFAIRS COMMITTEE

FEBRUARY 15, 1988

Thank you Mr. Chairman, members of the committee. I represent Right To Life of Kansas. We appreciate this opportunity to discuss with you the issue of parental involvement in the decisions of minor children. We are asking this committee to find some way to mitigate the devastating repercussions of Roe v. Wade and subsequent decisions. Those decisions have in practical effect allowed minors to receive abortions without the knowlege or consent of their parents. The parents nevertheless remain legally, morally, and financially responsible for those same minors.

You will hear testimony from Planned Parenthood, counselors, and abortion clinics. They will tell you that they encourage minors to consult their parents. No matter how conscientious the child, no matter how good the parent, no matter how close the relationship, no child wants to tell her parents about an out of wedlock pregnancy. If she is given the option the parents will more than likely be shut out of this critical period of their daughter's life. Particularly if that option comes from an authority figure such as a medical clinic, counselor, or social worker.

You will hear stories of parents who do not care or who are potentially abusive. I will not deny that there are such parents, but even such parents when faced with a crisis such as an unwanted pregnancy, will often rise to the occasion and provide their child with valuable insights and support. In any case do we have the right to deny them the opportunity to do so?

The tremendous support for this legislation is, I believe, an indication of the feelings of most of your constituents. It is a rare parent, even among those who support abortion, who is not outraged at the fact that minors are able to obtain abortions without the knowlege or consent of their parents.

Admittedly, there are constitutional hurdles to overcome. However, I might remind you that constitutionality is determined by nine members of the supreme court. That court erred in it's interpretation of the constitution in Roe v. Wade. In December the court split 4 - 4 over an Illinois parental involvement statute. A new justice has now been named and it is highly likely that future decisions will affirm the right of parents to be involved in some way, at least by notification, of a pending decision by their daughter regarding abortion.

Respectfully submitted,
Pat Goodson,
Right To Life of Kansas, Inc.

Attach C

I am Tori Foy, and I am President of Kansas Teens for Life. I am seventeen years old and since I am a teenager, I feel you should hear from a person whom this bill would affect the most. I believe this bill will help promote unity among parents and their teenagers. My reasons for this belief are numerous so I will list some of the many reasons why this bill should be passed. Realistically, we all know that parents and teenagers don't always get along, but if a girl had to inform her parents of her pregnancy the Parental Consent Bill might help open up new doors of communication between parents and their children that otherwise might have been closed. With no Parental Consent Bill teenage girls need not tell their parents anything. This causes distrust, hurt, and anger in a family. This is a family bill that would correct that wrong.

It is ridiculous that while teenagers can't get their ears pierced or get an aspirin at school they can get an abortion without their parents knowledge. Parents should know if their daughter's are getting an abortion. Then parents could help an emotionally distraught teenage girl deal logically and lovinly with a pregnancy situation.

Today I am here to represent teenagers from all over the state. I also have with me petitions signed only by teenagers stating they want the Parental Consent Bill passed. I am still getting petitions sent in from teens around the state. These petitions are showing that teens know this is a good bill for teenagers and parents alike. They know that a Parental Consent Bill would be a form of security for a pregnant teenage girl. How comforting it would be for a teenager to know she wouldn't have to go through the pregnancy alone. At first it may be hard for a girl to tell her parents about her pregnancy, I know it would be for me, but parents will eventually come around and everybody would come out better for the experience. A daughter could see an understanding side of their parents that they never knew existed so new lines of communication would be opened as a result of this bill being passed.

As a teenager who doesn't always get along with her parents, I still believe this bill should be passed. Parents, daughters, sons, would all benefit from this bill. It would help solve some communication problems within families. I urge you to please pass the Parental Consent Bill.

Attach D.

Presenter: Dr. Nancy L. Toth, Family Physician
Graduate of Kansas University Medical School
Family Practice Residency at Scott Air Force Base
Board Certified in Family Practice 1979

Purpose: To discuss the immaturity of minors in the decision making process.

Informed consent is a concern of every practicing physician in the state of Kansas. This is true not only because of the malpractice climate, but also because it is important that the patient understand the procedure, its risks vs. benefits and alternative forms of treatment in order for the patient to help determine what is best for her. As the law stands now, it is assumed in this one area of abortion that a teenage minor can make an informed, mature medical decision that is in her best interest. House Bill No. 2950 and I disagree with this presupposition.

In my experience as a physician, I have found it particularly difficult to communicate with the adolescent age group (12 to 18). In the medical setting this group is generally quiet, reserved, embarrassed, and self-conscious, offering only minimal information when questioned. Many times they are unable to cite their own past medical history with any accuracy, or even give much history as to why they are present in the office, usually depending on the parent to explain the problem. They are generally not aware of drug sensitivities, allergies or past immunization status, information that parents ordinarily possess. It is hard to assess how much of what has occurred in the office they understand. They tend to have difficulty in articulating what was just explained to them, let alone transmit this information later to a parent. This results in follow-up phone calls from parents wanting to know what transpired in the office. Of course, the older the patient is, the less of a problem this is. Nevertheless, this medical information is important to the physician as he or she makes decisions regarding the adolescent patient's care.

There are two major characteristics of this age group which have traditionally caused them to be considered immature resulting in legal age limits being legislated in other areas, i.e. marriage, driver's license, voting and access to alcoholic beverages.

Car accidents, suicide, and drug abuse are all very high among teens and young adults, partially due to their inability to think through the consequences of their actions. It is typical for this group to be interested in immediate relief from painful or frustrating situations and to

ATTACH E

exhibit much less concern for the long term consequences. Little thought is given to the serious and sometimes permanent medical complications of abortion (occur in 20 - 30 % of patients):

1. Genital tract infections
2. Hemorrhage requiring transfusion
3. Perforation of the uterus or bowel
4. Varying degrees of infertility
5. Premature and low weight births
6. Bleeding
7. Embolism
8. Ectopic pregnancy
9. Uterine rupture
10. Future miscarriages

Many of these complications we have been aware of for several years. In addition, there is growing evidence to support the existence of the emotional and psychological sequelae of abortion termed the post abortion syndrome (PAS). We are finding it very similar to the post traumatic distress disorder suffered by many Viet Nam War veterans, in which a traumatic event is not followed by a proper grief process. Some of the symptoms are:

1. Depression
2. Guilt
3. Anxiety
4. Hostility
5. Deterioration of self-image
6. Sleep disturbances
7. Memory impairment
8. Difficulty concentrating
9. Withdrawal
10. Nightmares
11. Hallucinations
12. Alcohol and drug abuse
13. Recurrent recollections of the abortion or the unborn child
14. Deterioration of primary relationships
15. Suicide

Several studies of post aborted women show that the majority of the women studied are affected by some degree of PAS which may surface immediately or as much as 5 - 10 years later. One University of Minnesota study on teen suicide found that teens who have had abortions are four times more likely to be depressed and suicidal than teens who have not had abortions.

Ambivalence is another common characteristic of the adolescent age group. The teenager may vacillate between wanting total independence and wanting to be taken care of; they desire adult privileges yet reject adult responsibilities; one moment there is love and respect for parents, the next resentment and hostility. This lack of assuredness enters into their decision-making process causing difficulty in coming to a final decision: then being assailed by self-doubt after it is made.

Consequently, with these characteristics of looking for the most expedient solution and being strongly ambivalent about any decision, it

is readily apparent that the adolescent needs wise counsel and strong support from those who love her, i.e. her parents, in making such serious decisions. Yet, in this very important decision, she is encouraged to turn to strangers in an abortion clinic for help -- people who do not know or understand her personality or her personal history; people who have a vested interest in her having an abortion.

What about post-abortion complications? Will the adolescent who has secretly obtained an abortion receive medical care as expeditiously if the parents are uninformed? Or will the tendency be for her to delay receiving medical care and this jeopardize her health? This concerns me as a physician. If the parents have no knowledge or have given no consent for this procedure that then results in some medical complication which necessitates treatment, who is then responsible for the medical bills incurred?

As a parent I am concerned that not requiring parental consent in this very important matter teaches adolescents that society deems it acceptable, and perhaps even preferable, to lie, to be deceitful, and avoid facing the authorities in their lives. This same behavior in response to other societal authorities, such as the police, the IRS, etc., could result in major punitive consequences.

In summary, I believe HB 2950 is necessary because abortion is <u>not</u> the trivial procedure that it is popularly portrayed, and it does have long lasting consequences. Secondly, adolescence is a time of learning the skills necessary to make important decisions, especially those that will affect them the rest of their lives. They need the mature counsel from parents and loved ones who generally have their best interests at heart. Teenagers should not bear the burden of this decision alone.

Prepared by
M. Cavell
234-0874

CONSTITUTIONAL OVERVIEW

1. The State of Kansas can legislate abortion and even prohibit it under certain circumstances:
   --the trimester tests Roe v. Wade 93 SCt 705 (1973)
   --there is no absolute right to an abortion on demand Roe v. Wade

2. The State of Kansas has particular legislative ability concerning abortions on minor children:
   -- because minors lack experience, perspective and judgment to avoid choices that could be detrimental to them Bellotti v. Baird 99 SCt 3035 (1979)
   -- states may therefor validly limit a minor's right to choose for herself in making an abortion decision even when it might not do so for adults Bellotti v. Baird; Zbaraz v. Hartigan 763 F2d 1532 (1985)

3. Immaturity and Parental Involvement:
   -- This is a legitimate basis for state regulation of a minor's abortion decision which US Supreme Court has already recognised as valid state's interest Bellotti v. Baird and Planned Parenthood v. Danforth 428 US 52

4. Parents have first rights to exercise care, custody and control of minors; this includes the abortion decision:
   -- HB 2950 merely preserves that first right. Bellotti v. Baird and Planned Parenthood v. Danforth.

5. Parental Consent:
   -- This requirement is the same consent requirement already recognized as constitutional and tested in a number of Supreme Court cases. Bellotti v. Baird; Planned Parenthood v. Danforth; Planned Parenthood v. Ashcroft 103 SCt 2517; H.L. v. Mathison 450 US 398. See also Thornburgh v. Am. Coll. of Obst. 106 SCt. 2169 (1981).

6. Parental Notification:
   -- a permissable state interest in requiring notice H.L. v. Mathison; Bellotti v. Baird.

7. Judicial Alternative:
   --a necessary procedure. If a child chooses not to obtain parental consent or notice or a parent refuses consent, a judicial alternative must be provided. HB 1950 is essentially a procedure already approved and tested by a number of Supreme Court cases. Planned Parenthood v. Ashcroft.
   --the District Court can waive the parental consent or notice requirement if (a) it finds the minor is a nature person and can decide on her own or, if not (b) it finds that nevertheless, the abortion would be in her best interest Planned Parenthood v. Ashcroft.

8. The Emergency Override:
   -- recognises certain state interests in the health of the minor.

Attach F

THE PARENTAL CONSENT BILL February 15, 1988

Right to Life of Kansas supports efforts to strengthen parental involvement in the guidance of minor children. Parental responsibility for children is expressed in statute after statute in the state of Kansas. By law and policy, our state presumes the necessity and reasonableness of parental action and authority. There are staggering consequences for societies which attempt to sever the responsibilities of parent toward child. Whenever family life is weakened, government will advance, intrude and ultimately compel.

Parents must have knowledge of a daughter's pregnancy because of its frequent association with other problems which should be dealt with at the family level. Girls are more likely to become pregnant if they are using alcohol, marijuana and other drugs; they become pregnant in a desperate attempt to cement a shaky romantic relationship; they get pregnant because they are having problems at home; they get pregnant to have something little and warm to cuddle. Is it not in the state's interests for the parents to intervene rather than for outside agencies to take the anonymous and final step of abortion?

Promiscuity and other social problems are interrelated as any reader of the social literature will see. When inhibitions collapse, they collapse across the board. The pregnancy of the daughter is often the first opportunity for a serious family discussion to take place. It is a catalyst for remedial action. For most parents (and the law ought not to be written for exceptions), initial anger at the daughter is quickly replaced by a resignation and resolve to tackle the problem of the girl's pregnancy. An initial vacuum of good judgement is most often replaced by considered, rational action.

A related concern is the issue of "confidentiality". Parents know that honesty in the family is all important. A teenager's gradual move to mature independence is successful only if there is honest confrontation with parents. Differences must be worked out in dialogue. A child cannot come to true independence if there is sneaking, lying and "secret-keeping".

However, the question of whether to allow a parent to give consent to an abortion ought never to have arisen except for the judicial fanaticism of U.S. Supreme Court decisions over the past fifteen years. The rights of parents to have, keep, educate, discipline and love their own children cannot be legitimately extended to a right to sentence their grandchildren to death. There should be almost no limits on parents' rights but there has to be that one limit, the right to life of all persons, both preborn and born.

Mary Ann Grelinger (913) 788-5189
Board Member, Right to Life of Kansas
3340 North 66th Street
Kansas City, KS 66104

Attach G

REPRODUCTIVE HEALTH CARE

# Planned Parenthood of Kansas, Inc.

2226 East Central • Wichita, Kansas 67214 • (316) 263-7575
122 East Twelfth • Hays, Kansas 67601 • (913) 628-2434
810 Loomis • Winfield, Kansas 67156 • (316) 221-1326

TO: MEMBERS OF THE HOUSE FEDERAL & STATE AFFAIRS COMMITTEE

FROM: BELVA OTT, PUBLIC AFFAIRS DIRECTOR, PLANNED PARENTHOOD OF KANSAS

RE: HB2950 HEARING: 2-15-88

I appear in opposition to HB2950. Parental consent and notification laws recently have been found to have, "not succeeded in improving family communication and had forced teenagers to go through a very stressful court proceeding for little reason," (Family Planning Perspective, Vol. 19, #1, Jan/Feb. 1987) according to Judge Donald Alsop, U. S. District Court, Minnesota, November 7th, 1986.

Writing the decision, "Judge Alsop based many of his conclusions on testimony from the judges who had handled more than 90% of the bypass petitions presented by Minnesota teenagers since the statute was enacted. Clinic counselors, doctors, psychologists and lawyers who had represented teenagers in their petitions also provided evidence on the workings of the law. (Ibid, pg. 36)

In Judge Alsop's Finding of Fact, statistics that had been compiled from Aug. 1, 1981 to March 1, 1986, showed "3,573 bypass petitions were filed in Minnesota courts. Six petitions were withdrawn before decision. nine petitions were denied and 3,558 were granted...

"None of these judges, on direct- or cross-examination, identified a positive effect of the law...

"Honorable Gerald Martin stated that he doesn't 'perceive any useful public purpose to what (he is) doing in these cases'; moreover he found the court experience difficult for minors."

Honorable Neil Riley testified that he saw no beneficial effects of the statute and further that he sympathized with 'the predicament' the minors were in. (Ibid)

Counselor Tina Welsh concluded...that the law has not benefited intrafamily communication. A minor's unplanned pregnancy is a crisis...not conducive to an attempt to build good family comunications...

Public defenders who participate in bypass proceedings believe that the law serves no beneficial purpose. Its sole function, in their view, is to create a hurdle and impose additional stress upon the young women...guardians ad litem do not perceive a beneficial purpose to their participation in the minors proccess.

Attach H

Judge Alsop wrote there was a failure to establish that the law promoted parent-child communication or improved relationships of family generally...more than it undermines them. Five weeks of trial...produced no factual basis upon which the court can find that (the statute) on the whole furthers in any meaningful way the state's interest in protecting pregnant minors or assuring family integrity. (Ibid)

HB2950 has many of the same-type-provisions and flowery proclamations as other consent and notification laws. The bottom line problem with th. type of legislation is that the State would be imposing their choices for those of the young women whose life it is affecting. In a perfect world, everyone would have a mother and father and would have a happy, open-communication, and loving family. Unfortunately more than one-third of our families are headed by single-heads-of-house holds, usually headed by women who had their first child while an adolescent/minor.

ABORTION IS A MEDICALLY LEGAL PROCEDURE. IT IS ONE OF THREE OPTIONS AVAILABLE TO A PREGNANT WOMAN... (1) Keep the baby; (2) Adoption; and (3) Abortion. EVERY MEDICAL PROVIDER IS GOING TO BE SURE THEIR PATIENT KNOWS ALL THE OPTIONS PRIOR TO CONTINUED CARE...OR OUR MALPRACTICE SUITS COULD RISE EVEN HIGHER. This bill purports to be able to statutorily state what informed consent is going to be, infringing on the physician-patient relationship.

It appears from the evidence I have found so far, HB2950 is not going to improve family communication and relationships, nor will it be a better way of informing minors about consent regarding their care.

What I would like to propose is that this committee concentrate on making this a bill which might really address the real problem: TEEN PREGNANCY.

The same individuals, not all, however, are proposing to not fund sexuality education programs and AIDS prevention programs. Many of those who support this-type of legislation are the same ones who come in and request money not go into social services. There must be responsibility not just to the time of birth, but after the date of birth.

IN 1985 THE STATE OF KANSAS SPENT 143.9 MILLION DOLLARS ON FAMILIES THAT WERE STARTED WHEN THE MOTHER WAS AN ADOLESCENT. This is only AFDC, Medicaid and food stamps.

Prevention of adolescent pregnancy should have the highest priority. In both human and monetary terms, it is less expensive to prevent a pregnancy than cope with its consequences. It's also less expensive to prevent a repeat pregnancy than treat its resultant compounded social and individual problems. (This comes from a report prepared in cooperation with Wichita State University's College of Health Professions.)

Of the nearly 144 million, Kansas could have save a minimum of $19 million if those births had been delayed until the mother was 20 years of age.

It is estimated that four of every ten young women nationwide will become pregnant at least during their teenage years.

KANSAS HAS THE 19TH HIGHEST WHITE TEEN PREGNANCY RATE IN THE NATION AND THE 7TH HIGHEST BLACK TEEN PREGNANCY RATE.

In KANSAS, 24% OF THE 15-19 YEAR OLDS GIVING BIRTH IN 1985 HAD EXPERIENCED A PREVIOUS PREGNANCY. FIVE PERCENT OF THE 10-14 YEAR OLDS HAD BEEN PREGNANT PREVIOUSLY. It also appears that approximately 96% of all minors who become pregaant keep their child.

A recent report by The Alan Guttmacher Institute analyzed a group of developed nations (among them England, Sweden, France and Canada) comparable to the U.S., except they have significantly lower rates of teen pregnancy, abortion and childbearing. THE THREE CONDITIONS RESEARCHERS FOUND CONTRIBUTED TO THE DIFFERENCE IN RATES:

* THESE SOCIETIES ACCEPT THE REALITY OF HUMAN SEXUALITY AND SEXUAL ACTIVITY, AND ACCORDINGLY, THE NEED FOR FERTILITY MANAGEMENT.
* THEY ENCOURAGED OPEN DISCUSSION OF SEXUALITY, INCLUDING BIRTH CONTROL ADVERTISING IN THE MEDIA AND SEX EDUCATION IN THE SCHOOLS.
* THEY MAKE CONTRACEPTION AND ABORTION SERVICES EASILY AVAILABLE TO EVERYONE.

It is time for the State of Kansas to replicate these activities, in this state, and become a leader for the nation. We must create a similarly supportive environment for the prevention of unintended pregnancy and unplanned childbearing. These values bind us with a majority of Americans. I believe among America's values are a belief in self-determination, personal responsibility, individual choice, recognition of the rewards of family life and the joy of having children for whom we are prepared.

HB2950 takes a major leap backward in recognizing these values. You must seize the opportunity to respond, not to a minority who seek to force the majority to acceed to their wishes, but to strategies that focus on the prevention of adolescent pregnancy. These strategies are needed and could avert negative social, educational and economic consequences to the adolescent mother and her child as well as high expenditures in public funds to support adolescent families.

I urge you to defeat HB2950. The Legislature should not and cannot be in the business of passing laws so at odds with the publics best interests.

# FACTS OF ADOLESCENT PREGNANCY

In 1985 the State of Kansas spent **143.9 million dollars** on families that were started when the mother was an adolescent. And this includes only money spent on AFDC, Medicaid, and food stamps and does not include often used services of housing, special education, child protection services, foster care, day care, and other social services.

Even more than the money, are those costs to the individual directly embroiled in the spiraling ramifications of children having children.

Prevention of adolescent pregnancy should have the highest priority. In both human and monetary terms, it is **less expensive to prevent a pregnancy than cope with its consequences.** It is also less expensive to prevent a repeat pregnancy than to treat the resultant compounded social and individual problems.

It is estimated that **four of every ten young women nationwide will become pregnant** at least once during their teenage years.

Kansas has the **19th highest white teen pregnancy rate in the nation and the 7th highest black teen pregnancy rate.**

Education is a well-known factor in future earning potential and the likelihood of subsisting in poverty. In Kansas, almost half of the mothers age 15-24 with a high school diploma were in poverty, **while 3/4 of those without a high school education were in poverty.**

Teen mothers who stay in school have fewer children. One study has shown that **40% of the mothers who quit high school after the first childbirth had at least two more pregnancies.** In contrast, only 25% of the mothers who completed school had at least two more children.

In Kansas, 24% of the 15-19 year olds giving birth in 1985 had experienced a previous pregnancy. **Five percent had been pregnant twice. Five percent of the 10-14 year olds had been pregnant previously.**

Early parenthood reduces future employment opportunities. **Young women without children were 6 times more likely to be in the labor force.** In a study that tracked teen mothers from 1966 thru 1972, it was found that 43% of the young mothers with only one child had been employed steadily in the last two years of the study, as compared to only 10% of those teens with more than one child.

A Kansas survey of ADC clients during 1985 confirm that 52.3% had their first child before they were age 20. **Children born to unmarried adolescent mothers are 4 times as likely to be poor as other children.**

Unfortunately, other ties exist. There is a documented relationship between these families and abuse/neglect of children, alcohol/drug abuse and mental illness.

In addition to the disproportionate financial and emotional costs of early parenthood, must be added a definitive health risk. **The younger the mother, the more likely the baby will die.** There are significantly higher rates of malformations in this age group and the proportion of low birth weight babies is very high.

Estimates for average initial hospitalization costs of a low-birthweight baby vary, but most are in the range of 20,000 to 30,000 dollars. The costs go far beyond initial hospital costs as these babies are twice as likely to suffer one or more handicaps. Locally, the average cost of prenatal care ranges from $200 to $300 for a normal pregnancy. **The average cost of reproductive health care for an entire year at Planned Parenthood including birth control is $100.**

# NCTICE LAWS

## THEIR CATASTROPHIC IMPACT ON TEENAGERS' RIGHT TO ABORTION

ACLU

Reproductive Freedom Project

Mike Paredes

Attach I

This pamphlet was prepared by the staff of the Reproductive Freedom Project of the American Civil Liberties Union: Janet Benshoof, Lynn Paltrow, Rachael Pine, Suzanne Sangree and Diana Traub, with the assistance of the Project's support staff: Lisa Bordeau and Harry Snyder.

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## A. How Parental Consent and Notification Laws Are Both Irrational and Damaging to Teenagers and Their Families

### 1. Parental consent and notification laws are not motivated by a desire to help teenagers.

The real goal of parental consent and notification laws is to discourage abortion or prevent it altogether. These laws are typically not introduced by medical groups, family therapists, family physicians, youth advocates, defense funds, young women's associations, groups fighting the abuse of children, or other organizations traditionally concerned with helping teenagers and their families. All such laws passed in the last 13 years have been drafted by anti-choice groups which have as their primary goal ending *all* abortions.

For example, in Minnesota, the only group that publicly expressed an interest in the parental notification legislation was Minnesota Citizens Concerned For Life, which took the position that "lives" could be saved if such a bill were to be passed.[22] This is true in other states which have passed mandatory parental involvement laws as well.[23] Furthermore, parental consent or notification laws are frequently introduced as part of omnibus anti-abortion statutes designed to restrict or completely prohibit abortions.[24]

In contrast, major professional, medical and social services groups have opposed these laws and taken the position that confidentiality must be assured to pregnant teenagers.[25]

Some anti-abortion groups have made explicit that enhanced parental involvement is not their primary goal in advocating for these laws. For example, where parents encourage minors to have an abortion, one so-called right-to-life group recommends "waiting it out," in other words, counseling young women *not* to tell their parents that they are pregnant until it is too late to get an abortion. The group explains:

> Most young girls don't want an abortion, but parental fear weakens them. Also, if they tell their parents early in the pregnancy, there is a good chance the parents will push for abortion, therefore, it can be helpful to encourage that young woman to continue her normal daily life — school, works, family life, etc., and delay telling her parents until she is ready. She's pregnant, not ill. This gives her time to grow accustomed to the idea of being pregnant and that of telling her parents. Also, most importantly, if she is quite far along in her pregnancy, her parents will be more likely to admit that it is a baby and not push for an abortion. This may be the only way to save her child. (We must respect our parents even if they are wrong. However, we can respectfully decline to follow their authority when they are leading us against God's word.)[26]

To get a pregnant teen away from home to have her baby, one anti-abortion center went so far as to give the teenager a letter to show her family saying she was selected to spend the spring semester of her high school freshman year on an overseas study program.[27] And, "pro-life" activists urge the restriction of abortion through legislation like parental consent laws until they can "stop the killing" of "unborn children" altogether.[28]

The fact that states themselves are increasingly giving statutory recognition to minors' capacity to give informed consent to their own health care,[29] is further evidence that the real purpose of these laws is to stop abortion. They are not, as their proponents contend, meant to protect against improvident decision making by minors or to preserve the integrity of the family.

### 2. Parental consent laws are not necessary to ensure that minors give informed consent for abortion services.

Model parental consent statutes promoted by anti-choice groups often begin with proposed findings of "fact" that include false and misleading statements like "immature minors often lack the ability to make fully informed choices" and "the medical, emotional and psychological consequences of abortion are serious and can be lasting, particularly when a patient is immature."[30] Models also state that the legislative intent is to protect minors, foster family structure and protect parental rights.[31] These statements exemplify the paternalistic, inaccurate assumptions behind parental involvement laws. These assumptions are not founded in empirical fact and thinly veil the anti-abortion purpose at their core.

In reality, most minors already talk to their parents and abortion is not a risky medical procedure. Furthermore, experts in psychological development have found that minors, at least those over fifteen years of age, are fully capable of making intelligent, informed decisions about pregnancy,[32] and do not need the kind of "protection" that it is claimed these statutes provide.[33] In addition, it is

standard medical practice for clinics to explain the abortion procedure and its attendant medical risks when taking a patient's medical history. Physicians already have a legal responsibility to ensure not only that the patient has given knowledgeable and informed consent to any medical procedure, but also that the patient is capable of giving such consent.

Even in the absence of parental involvement laws, nearly all clinics inquire as to parental support and knowledge of the abortion decision and encourage minors to notify their parents. In addition, standard medical ethics require notification of the parents of minor patients in emergencies or life-threatening situations. These standard medical practices exist nation wide and predate the current anti-choice campaign for parental consent statutes.[34]

### a. Most teenagers voluntarily tell one or both parents about a pregnancy or proposed abortion.

It is a myth that most young teenagers will not turn to their parents for help with an unwanted pregnancy unless forced to do so. National surveys confirm that over half of the minors who obtain abortions at clinics have already told at least one parent about their pregnancy and planned abortion.[35] The younger the teen the more likely her parents are to know about and even to have suggested the abortion.[36]

Nonetheless, a significant minority, about 25 percent have not and would not tell their parents and would not go to a clinic if parental notification were required to obtain an abortion. Teens in this minority generally come from severely dysfunctional families and they hope to delay or avoid the crisis that the news of a pregnancy or abortion would cause.[37] It is also rare in single parent households for the teenager to inform the absent parent of her pregnancy, although she is likely to tell the parent she is living with.

### b. Abortion is safer than continued pregnancy and childbirth.

Abortion is one of the the safest surgical procedures that doctors perform. Furthermore, abortions are much safer than childbirth. At eight weeks of gestation or earlier the risk of death from abortion is about 20 times lower than that of childbirth[38] and at no point in pregnancy is abortion more dangerous than childbirth.[39] Looking at these rates in regard to teenagers alone instead of for all women, the disparity is even greater. Teenagers, particularly young teenagers, have a two and a half times greater risk of death from continued pregnancy or childbirth than adult women.[40] The same is true for rates of morbidity related to childbirth when compared to abortion.[41] (Morbidity is defined as a major health complication.)[42]

The risks of continued pregnancy for teenagers as opposed to those of an early induced abortion are revealed in the following list. When comparing teenagers who are younger than 15 to women aged 20 to 24, the Alan Guttmacher Institute found:

1. Maternal mortality appeared to be higher among teenage mothers.[43]
2. Teenagers were 15 percent more likely to suffer from toxemia.
3. Teenagers were 92 percent more likely to have anemia.
4. Teenagers were 23 percent more likely to suffer from complications stemming from a premature birth.[44]

Abortion is also safe for teens in terms of their emotional well-being. Most teenagers are relieved to have terminated an unwanted pregnancy. The incidence of psychological sequelae is higher for childbirth than for abortion. One study showed a rate of post-partum depression three times that of negative emotional sequelae following an induced abortion.[45]

In 1978, the World Health Organization (W.H.O.), the only existing international public health organization, came to the same conclusion after its committee of international experts finished an extensive study of these effects. W.H.O. issued a statement that "there is now a substantial body of data reported from many countries, after careful and objective follow-up suggesting frequent physical benefit and low incidence of adverse psychological sequelae" due to abortion.[46] The only United States study controlling for both young women giving birth and young women having abortions found striking evidence that women who utilized abortions were able to realize their family goals, avoid subsequent unwanted pregnancies, and plan for any subsequent births.[47]

Finally, legal abortions performed in the United States have no demonstrable negative effects on later pregnancies.[48] Drs. Carol Hogue, Willard Cates and the late Christopher Tietze are internationally recognized reproductive epidemiologists who together reviewed over 150 studies concerning the effect of abortion on the risks of subsequent pregnancies worldwide. The outcome of their analytical review was that the risks of secondary infertility, ectopic pregnancy, midtrimester spontaneous abortion, shortened gestation in later pregnancies, low birth weight, and infant mortality are *not* increased after one abortion

induced by vacuum aspiration. They also found that the effects of repeat abortions on subsequent pregnancies have not been studied enough to draw any statistically relevant conclusions. (Risks appeared higher after repeat abortions only when sharp curettage abortion procedures were used; procedures which are not employed in the United States.)[49] A more recent update of this literature review came to the same conclusion.[50] These conclusions are also consistent with those of a recent controlled study in the United States.[51]

### c. Minors are competent to give informed consent for abortion services.

By all available measures,[52] minors are on average indistinguishable from adults in their ability to understand and reason about health care alternatives.[53] Such findings are consistent with psychological research and prevailing theories of cognitive development.[54] For example, one of the leading schools of psychological thought classifies adolescents generally as having reached the "formal operational" stage of cognitive development. This is the most advanced developmental stage at which people are presumed to be capable of reasoning about hypothetical problems and of applying abstract concepts in a logical manner.[55]

Consistent with the general competence of adolescents to make medical treatment and future life choices, studies also show that adolescents are self-observant and able to provide health histories as accurately as are their parents.[56] Moreover, research has shown that minors are specifically capable of making reproductive decisions such as whether or not to terminate a pregnancy.[57]

It is also clear that by age 14, adolescents have developed their own sense of conscience and morality[58] and are capable of weighing such factors in making an abortion choice consistent with their own sense of what is right for them.[59]

State statutes authorizing minors to consent to treatment for venereal disease[60] and prenatal medical care (including caesarian section surgery)[61] without parental consent or notification are evidence that the vast majority of states recognize minors as capable of giving their informed consent for medical treatment. Some states have developed the rule that "mature minors" can consent to all types of medical care.[62] States have enacted these statutes because they recognize that minors' willingness to seek medical help is hampered by parental consent requirements. In addition some 22 states permit minors to consent to medical treatment for their own children.[63] In some states, these statutes sit side by side with those that impose parental involvement requirements when the pregnant teenager chooses abortion.[64] It is incongruous to allow minors to make independent health care decisions in some areas while requiring parental involvement for abortion.

Moreover, there is no developmental basis for distinguishing between competency to choose to abort and competency to choose to carry to term. Certainly if a minor were to be too immature to competently decide to have an abortion on her own, then she would not be sufficiently competent to responsibly fulfill her duties as a parent. In fact, studies that compare these two groups of pregnant minors conclude that minors who choose to abort are generally more mature and healthier than those who "choose," or passively acquiesce, to carry their pregnancies to term.[65]

## 3. Why would a minor choose to have an abortion?

The reasons why minors, like all women, choose to have abortions are numerous, personal and profound.[66] For minors though, the additional reasons for choosing abortion, include the greater risks of pregnancy and childbirth to their health as well as the enormous burdens of teenage motherhood. While the reasons may be complex, the choice can sometimes be as simply stated as this: "Personally, legal abortion allowed me the chance as a teenager living on a very poor Indian reservation to finish growing up and make something of my life."[67]

Appendix B to this pamphlet contains sample letters from or about women who chose to have abortions as teenagers. These letters were collected as part of the National Abortion Rights Action League campaign, Abortion Rights: Silent No More.

## 4. Most minors who choose not to involve one or both of their parents have good reasons.

Experts agree that adolescents who choose not to tell a parent of their pregnancy or planned abortion often show an impressive degree of sensitivity and maturity in making that decision.[68] Usually this decision is made because the minor's parents are unable or unwilling to be supportive or because her family relationships are already troubled.

In Minnesota, clinic and court personnel experienced in dealing with teenagers and their families universally agreed that minors are both truthful and accurate in their assessment and description of the family circumstances in

which they live.[69] The state court judges who testified at the *Hodgson* trial, who are themselves experts in evaluating the credibility of witnesses, agreed that they believed minors' fears about their family situations were well-founded.[70] Even some of the state's witnesses at the *Hodgson* trial testified that the reasons minors gave for not notifying parents of a pregnancy or abortion were truthful and accurate.[71]

Minors in Minnesota gave many reasons for their decision not to notify one or both parents:

> My mother... has a documented past of severe mental illness. She has been hospitalized several times during my lifetime and many times before I was born... She is heavily medicated to prevent severe depression and hallucinates a lot... My father has a violent temper... His initial reaction [to my pregnancy and abortion] would have been violent and angry and he probably would have hit me.[72]

> I was afraid that if I told her she would start drinking, getting back to her habits before when my dad died and get back into the pattern of drinking every night heavily and that she might hurt herself in that respect.[73]

> My dad was an alcoholic when we lived with him. I remember him hitting my mom a couple of times and hitting us kids... [I see him] maybe two or three times a year.[74]

In general, the reasons why minors chose not to tell one or both of their parents included: psychiatric or physical illness of a parent, chemical abuse and dependency of a parent; religious or moral anti-abortion or anti-sex views of a parent; likelihood of abusive verbal, physical or sexual response by a parent; and the fact that the adolescent had never met the parent.

## 5. Parental consent laws only add to pre-existing obstacles to obtaining abortion services.

As in most states,[75] women in Minnesota can obtain abortion services only with great difficulty. Eighty-two out of 87 counties have no abortion provider. Virtually all of Minnesota's abortion providers are located in the two major metropolitan areas of the state: Duluth and Minneapolis-St. Paul. This means that many women have to travel long distances to obtain abortion services. Some of the women served by these providers drive six to seven hours to get to the clinic. Airline flights from some areas are non-existent and transportation by bus is limited, forcing some women to stay overnight.

Out of 176 public and private hospitals in Minnesota, only two will perform abortions at all. Although there are 27 doctors in the Duluth-Superior area who are qualified to do abortions, not one will provide this medical service. As a result, doctors must be flown in to meet the need for abortion services.[76] The scarcity of abortion providers leads women in rural areas of Minnesota to travel hundreds of miles for abortions, despite inadequate public transportation and weather conditions that are frequently harsh. It is also difficult for women who have to travel long distances to arrange to have extended time away from jobs and family responsibilities.

The reasons for the scarcity of providers include an atmosphere of moral, religious, and political opposition to abortion.[77] Clinic harassment, as elsewhere in the United States, is a very serious problem confronting women who seek abortions in Minnesota.[78] The federal district court in Minnesota found that "unfavorable publicity surrounding the abortion procedures and delivery of services has dissuaded some physicians from performing abortions."[79] Individual patients are harassed by anti-abortion picketers who photograph women as they enter the clinics, and who attempt to identify the women and then harass them further by calling their homes and talking to their families.[80] One Minnesota clinic finds anti-abortion harassment such a problem for its abortion patients that it routinely distributes a flyer to explain the situation and to reassure its patients.[81]

Other obstacles include the cost of travel and lodgings, and the fact that there is no Medicaid funding for abortion for poor teenagers in Minnesota as in 35 other states.[82]

## 6. Even without such laws, teenagers find it especially difficult to obtain abortion services.

Teenagers generally wait until later in their pregnancies to obtain their abortions than do older women.[83] There are a number of reasons why teenagers delay seeking an abortion: Young girls with irregular menstrual cycles take longer to recognize the signs of pregnancy; teenagers generally have little experience obtaining health care services for themselves; they have difficulty raising the necessary funds; and even after they have acquired the money and located a convenient facility, they have difficulty planning an explanation for their absence in school or at home.[84]

Even when teenagers manage to obtain the funds for their abortions they often can't afford the cost of hotels and food. Sometimes teenagers will spend the night before their abortions in their car, in a parking lot, or in the hospi-

tal lobby. Access to services for teens is further limited by the fact that most clinics perform only first trimester abortions, while teenagers disproportionately need second trimester abortions.[85]

Despite all these obstacles, many teenagers overcome them and find a way to exercise their constitutional right to terminate an unwanted pregnancy.

## 7. Consent laws deter minors from obtaining abortions and cause more minors to carry to term.

Minors are deterred from obtaining abortions when they are required either to notify their parents of their intent to have an abortion or to use the court bypass procedure. This fact, plus teenagers' general tendency to delay pregnancy diagnosis and decisionmaking, causes some minors to carry to term who would otherwise terminate their unwanted pregnancies.[86]

An Alan Guttmacher Institute study conducted between 1979 and 1980 surveyed 2,400 unmarried teenagers under the age of 18 who were patients at either family planning or abortion clinics. Of those minors, 44 percent said neither parent knew of their abortion. When asked what they would do if parental notice was mandatory, 23 percent said they would not attempt to obtain abortion services. Instead, nine percent of these young women stated that they would attempt self-abortions or would obtain an illegal abortion; nine percent would carry their pregnancy to term, and two percent said they did not know what they would do.[87]

In Minnesota, birth rates, abortion rates and statistical data on gestational age indicate that the notification law created a deterrent such that some teenagers carried to term who would otherwise have aborted.[88] In the City of Minneapolis, the place with the most complete data available, the statistics were startling: The birthrate for 15–17 year olds rose 38.4 percent from 1980–1984 whereas the birthrate for 18–19 year olds who were unaffected by the law rose a mere 0.3 percent during the same period.[89] In addition, for the entire state, the abortion rate for 15–17 year olds declined much more significantly than for 18–19 year olds who were not covered by the parental notification law.[90] The statewide statistics on teen pregnancy in Minnesota indicate that the effect of the parental notification statute may have been to slow down the decline in the birthrates among minors.[91]

These statistics reveal that the law is preventing many minors from exercising their constitutional right to avoid teen motherhood through abortion. The law is indeed saving fetal lives at the expense of the lives and futures of their teenage parents: the intended result.

## 8. Increased birthrates to teens: what that really means.

Motherhood is often devastating psychologically, economically, and educationally, to the teenage mother herself and to her children.

A national study shows that mothers who give birth before age 18 are only half as likely to have graduated from high school than those who postpone childbearing until after age 20.[92] In Minnesota, 80 percent of teenage mothers 17 years old or younger never finish high school.[93] As might be expected, women who delay childbearing until their twenties are 4–5 times more likely to finish college than those who become mothers in their teens.[94] The children of teenage parents also suffer educational disadvantage; they tend to have lower I.Q. and achievement scores and are more likely to repeat at least one grade.[95]

Teenage mothers are more likely to be on welfare than women who first give birth in their twenties. With small children to care for, little education, fewer skills and no husband, many teenage mothers are forced to become dependent on welfare to support themselves and their families. It is little wonder that families headed by teenage mothers are seven times more likely than others to be poor.[96] The younger the mother at childbirth, the lower her family income.

The health of the children of teenage mothers also suffers. These children are twice as likely to die in infancy as those born of women in their twenties and are even more likely to die in infancy than the children of women in their 40's, a high-risk age group.[97] Children of teenage mothers are also more likely to be premature or of low birth weight than the children of older childbearers.[98] Low birth weight is a major cause of infant mortality, serious childhood illness, birth injury and neurological defect, including mental retardation.[99]

The life and future of a teenage mother is often bleak. Children born to teenagers because of the delay or deterrence engendered by parental notification laws will be disadvantaged educationally, socially, and psychologically.[100] That they are unwanted simply makes an already tragic situation worse.

## 9. Involuntary notification can be devastating to the family and to the minor's psychological development.

Most parents love their children, but even loving parents are not perfect and have problems relating to their children and other loved ones. For example, communication between parents and their adolescents about sexuality and related matters is often characterized by severe discomfort on both sides and, surprisingly perhaps, is often entirely absent from the parent-child relationship.[101] Upon finding that such communication is frequently absent and uncomfortable with parents but more common between adolescents and their peers, one researcher noted the following:

> Although parents, particularly mothers, have traditionally been viewed as the most appropriate persons to inform children about sex, the present findings cause us to question this assumption. More than one-third of the mothers indicated they did not find it easy to discuss sex with their children. If this is the case, why burden them with a task they find difficult and as a result avoid?[102]

Further, attempts at such communication, particularly when involuntary, may lead to complex and dysfunctional responses including violence. For example, experts testifying in the *Hodgson* trial indicated that parents often react to an adolescent's questions or disclosures about sex by interrogating the minor or by invoking "their information system or their value system or even worse their control over the decision making process."[103] Thus, attempts to discuss sexuality can quickly become "a transaction between an individual and an authority figure rather than a set of people looking at a problem area" in an effort to communicate, understand and resolve conflict.[104]

Experts who had extensive clinical experience counseling families and knowledge of the patterns of family communication testified that while family relationships generally benefit from voluntary and open communication, the effect of compelling communication is unpredictable and frequently disastrous.[105] Neither accidental nor coerced communication of personal information is based upon trust, or the voluntary desire to share or to know which are the "hallmarks" of productive communication patterns in a normal family.[106]

When trust is lacking or when parents will be unable or unwilling to react supportively to the news of a daughter's pregnancy and proposed abortion, the minor's decision *not* to go to her parents may be the most mature response. Under these circumstances, shielding parents from this information is most likely to preserve and protect existing family relationships. Often the revelation of a secret such as an adolescent pregnancy can result in "acute shock waves" within the family system.[107] One prominent researcher and clinician has noted that "sometimes secrets are better kept secret. While sharing secret feelings . . . may be useful, revealing . . . [a secret] can be destructive. Decisions in this area require clinical sensitivity and empathy rather than rules."[108]

In sum, a decision not to reveal the fact of the pregnancy or abortion is often best for many reasons including averting trauma, stress, and the development or exacerbation of otherwise avoidable negative emotional sequelae following an abortion; preventing a breakdown in the family relationship, or a rupture or polarization of the marital relationship; avoiding the need for psychiatric treatment, and escaping intrafamilial violence.[109] For example, testimony in the *Hodgson* case revealed that following notification of a daughter's pregnancy, some parents refuse to speak to the minor.[110] Notification has even resulted in marital discord and divorce.[111]

Involuntary communication about a private matter such as pregnancy can also be detrimental to adolescent development generally. Separation from parents and the development of an individual identity and value system are the most important developmental tasks which confront the adolescent.[112] Learning to make decisions independently is critical to the adolescent's mastery of these tasks. Control over one's own decision making, both perceived and actual, leads to psychological well-being, high academic achievement and motivation, high self-esteem and behavioral responsibility.[113] When control over decision making is withdrawn from the minor and parents or society at large communicate a judgment that she is not competent to make a particular decision, her reaction can range from rebellion to depression, hypertension, or regression.[114] Researchers have noted that privacy is itself critical to the adolescent's process of differentiating and integrating in relation to society as a whole.[115] "[C]hildren's experiences with privacy feed back into their sense of self-esteem and help define the ranges, limits, and consequences of individual autonomy within our society."[116] Violating that privacy can be devastating to all concerned.

## 10. Involuntary notification is especially disastrous in single parent and abusive family situations.

One national estimate predicts that the proportion of marriages ending in divorce is about 40 percent.[117] A high-level U.S. census official estimates that 59 percent of all children born in the United States in 1983 will live in single parent families before they reach the age of 18.[118] A sizeable percentage of children will be born into single parent-homes.[119] In most instances, communication is grossly impaired subsequent to a divorce or separation. The non-custodial parent often has very little communication with the child. In additon, communication between divorced or separated spouses is frequently marked with the kind of hostility and angry vindictiveness that characterized the divorce itself.[120]

The effect of compelling an adolescent to share information about her pregnancy and abortion decision with *both* parents in a divorce or separation situation can be disastrous. The experience in Minnesota led the district court to conclude:

> The non-custodial parent often will reintegrate with the family in a disruptive manner. The adolescent may be perplexed as to why the noncustodial parent should become an important factor in her life at this point, especially when the parent previously has paid her little attention and offered little support. Moreover, the testimony revealed no instances in which beneficial relations between a minor and an absent parent were reestablished following required notification. Therefore, the minor may suffer disappointment when an anticipated reestablishment of her relationship with the absent parent does not occur, as is most likely given the trying circumstances under which communication is renewed.[121]

Involvement of the second biological parent is especially detrimental when the minor comes from an abusive, dysfunctional family,[122] and violence-ridden families are tragically common in this country. Studies indicating that family violence occurs in two million families in the United States substantially underestimate the actual number of such families.[123] FBI statistics estimate that 25–30% of all homicides occur between family members.[124] In Minnesota, as in other states, battering of women by their partners "has come to be recognized as the most frequently committed violent crime."[125] Furthermore, studies indicate that the children are also battered in 55 percent of all families in which the woman is battered by her partner.[126]

Batterers in abusive dysfunctional families have low self esteem and rapid, unpredictable mood swings. They experience pathological jealousy and confuse sexual and emotional intimacy.[127] Batterers often lack a sense of boundaries. They believe that members of their families are their property, not individuals with independent rights and feelings.[128] Communication with a batterer "is almost impossible in a human way because he decrees that he has the right to make all decisions and isn't always interested in what other people think or feel or will do."[129] Such barriers to communication with a batterer can themselves cause the pattern of violence or physical abuse to be triggered. In general, violent episodes in physically abusive families are the result of the batterer's "inability to control his anger whenever there is frustration or stress."[130]

Long term studies of dysfunctional families in which physical abuse is present reveal that the incidence of violence escalates during pregnancy.[131] Further, pregnant adolescents are particularly vulnerable to the uncontrolled wrath of a batterer because their process of individuation and their initiation into dating and sexual activity exacerbates the batterer's possessiveness and sexual jealousy.[132] Batterers "don't want their wives to go out and certainly not their children. They want to keep everybody inside that home" and they will use violence to enforce their wishes and quell the resulting conflict.[133]

No studies are available specifically investigating battering incidents during an adolescent daughter's pregnancy. However, the high incidence of battering during adolescence and during pregnancy in general leads experts to believe that the rate of battering during an adolescent daughter's pregnancy would be "very high."[134] In such family situations, experts believes that notice to a batterer of his daughter's pregnancy will be disastrous for the adolescent. "[I]t would absolutely enrage him. It would be much like showing a red cape to a bull." Such information "plays right into his [the batterer's] worst fears and his most vulnerable spots."[135]

A major study of families in which battering is a pattern concluded that incest occurs more frequently than reported, and its effects are far-reaching.[136] Notice to the battered woman of a daughter's pregnancy may be the first revelation of incest between the batterer and the daughter. Knowledge of this incest can provoke retaliatory violence against the batterer, and has even provoked murder.[137]

What is more, renewed incidents of violence in response to notification of the minor's pregnancy and abortion decision are not restricted to reactions against the teenage daughter. The district court in Minnesota found:

> Notification of the minor's pregnancy and abortion decision can provoke violence, even where the parents are divorced or separated. Studies have shown that violence and harrassment may continue well beyond the divorce, especially when children are involved.

The reaction of the custodial parent to the requirement of forced notification is often one of anger, resentment and frustration at the intrusion of the absent parent. Frequently, the custodial parent fears that the absent parent will use the notification to threaten the custody rights of the custodial parent. Furthermore, a mother's perception in a dysfunctional family that there will be violence if the father learns of the daughter's pregnancy is likely to be an accurate perception.[138]

## 11. When consent and notification laws require both parents' involvement, their effect is to put single mothers on trial.

To avoid damaging notification, many minors are forced to use the bypass system. Where the law requires both parents' involvement, minors must go to court to avoid notifying the second parent, even though one parent consents to the abortion. In Minnesota, 25 to 30 percent of the minors who went to court were accompanied by one parent who knew about and consented to the abortion.[139] The vast majority of these parents were women who were divorced or separated from spouses whom they had not seen in years. When reviewing the constitutionality of this requirement, the district court in *Hodgson* found:

> Going to court to avoid notifying the other parent burdens the privacy of both the minor and the accompanying parent. The custodial parents are angry that their consent is not sufficient and fear that notification will bring the absent parent back into the family in an intrusive and abusive way.[140]

Some of these mothers are poor and taking one or more days off work in order to go to court is a real economic hardship.[141]

## 12. Parental consent and notification laws discriminate against teenage women.

In Minnesota, as in all other states with mandatory parental involvement laws, no statute similarly requires teenage men to prove their maturity before making decisions concerning sexuality or parenting. In fact, where the decision or treatment might involve young men such as statutes regulating venereal disease treatment and contraception, many states including Minnesota recognize minors' capacity to give informed consent.[142] In this way, the effect of parental consent laws is to single out unmarried minor women whose sexual activity results in a pregnancy and subject them to burdensome and often traumatic requirements. Such requirements are not imposed upon unmarried minor men whose sexual activity results in pregnancy.

By telling a young woman that she may not decide in whom she will confide, or that the abortion decision is not hers to make, these laws reinforce disabling notions that women are not and never can be mature, that women's sexuality is dangerous, and that a young woman's separation from her family is somehow bad while her brother's is not.[143]

The evidence indicates that an interest in fostering parent-child communication is not attained through laws mandating parental involvement. Nevertheless, if this interest was the actual basis for the enactment of parental notification and consent laws, then these laws would require that both girls and boys consult their parents on a wide range of issues, including sexual activity and pregnancy. The fact that these laws mandate parental involvement only for a decision made by a minor woman and only when that decision applies to abortion, reveals the anti-choice purpose of these laws and has the effect of discriminating against young women.

## 13. The judicial bypass nightmare: one minor's experience.

The evidence gathered in the *Hodgson* case and in other states throughout the country, proves that the court bypass procedure can never provide a non-burdensome viable alternative for all minors who cannot tell either or both biological parents, about their pregnancy. Minnesota teenager Cynthia J.'s testimony about her experience under a two-parent requirement illustrates both the extreme hardship caused by these laws and the resourcefulness demanded of the teenagers involved.[144]

Cynthia J. grew up in a Catholic family. Both of her parents are opposed to abortion. She has close relatives in her town who are very active in the anti-abortion movement. Cynthia was a "B" student in school, a cheerleader and active in other extracurricular activities. She also worked part-time as a cashier.

When Cynthia found out that she was seven or more weeks pregnant, she consulted a pamphlet of *all* alternative services for pregnancy that her local Planned Parent-

hood had given her. She decided to have an abortion and called the Planned Parenthood clinic in St. Paul to arrange for an appointment. At that time she was told that either she would have to notify her parents of her decision or she would have to go to court. She was told to call the clerk of the court to set up an appointment.

The first court employee she spoke to in her home county knew nothing about the bypass procedure and told Cynthia to call back in a week. When Cynthia insisted that she had to know immediately because her pregnancy was too advanced for her to wait a week, she was instructed to call back in 20 minutes. During her second call she was told that the local court had never dealt with this kind of case before and that she would have to go to Hennepin county court in Minneapolis to get a waiver or consent from that court. By then it was 5:00 p.m., court closing time, so she couldn't get any more court information. Instead she called back the St. Paul clinic to see if someone there could help her to make an appointment. The staff person said she would try to arrange something and told Cynthia to call again the next day.

Cynthia could not call back until after school the following day. Fortunately, the clinic let Cynthia call collect relieving her anxiety about her parent's discovering the phone calls when they checked the phone bill. The clinic staff person told her to make an appointment with the St. Paul juvenile court facility — which Cynthia knew only as the "St. Paul *Detention* Center."

Cynthia got the court's number from directory assistance, called the court and set up an appointment for a week and a half later. She had tried to make an appointment for the weekend so she would not have to miss school or work, but the court would not see her on the weekend under *any* circumstances. If she had gone at an earlier time during the week, she would have been fired from her job.

In order to go to court unnoticed by her parents she had to get a 6 a.m. bus to St. Paul. To catch the bus, Cynthia had to leave her house at 4:30 a.m. and walk a mile and a half to the bus depot. The bus ride took four and a half hours, and after arriving in the city Cynthia still had another four hours to wait before her court appointment. She was told at the courthouse that the judge was behind schedule and she would have to wait for another hour. Cynthia insisted that she be seen immediately because her bus left in an hour. Ultimately the court acceded to Cynthia's request and she saw the judge. Finally, Cynthia, anxious and worn from her pre-abortion ordeal, received authorization from the judge for the abortion. She took the bus back and did not arrive home until 8:00 p.m. Cynthia could not schedule the abortion for the same day because the court proceeding ended too late and she couldn't stay in St. Paul overnight without alerting her parents.

The next day, Cynthia called the clinic, told them she had the "okay" and scheduled the appointment. Seven days later, a girlfriend drove Cynthia back to St. Paul for the abortion. This was the earliest date she could schedule the trip to avoid losing her job or alerting her family.

At the clinic, Cynthia completed all the information sheets and gave her medical history. She was then told that she was fifteen weeks and three days pregnant and that the clinic did not perform second trimester abortions. Cynthia became extremely upset, fearing she would not be able to get an abortion at all. Fortunately the clinic immediately referred her to a doctor who would perform a second trimester D&E procedure. When Cynthia went to that doctor's office she had to wait four hours before she had laminaria inserted.[145] Because there was insufficient time to carry out the abortion procedure that day and get home without arousing her parents' suspicions, she had go home and return *again* the next day, missing another day of school and work. Luckily, Cynthia's girlfriend was able to give her a ride to St. Paul once again to receive the abortion. She had not brought enough money to cover the additional cost of the D&E but was allowed to owe the doctor $80, which she eventually paid back.

By making separate trips to court and for the abortion, Cynthia missed three days of work and a three full days of school, two of which were unexcused. By being delayed almost three weeks due to the court requirement, risks to Cynthia's health were substantially increased.[146] In addition, because her absences were "unexcused" Cynthia was punished as if she were a truant for those days; she was assigned 45 minutes a day after school detention for two weeks. Her school automatically calls parents whose children are absent from school. Fortunately for Cynthia, both of her parents worked and thus did not find out about her absence.

The delay had other effects as well. The cost of the abortion was increased by $125 because Cynthia had been delayed into the second trimester and needed a D&E procedure. It cost approximately $35–$50 for each trip to St. Paul. Cynthia paid all of these costs out of her own savings.

This story illustrates the kind of Herculean effort which minors must make to get through the court bypass procedure. It also points out something equally important. Although pushed into her second trimester because of the delays inherent in the process, Cynthia J. *did* manage to obtain judicial permission for the confidential abortion which is her right. Many other minors, however, are unable to do so. How many minors have the wherewithall and resources to be able to navigate the court systems? How many minors faced with an unwanted pregnancy and unsupportive parents could muster the perseverance, dedication and courage of Cynthia J.?

## 14. For many teenagers the court bypass procedure is not an option.

Court bypass systems are not available to many teenagers. The bypass procedure creates a class system in which only certain teens have access to the courts. The result is that some minors are effectively denied their constitutional right to make a private decision about abortion while others are not.[147]

The Minnesota experience is telling. Fear, inaccessibility, delay and lack of resources placed the judicial bypass procedure in that state out of the reach of many minors.[148] For example, the bypass procedure in Minnesota created a category of minors who, because they were too frightened to go to court, either informed their parents against their better judgment,[149] or passively waited until it was too late to make a decision to have an abortion.

Minors from abusive, dysfunctional families are the most likely to find the bypass option out of reach. It would have been exceptionally difficult for these minors to choose and carry out the bypass procedure because "...the rules of those families are secrecy...Going to court would be an exposure of a risk [of more abuse] and it would be very difficult for a minor to do that."[150]

As would be true of minors generally, those minors could not make the necessary travel arrangments because they were quite young and did not drive or have access to transportation, or because they lived very far away, effe tively lost the option of going to court. They were force either to notify their parents against their better judgme or to forego the abortion altogether. One teenager in Mi nesota was forced to tell both parents of her abortion dec sion because the delay involved in the court bypa procedure would have pushed her past the gestational a at which she could obtain an abortion at the local clinic. A result, this minor's father did not speak to her for thr months.[151]

In Minnesota, 89 percent of the pregnant minors w went through the court bypass procedure between 198 1983 were aged sixteen or seventeen.[152] All of them we white, middle class, well dressed, educated and mature The bypass procedure thus created a class system in whi the wealthier, more educated, more privileged min were able to avoid the destructive effects of compell notice and teenage motherhood, whereas those with few resources were deterred from obtaining abortions at all the court process and the prospect of notifying unsupp tive or abusive parents. The effect of the system was punish those minors least equipped to raise children economically, physically and emotionally — by forci them into teen motherhood.

## 15. The bypass procedure deprives some minors of their right to anonymity.

Courts and court houses are public places. Thus, the bypass procedure unavoidably exposes the minor and her personal decision to public scrutiny despite the fact that bypass procedures are supposed to ensure anonymity.[154]

Most minors who went to court in Minnesota faced as many as 23 strangers who knew their first name and that they were pregnant and were seeking a court order.[155] These strangers included the other teenagers waiting for a bypass hearing, other parents, boyfriends of other minors, secretaries, receptionists, court clerks, court reporters, the guardian *ad litem*, public defender, judge and the judge's law clerk. Many minors did not seek hearings before judges in their home counties even when such hearings were available because they were afraid of being recognized by people who worked in and around the courthouse.[156] Minors would endure the added expenses, the further delay and the overall burdens of traveling to a distant city all to preserve some semblance of confidentiality.

Fears of being discovered are well-founded. Protecting anonymity is especially difficult in small communities where people are well known to each other. In Minnesota, even the City of Duluth is small enough that maintaining the privacy of the minors was at times extremely difficul Public defenders in Duluth represented minors who w the children of their co-workers and in one case had to r resent a judge's niece, who waited in the bathroom of courthouse until her hearing so she would not be rec nized.[158] One clinic counselor became so well-known Duluth that she could no longer accompany minors court because to do so would have compromised minors' privacy.[159]

On numerous occasions, minors in Minnesota enco tered court employees or even judges whom they kn For example, in the county where a minor named Ka went to court, there were only two juvenile court judg Because one judge was out of town, Kathy had to app before a judge who she knew was opposed to abortion religious reasons and whom she knew personally.[ was a member of her parish and had a son who was in b Kathy's parochial high school class and her confirmat class. Several other minors testified that they were rec nized by court personnel during their hearing process. example: one minor's father was a well-known political ure in the city where she went to court. The judge w

heard her petition recognized her immediately and told her so.[161] Another minor entered the judge's chambers and recognized the court reporter as her parents' neighbor.[162]

There is also the problem of running into parents who work in the courthouse area of the city. Sometimes several minors from the same school will be scheduled for the same court date.[163] On one occasion, a young woman encountered her entire school class on a field trip to the court while she was waiting to see a judge.[164]

All court personnel knew why the girls were there. All the people involved with getting the minors through the system in Minnesota including judges themselves, remarked on how easily recognizable the minors are: "[T]hey stand out like a sore thumb from the various other people sitting there."[165] "They look quite different than the other teenagers there for court."[166] Anybody who attended court on a regular basis, e.g., probation officers, public defenders, county attorneys, social workers, police officers, would know why the girls were in court. Indeed, on several occasions, a counselor accompanying the minors to court saw the building receptionist tell strangers as if pointing out a tourist attraction, why the group of nervous young women were waiting together.[167]

## 16. Minors are emotionally and sometimes physically traumatized by the court bypass procedure.

Here again, Minnesota provides a view of the reality of the court bypass procedure. Public defenders, guardians *ad litem*, clinic personnel and judges themselves, testified in the *Hodgson* trial that going to court was a frightening, traumatic experience for the young women they saw.[168] Hardly any of these teenagers had ever been to court before and did not understand why they had to go to court in order to obtain a safe, legal and desired medical procedure.[169]

Obtaining an abortion is so important to minors that even a small chance of denial is extremely frightening for them.[170] Minors in Minnesota did not know what to expect at court. They approached the court hearing apprehensive and anxious. To these minors (as to most people), the judge was an all-powerful authority figure. They knew he would make legal and moral value judgments about them.[171]

Being forced to go to court causes most teenagers to feel ashamed, to feel as if they had done something wrong. Having to discuss their sexuality and abortion decision with so many strangers only adds to these feelings of disgrace and guilt.[172] For many Minnesota minors the experience of going to court remains a troubling memory.[173]

Not suprisingly, minors in Minnesota were embarrassed to be at court. While there, they would "try to become invisible" by staring at the floor or standing facing the walls.[174] They were afraid of being recognized by classmates or someone who knew their parents; upset and offended because they had to answer questions about their private lives. One teen explained "...the thought of people who I didn't know, who I had never seen before asking me questions about my personal life, wondering what I was...It was scary."[175]

Another became extremely upset during her trial testimony when she recalled her experience at her bypass hearing several years earlier.[176]

The court procedure was so nerve-wracking for some of the young women that it made them physically ill. Some minors vomitted in court; others came back from court "wringing wet with perspiration,"[177] and it was necessary to give some of them a sedative[178] after they came back to the clinic. Many minors dreaded the court procedure more than the abortion itself.

The director of the guardian *ad litem* program in one Minnesota county who supervised over 1,000 teenagers coming to court for a bypass hearing explained that:

> The teenagers that we see in the guardian's office are very nervous, very scared. Some of them are terrified about court processes. They are often exhausted, they are upset about the fact they have to explain very intimate details of their personal lives to strangers.[179]

The federal district court in Minnesota found after trial that:

> The experience of going to court for a judicial authorization produces fear and tension in many minors. Minors are apprehensive about the prospect of facing an authority figure who holds in his hands the power to veto their decision to proceed without notifying one or both parents. Many minors are angry and resentful at being required to justify their decision before complete strangers. Despite the confidentiality of the proceeding, many minors resent having to reveal intimate details of their personal and family lives to these strangers. Finally, minors are left feeling guilty and ashamed about their lifestyle and their decision to terminate their pregnancy....
>
> Some minors are so upset by the bypass proceeding that they consider it more difficult than the medical procedure itself. Indeed, the anxiety resulting from the bypass proceeding may linger until the time of the medical procedure and thus render the latter more difficult than necessary.[180]

## B. What Are Minors' Legal and Constitutional Rights To Make Their Own Decisions about Childbirth and Abortion?

A minor's right to choose abortion without parental knowledge or consent has emerged as one of the most hotly debated and frequently litigated constitutional privacy issues of the 1980's. Currently there are 20 states which have parental notification or consent laws, not all of which are in effect.[237]

In 1976 the Supreme Court recognized that a "mature," unmarried minor has the constitutional right to decide, in consultation with a physician and without her parent's consent, to choose abortion.[238] This decision has been applied equally to minors deciding on childbirth in the face of parental pressure to abort.[239] The Supreme Court, in a 1979 decision, *Bellotti v. Baird*, held a Massachusetts parental consent law unconstitutional, ruling that both "mature" minors, and minors whose best interests dictate a confidential abortion, have the right to make the abortion decision without parental involvement.[240] However, the Supreme Court was divided on the question of what a state *may do* to regulate minors. One opinion in *Bellotti* (four justices) suggested that some form of a parental consent statute may be constitutional so long as mature minors are permitted to make their own decisions about abortion. To accomplish this, the Court suggested that a State may require parental involvement if it also provides all minors with the opportunity, through an alternative judicial or administrative procedure, to demonstrate maturity or, alternatively, that their best interests require a confidential abortion.[241] At least four other justices on the Supreme Court believe any court bypass proceeding is inherently burdensome to minors and would refuse to sustain one.[242]. Subsequent to *Bellotti* the Supreme Court has decided three additional cases requiring either parental notification or consent and has upheld the facial validity of a statute that appears on its face to fully provide an opportunity for the minor to bypass parental involvement.[243]

Although twenty states currently have laws requiring either the notification or consent of parents prior to a minor's abortion, some of these laws are facially unconstitutional either because there is no court bypass or because the bypass provision is not carefully drafted to ensure teenagers' recognized rights.[244] These facially invalid laws are either not enforced, or under court injunction.

The Supreme Court has never examined a parental consent or notification law once it has been implemented, so it has never had the chance to decide whether compelled parental involvement is constitutional based on reality instead of mere theory. To decide such an "as applied" challenge, the Supreme Court would have to weigh the degree of burden these laws actually place on teenagers against the importance of the state interests at stake and the degree to which the law actually accomplishes its purposes.[245]

As the effects of these statutes begin to be realized, there will be more and more court challenges which will compel judges to decide their fate based on the facts of their actual operation. Court challenges may take a wide variety of other forms as well. These include attacking the statutes as overbroad and therefore unconstitutional[246], since evidence from the two states that have these statutes indicates that over 99.9 percent of the unemancipated minors forced to go through the judicial bypass are "inevitably . . . mature minors and immature minors driven to [use the bypass procedure] by their own best interests,"[247] and since there is a substantial and demonstrable burden and chilling effect caused by the statutes.[248]

Other approaches might be to rely on state constitutional grounds, including state equal protection clauses, state guarantees of privacy,[249] and state equal rights amendments.[250]

The challenge most likely to succeed in federal courts, however, is the "as applied" one based on existing Supreme Court standards and evidence that the statutes in operation burden minors without being necessary and narrowly tailored to actually serve a state's interests. Such evidence can be developed regardless of the apparent facial logic of such laws.[251]

Though some lobbyists might argue that the state has a legitimate interest in protecting parents' rights, the courts have never recognized such a right. In none of the six cases addressing minors' rights to abortion has the Supreme Court ever suggested that parents have a constitutional right either to know about their daughter's pregnancy or to require their consent before she can obtain an abortion.[252] The only circuit court to address the issue of parents' right to know about a minor's decisions concerning pregnancy and abortion flatly rejected any such right.[253]

The case of *Hodgson v. Minnesota*, discussed in detail in the earlier sections of this pamphlet, was the first "as applied" challenge to a notification law. In considering the effect of the Minnesota notification law, the district court in that case declared the law unconstitutional. It found that the court bypass option "inevitably" reached only "mature

minors and immature minors driven to this choice by their own interests. Such a regulation will fail to further the state's interest in protecting immature, non-best interest minors."[254] The court also found that the law failed to protect minors, promote parent-child communication or improve family relations generally.[255] Further, it found that some mature minors were so daunted by the notion of having to go to court that they were forced into unwanted childbirth or involuntary notification.[256] The court further found the judicial bypass procedure traumatic and burdensome, and that it impinged on the privacy interests and the health of the minor.[257] In the case of single parents or dysfunctional families, the court found that the law actually undermined state interests because it damaged and decreased parent-child communication. The court felt restrained, however, by Supreme Court precedent concerning the facial validity of these laws and it did not go so far as to state that none of these laws could ever be constitutional.

The court concluded that "[w]ere this court writing on a clean slate, it could not uphold the constitutionality of Minn. Stat. §144.343(2)(7) under the intermediate scrutiny appropriate in challenges to regulations that burden fundamental rights of minors."[258] However, the court limited itself to striking down the law on two narrower grounds: the fact that *both* parents had to be notified, and its determination that the mandatory waiting period was too long. (The law in question required the minor to wait 48 hours from the time the parents were informed until she could obtain her abortion.)[259] Although the court's ruling was quite narrow, uncontroverted testimony reflected in the court's decision showed the devastating effect this law has had on minors' lives and rights. Other courts and legislatures may now rely on Minnesota's experience, set forth in the district court's findings, in assessing the constitutionality and effects of these laws.

Although mandatory parental involvement laws have been permitted by the Supreme Court, it is essential to remember that minors *do* have a protected constitutional right to choose abortion, and that they have greatly benefitted from implementation of this right.[260] Because the scope of judicial scrutiny of laws restricting minors' access to abortion by mandating parental involvement is less well defined and less rigorous than other areas of the law, teenagers in certain states continue to suffer a cutback in their ability to obtain abortions. How the Supreme Court will view the *real* burdens on teenagers imposed by these laws, and how state legislators will react, is not known.[261] However, the denial of a teenager's choice of abortion has an irreversible impact and no one can doubt the lifelong consequences brought on by teenage childbearing. In the scheme of constitutional rights, therefore, protection of privacy rights should be of the highest order of priority.

## C. What Laws and Policies Would Really Help Teens?

Since requiring parental consent or notification does not promote family communication and closeness, fails to facilitate and safeguard teen decision making, and does not protect teenagers' health, what measures would accomplish these objectives?

We could begin by repealing all parental consent and notification laws, a crucial step in making reproductive health care and education accessible to minors. We should also provide funding for drastically increased levels of health services and counseling relating to all reproductive health options, including abortion, contraception, and prenatal care. We should work to broadly institute policies of sex and health education in communities and schools.

We should work to pass laws creating programs which provide education and counseling to parents on how to communicate with their children. The development of general family support services which relieve the burdens on families, promote communication and foster internal support mechanisms is also needed (i.e. adequate day care, food supplement programs, family therapy services, battering and alcoholism programs).

Policies promoting educational opportunities for young people such as literacy programs, bilingual education, student scholarship grants, work/study and loan programs, and day care for parenting students may have a positive impact on the frequency of teenage pregnancy. Likewise, policies which increase youth job opportunities may reduce pregnancy rates.

Basic to each of these general parameters of helpful policies are three essential principles. First, programs and services must be accessible to their target populations. For teens this means that services must be located in or near schools[262] or be open after school hours and located near teen hang-outs. Services for teens must also be free, or sliding scale with the bottom pay rate $0. Secondly, services and education must be provided by respectful, caring staff. Finally, and perhaps most importantly for teens, programs must be strictly confidential. Teenagers who are ready to communicate with their parents and guardians about sexuality and reproductive health, including abortion, do so without being forced. Those who cannot talk to their parents, almost always have good reasons. Forcing parental involvement will only cause sexually active teens who are unable to communicate with their parents to forego educational and health services, with the result that their options are narrowed and they may soon become pregnant or fail to have an illness diagnosed or treated.[263]

There are literally hundreds of examples of programs already in operation which put some or all of the ideas mentioned above into action. What follows is a brief overview of the different types of programs in operation in various parts of the United States. Though by no means complete, this description is meant to demonstrate the great variety of programs already in place, and to spark creativity in the formulation of lobbying strategies.

At the end of this section in Appendix C is a resource list of some of the national organizations who provide services to teens, and those who act as back-up resource centers to organizations providing services. They have a wealth of information about local group contacts and ongoing activities. But it is important to remember the chilling effect of vocal anti-abortion groups. Many programs, including some of those groups on the list, and some of those mentioned in the program descriptions, censor themselves or have been prevented by outside forces from providing education and services dealing with all reproductive health options, including abortion and AIDS.[264] Some of these groups allow their affiliates to require parental consent before minors can participate in their services. However, if we are to have programs that are truly effective, we must insist that all options be fully discussed and all services provided; giving incomplete or inaccurate information is usually worse than providing no information at all. And for teenagers, access to programs must be ensured by protecting complete confidentiality.

Existing teen pregnancy programs can be divided into two main types. The first provides direct sexual education, and contraception/abortion and general health counseling and services to male and female youth. The second seeks to develop teenagers' life options, their self-esteem, decision making skills, communication with adults, and educational and employment opportunities. Many programs combine both approaches.

There are innumerable ways that such programs may be carried out. A wide variety of curriculum guides and teaching manuals have been developed for use in a different setting.[265] There are also how-to guides for setting up school-based clinics[266] and for other types of programs so that each new program does not need to reinvent the wheel. Other resources include videotapes,[267] slide shows,[268] theater groups comprised of teen actors,[269] board games,[270] and comic strips,[271] to mention some of the more creative ones. Planned Parenthood of Northern Texas has developed a telephone answering device providing 180 different 5 minute messages to callers on a variety of topics including birth control, pregnancy options, sexually trans-

mitted disease and "How to Talk to Your Parents About Sex."

In general, the best prevention programs are founded on the essential principles described above and are tailored to meet the needs of their respective communities and constituencies. Bilingual programs should be devised wherever there is a significant population of non-English speaking people who need services.[272] Service providers should be as much like the target client population as possible in terms of race, ethnicity and lifestyle to encourage use of the services and to ensure a sensitive, comfortable atmosphere. Peer education and counseling programs have been particularly successful.

Particular communities have differing needs. Some must focus on the provision of general health services to teenage women because there is a scarcity of such services. In areas of high unemployment, school dropouts and low college entrance, programs need to concentrate on educating teens and helping them to develop their life options. This would include self-esteem and decision making counseling, job training, school tutoring, and school scholarships. Other communities need to focus more on the education of parents about adolescent health and sexuality, and how to communicate with their children. Some areas need to target male youth to develop their sexual knowledge, communication skills and sense of responsibility. Other programs should target pre-adolescents, reaching youth before they become sexually active. Every community needs all of the above services but must set priorities and establish realistic goals for what to accomplish.

Even the best program ideas will never have the chance to take effect unless support is generated for them and they are successfully maneuvered through whatever political hurdles exist in each state so that they can be implemented. Strategies need to be developed, taking account of where pro-choice forces have allies: in the legislature, the governor's office, executive agencies, and in grass roots organizations such as churches, schools, community centers, etc. For example, it may be possible to create and finance prevention programs through purely legislative initiatives in one state,[273] while in another it may be done by an executive task force which studies and recommends funding for prevention services,[274] or it may be done by resolutions passed by local town or city councils or boards of education.

Lobbyists will need to be prepared to resist pressures to adopt parental involvement provisions and to neglect the abortion option. Do not overestimate your opposition. Keep reaching out to potential allies, educating them and moving their positions. When you accurately identify a need and design an effective way to meet it, you will be able to mobilize support for it. Information provided in this booklet and in several other studies[275] will be useful in this ongoing process.

The basic principles of accessibility, sensitivity and privacy must be at the core of any program strategy: to ignore these essential principles would be to defeat the goals of such programming efforts before we begin. Just as important, all programs should be premised on the fundamental proposition, "that at each step along the path from sexual initiation to parenting—regardless of whether one might wish that that step had not been reached—the [adolescent] girl or woman should be treated with the same dignity, confidentiality, kindness, and excellence of health care that are due" to any other member of society.[276]

# We Affirm

## *American Baptist Churches, U.S.A.

*General Board, 1981*

Abortion presents us with a dilemma. It places in tension several of our historic commitments:

- Our commitment to the sanctity of human life.
- Our commitment to freedom of conscience and self-determination.
- Our commitment to the First Amendment guarantee of the free exercise of religion.

. . . Public law, enacted by human reason and enforced by state power, can never fully express the moral sensitivity of Christian love. We are therefore grateful for the Constitutional protection of religious freedom which guarantees our right to make personal moral decisions based on religious principles. The First Amendment affords each citizen freedom from the religious scruples of others and freedom to follow the religious dictates of conscience.

. . . We recognize that a human embryo is the physical beginning of a life which through a God-given process of development becomes a person. Choosing to terminate this developmental process is a crucial decision to be made only when all other possible alternatives will lead to greater destruction of human life and spirit.

. . . We recognize that Christian persons of sensitive and informed conscience find themselves on differing sides of the abortion issue. In our Baptist tradition the integrity of each person's conscience must be respected; therefore, we believe that abortion must be a matter of responsible, personal decision.

## *American Ethical Union

*Annual Assembly, 1973 (reaffirmed 1979)*

The American Ethical Union wishes to express its disapproval of efforts to amend or circumvent the United States Constitution in such manner as would nullify or impede the decision of the United States Supreme Court regarding abortion.

We further believe that denial of Federal or State funds for abortion where they are provided for other medical services discriminates against poor women and abridges their freedom to act according to their conscience. The American Ethical Union supports the expansion of governmental family planning services as a means of reducing the need for abortion. (1979)

## *American Ethical Union, National Service Conference

*1976 (reaffirmed 1979)*

We believe in the right of each individual to exercise his or her conscience; every woman has a civil and human right to determine whether or not to continue her pregnancy. We support the decision of the United States Supreme Court of January 22, 1973 regarding abortion.

We believe that no religious belief should be legislated into the legal structure of our country; the state must be neutral in all matters related to religious concepts. (1976)

## American Friends Service Committee

*1970*

On religious, moral, and humanitarian grounds, therefore, we arrived at the view that it is far better to end an unwanted pregnancy than to encourage the evils resulting from forced pregnancy and childbirth. At the center of our position is a profound respect and reverence for human life, not only that of the potential human being who should never have been conceived, but that of the parent and the other children in the human community.

Believing that abortion should be subject to the same regulations and safeguards as those governing other medical and surgical procedures, we urge the repeal of all laws limiting either the circumstances under which a woman may have an abortion or the physician's freedom to use his or her best professional judgement in performing it.

## *American Humanist Association

*Annual Conference, 1977*

We affirm the moral right of women to become pregnant by choice and to become mothers by choice. We affirm the moral right of women to freely choose a termination of unwanted pregnancies. We oppose actions by individuals, organizations and governmental bodies that attempt to restrict and limit the woman's moral right and obligation of responsible parenthood.

Attach J

## *American Jewish Congress

*Biennial Convention, 1982*

The American Jewish Congress has long recognized that reproductive freedom is a fundamental right, grounded in the most basic notions of personal privacy, individual integrity and religious liberty. Jewish religious traditions hold that a woman must be left to her own conscience and God to decide for herself what is morally correct. The fundamental right to privacy applies to contraception to avoid unintended pregnancy as well as to freedom of choice on abortion to prevent an unwanted birth.

In a climate of intensified efforts by the present Administration and by certain members of Congress to inject the government into these most personal decisions, we restate our opposition to any vehicle that would threaten a woman's access to abortion. We also reiterate our support for public funding of abortions so that the economically disadvantaged can exercise their right of choice along with the more affluent.

. . . The American Jewish Congress, therefore,

- Affirms its support for continuation of the national commitment to federally subsidized national family planning services;
- While encouraging parental involvement concerning family planning services for minors, opposes any efforts that would require parental notification or consent;
- Reaffirms its unwavering support for the Supreme Court decisions, including *Roe v. Wade* and *Doe v. Bolton*, which recognize that the Constitution guarantees women freedom of choice with respect to abortion;
- Reaffirms its opposition to all efforts—whether through Constitutional amendment, simple legislative fiat, or attacks on the jurisdiction of the courts—that would restrict or burden a woman's right to choose to terminate a pregnancy or that would compromise a physician's choice of treatment in the care of a pregnant woman for medical or surgical conditions which have no relationship to the pregnancy but which could adversely affect the fetus;
- Rejects all efforts to undermine the role of the judiciary and violate the principle of separation of powers with respect to reproductive freedom; and
- Rejects any efforts that would deny individual religious liberty to either clergy or lay people who, by virtue of their sincerely-held religious beliefs, may differ in interpreting when to attribute "personhood" to prenatal life.

## American Protestant Health Association

*1977*

Voluntary abortion may be accepted as an option where all other possible alternatives may lead to greater distress of human life. Whenever pregnancy is interrupted by choice, there is a moral consequence because life is a gift. To this end, counseling resources should be available through medical centers to both individuals and families considering this alternative.

Circumstances which may lead to choosing to interrupt a pregnancy include medical indications of physical or mental deformity or disease, conception as a result of rape or incest, and a variety of social, psychological or economic conditions where the physical or mental health of either the mother or child would be seriously threatened. All reasonable efforts should be made to remove economic barriers which would prohibit the exercise of this option.

## *B'nai B'rith Women

*Biennial Convention, 1976 (reaffirmed 1978)*

Although we recognize there is a great diversity of opinion on the issue of abortion, we also underscore the fact that every woman should have the legal choice with respect to abortion consistent with sound medical practice and in accordance with her conscience.

We wholeheartedly support the concepts of individual freedom of conscience and choice in the matter of abortion. Any Constitutional amendment prohibiting abortion would deny to the population at large their basic rights to follow their own teachings and attitudes on this subject which would threaten First Amendment rights. Additionally, legislation designed to ban federal funding for health facilities for abortions is discriminatory, since it would affect disadvantaged women, who have no access to expensive private institutions.

## *Catholics For A Free Choice

*1975*

We affirm the religious liberty of Catholic women and men and those of other religions to make decisions regarding their own fertility free from church or governmental intervention in accordance with their own individual conscience.

## Central Conference of American Rabbis

*Annual Convention, 1975*

We believe that in any decision whether or not to terminate a pregnancy, the individual family or woman must weigh the tradition as they struggle to formulate their own religious and moral criteria to reach their own personal decision. . . . We believe that the proper locus for formulating these religious and moral criteria and for making this decision must be the individual family or woman and not the state or other external agency.

. . . As we would not impose the historic position of Jewish teaching upon individuals nor legislate it as normative for society at large, so we would not wish the position of any other group imposed upon the Jewish community or the general population.

. . . We affirm the legal right of a family or a woman to determine on the basis of its or her own religious moral values whether or not to terminate a particular pregnancy. We oppose all Constitutional amendments that would abridge or circumscribe this right.

## Central Conference of American Rabbis

*Annual Convention, 1984*

WHEREAS the so-called Hyde Amendment restricts the use of Medicaid funds for abortion; and other amendments have had a similar effect in other federal programs, so that a woman dependent on government health care cannot obtain a medically necessary abortion even if she is the victim of rape or incest or if her health is seriously jeopardized by continuation of the pregnancy; and

WHEREAS these restrictions have created greater health risks for poor women who have conscientiously chosen abortion but must delay the procedure while seeking private funds to pay for it,

THEREFORE BE IT RESOLVED that:

- The Central Conference of American Rabbis calls upon the Congress to defeat the Hyde Amendment this year, and
- The Central Conference of American Rabbis supports the Fazio-Green legislation which would eliminate such restrictions in the authorization for all federal governmental programs.

## *Christian Church (Disciples of Christ)

*General Assembly, 1975*

WHEREAS, the Christian Church (Disciples of Christ) has proclaimed that in Christ, God affirms freedom and responsibility for individuals, and

WHEREAS, legislation is being introduced into the U.S. Congress which would embody in law one particular opinion concerning the morality of abortion . . .

THEREFORE BE IT RESOLVED, that the General Assembly of the Christian Church (Disciples of Christ) . . .

- Affirm the principle of individual liberty, freedom of individual conscience, and sacredness of life for all persons.
- Respect differences in religious beliefs concerning abortion and oppose, in accord with the principle of religious liberty, any attempt to legislate a specific religious opinion or belief concerning abortion upon all Americans.
- Provide through ministry of the local congregation, pastoral concern, and nurture of persons faced with the responsibility and trauma surrounding undesired pregnancy.

## Episcopal Church (The)

*General Convention, 1982*

RESOLVED:

- The beginning of new human life, because it is a gift of the power of God's love for his people, and thereby sacred, should not and must not be undertaken unadvisedly or lightly but in full accordance of the understanding for which this power to conceive and give birth is bestowed by God.
- Such understanding includes the responsibility for Christians to limit the size of their families and to practice responsible birth control. Such means for moral limitations do not include abortion for convenience.
- The position of this Church, stated at the 62nd General Convention of the Church in Seattle in 1967, which declared support for the "termination of pregnancy" particularly in those cases where "the physical or mental health of the mother is threatened seriously, or where there is substantial reason to believe that the child would be born badly deformed in mind or body, or where the pregnancy has resulted from rape or incest" is reaffirmed. Termination of pregnancy for these reasons is permissible.
- In those cases where it is firmly and deeply believed by the person or persons concerned that pregnancy should be terminated for causes other than the above, members of this Church are urged to seek the advice and counsel of a Priest of this Church, and, where appropriate, penance.
- Whenever members of this Church are consulted with regard to proposed termination of pregnancy, they are to explore, with the person or persons seeking advice and counsel, other preferable courses of action.
- The Episcopal Church expresses its unequivocal opposition to any legislation on the part of the national or state governments which would abridge or deny the right of individuals to reach informed decisions in this matter and to act upon them.

## *Episcopal Women's Caucus

*Annual Meeting, 1978*

We are deeply disturbed over the increasingly bitter and divisive battle being waged in legislative bodies to force continuance of unwanted pregnancies and to limit an American woman's right to abortion.

We believe that all should be free to exercise their own consciences on this matter and that where widely differing views are held by substantial sections of the American religious community, the particular belief of one religious body should not be forced on those who believe otherwise.

To prohibit or severely limit the use of public funds to pay for abortions abridges and denies the right to an abortion and discriminates especially against low income, young and minority women.

## *Federation of Reconstructionist Congregations and Havurot

*1981*

Although the Jewish tradition regards children as a blessing, a gift of life itself, the tradition permits the abortion of an unborn child in order to safeguard the life and physical and mental health of the mother. The rabbis did not take a consistent stand on the question of whether a fetus resembles "a person." They did not think it possible to arrive at a final theoretical answer to the question of abortion, for that would mean nothing less than to be able to define convincingly what it means to be human.

We recognize that abortion is a tragic choice. Any prospective parent must make an agonizing decision between competing claims—the fetus, health, the need to support oneself and one's family, the need for time for a marriage to stabilize, responsibility for other children and the like. Some of us

consider abortion to be immoral except under the most extraordinary circumstances. Yet we all empathize with the anguish of those who must make the decision to abort or not to abort.

## Lutheran Church in America

*Biennial Convention, 1970 (reaffirmed 1978)*

In the consideration of induced abortion the key issue is the status of the unborn fetus. Since the fetus is the organic beginning of human life, the termination of its development is always a serious matter. Nevertheless, a qualitative distinction must be made between its claims and the rights of a responsible person made in God's image who is in living relationships with God and other human beings. This understanding of responsible personhood is congruent with the historical Lutheran teaching and practice whereby only living persons are baptized.

On the basis of the evangelical ethic, a woman or couple may decide responsibly to seek an abortion. Earnest consideration should be given to the life and total health of the mother, her responsibilities to others in her family, the stage of development of the fetus, the economic and psychological stability of the home, the laws of the land, and the consequences for society as a whole.

Persons considering abortion are encouraged to consult with their physicians and spiritual counselors. This church upholds its pastors and other responsible counselors, and persons who conscientiously make decisions about abortion.

(T)he social statement opposes abortion on demand, since many factors must be considered in the decision. . . (T)he statement opposes the use of abortion as an alternative form of contraception. (1978)

## *National Council of Jewish Women

*National Convention, 1969 (reaffirmed 1979, 1982)*

The members of NCJW reaffirm the strong commitment "to work to protect every woman's individual right to choose abortion and to eliminate any obstacles that would limit her reproductive freedom."

We believe that those who would legislate to deny freedom of choice compound the problems confronting women who are already condemned by poverty. It is therefore essential that federal and state funding be made available to women in need who choose abortion, just as such funding is available for other medical procedures.

We decry the fact that poor and young women must bear the major brunt of anti-abortion rights measures, and call upon all public officials to support and protect the right of every American woman to choose or reject the act of childbearing. (1979)

## *National Federation of Temple Sisterhoods

*Biennial Assembly, 1975*

NFTS affirms our strong support for the right of a woman to obtain a legal abortion, under conditions now outlined in the 1973 decision of the United States Supreme Court. The Court's position established that during the first two trimesters, the private and personal decision of whether or not to continue to term an unwanted pregnancy should remain a matter of choice for the woman; she alone can exercise her ethical and religious judgement in this decision. Only by vigorously supporting this individual right to choose can we also ensure that every woman may act according to the religious and ethical tenets to which she adheres.

## *North American Federation of Temple Youth

1981

BE IT RESOLVED

- That NFTY continue to strongly support the right of a woman to choose to obtain a safe, legal abortion, and
- That NFTY oppose any Contitutional amendment that could lead to the restriction of that right.

## *Pioneer Women/NA'AMAT

*Biennial Convention, 1983*

Reproductive choice must be recognized as a matter of individual conscience outside the realm of government intrusion. We oppose attempts—whether by Constitutional amendment, legislation, judicial review or government regulation—to restrict women's access to safe and legal abortion, to bar financial assistance to women seeking abortion or to violate the confidentiality of family planning services.

We welcome decisions of the Supreme Court and other branches of the federal judiciary upholding women's rights: particularly opinions barring restrictions on women's right to abortion, and rulings against sex discrimination in employer-sponsored retirement plans and upholding the privacy of federally-funded family planning centers.

We must remain alert to defeat efforts in Congress to undermine the jurisdiction of federal courts on Constitutional matters relating to moral and social questions.

## *Presbyterian Church, U.S.A.

*General Assembly, 1983*

Any decision for an abortion should be made as early as possible, generally within the first trimester of pregnancy, for reasons of the woman's health and safety. Abortions later in pregnancy are an option particularly in the case of women of menopausal age who do not discover they are pregnant until the second trimester, women who discover through fetal diagnosis that they are carrying a fetus with a grave genetic disorder, or women who did not seek or have access to medical care during the first trimester. At the point of fetal viability the responsibilities set before us in regard to the fetus begin to shift. Prior to viability, human responsibility is stewardship of life-in-development under the guidance of the Holy Spirit. Once the fetus is viable, its potential for physically autonomous human life means that the principle of inviolability can be applied.

. . . It is a tragic sign of the church's sinfulness that our propensity to judge rather than stand with persons making such decisions too often means that persons in need must bear the

additional burden of isolation. It would be far better if the person concerned could experience the strength that comes from shared sensitivity and caring. The church is called to be the loving and supportive community within whose life persons can best make decisions in conformity with God's purposes revealed in Jesus Christ.

. . . The church's position on public policy concerning abortion should reflect respect for other religious traditions and advocacy for full exercise of religious liberty. The Presbyterian Church exists within a very pluralistic environment. Its own members hold a variety of views. It is exactly this pluralism of beliefs which lead us to the conviction that the decision regarding abortion must remain with the individual, to be made on the basis of conscience and personal religious principles, and free from governmental interference.

Consequently, we have a responsibility to work to maintain a public policy of elective abortion, regulated by the health code, not the criminal code. The legal right to have an abortion is a necessary prerequisite to the exercise of conscience in abortion decisions. Legally speaking, abortion should be a woman's right because, theologically speaking, making a decision about abortion is, above all, her responsibility.

As Presbyterians and U.S. citizens we have a responsibility to guarantee every woman the freedom of reproductive choice. We affirm the intent of existing law in the United States regarding abortion: protecting the pregnant woman. Medical intervention should be made available to all who desire and qualify for it, not just to those who can afford preferential treatment.

. . . Thus the 195th General Assembly (1983):

- Urges Presbyterian congregations and their individual members to:
  - Provide a supportive community in which such decisions can be made in a setting of care and concern.
  - Respect the difficulty of making such decisions.
  - Affirm women's ability to make responsible decisions, whether the choice be to abort or to carry the pregnancy to term.
  - Protect the privacy of individuals involved in contraception and abortion decisions.
- Affirms the church's commitment to minimize the incidence of abortion and encourages sexuality education and the use of contraception to avoid unintentional pregnancies, while while recognizing that contraceptives are not absolutely effective...
- Recognizes that negative social attitudes toward women cast doubt on women's ability to make moral decisions and urges ministers and congregations to work to counter these underlying social attitudes and affirm the dignity of women.
- Recognizes that children may be born who are either unwanted or seriously handicapped and affirms the church's ongoing responsibility to provide supportive services to families in these situations and to help find appropriate institutional care and adoptive services where needed.
- Affirms the 1973 *Roe v. Wade* decision of the Supreme Court which decriminalized abortion during the first two trimesters of pregnancy. . . .
- Urges the Presbyterian Church . . . to model the just and compassionate community by:
  - Opposing adoption of all measures which would serve to restrict full and equal access to contraception and abortion services to all women, regardless of race, age, and economic standing.
  - Working actively to restore public funding by federal, state, and local governments for the availability of a full range of reproductive health services for the medically indigent. . .
  - Providing continuing support for women who, having made an abortion decision, may have doubts as to the wisdom of their choice, or having delivered a child are not able to cope with the separation of adoption or the responsibilities of child care.

## Reorganized Church of Jesus Christ of Latter Day Saints

*1974 (reaffirmed 1980)*

We affirm that parenthood is partnership with God in the creative processes of the universe.

We affirm the necessity for parents to make responsible decisions regarding the conception and nurture of their children.

We affirm a profound regard for the personhood of the woman in her emotional, mental, and physical health; we also affirm a profound regard and concern for the potential of the unborn fetus.

We affirm the inadequacy of simplistic answers that regard all abortions as murder, or, on the other hand, regard abortion only as a medical procedure without moral significance.

We affirm the right of the woman to make her own decision regarding the continuation or termination of problem pregnancies. Preferably, this decision should be made in cooperation with her companion and in consultation with a physician, qualified minister, or professional counselor . . .

We affirm the need for skilled counselors being accessible to the membership of the church to assist persons in their struggle with issues centering in human sexuality, responsible parenthood, and wholeness of family life.

## *Union of American Hebrew Congregations

*Biennial Convention, 1975 (reaffirmed 1981)*

The UAHC reaffirms its strong support for the right of a woman to obtain a legal abortion on the Constitutional grounds enunciated by the Supreme Court in its 1973 decision. . . This rule is a sound and enlightened position on this sensitive and difficult issue, and we express our confidence in the ability of the woman to exercise her ethical and religious judgment in making her decision.

The Supreme Court held that the question of when life begins is a matter of religious belief and not medical or legal fact. While recognizing the right of religious groups whose beliefs differ from ours to follow the dictates of their faith in this matter, we vigorously oppose the attempts to legislate particular beliefs of those groups into the law which governs us all. This is

a clear violation of the First Amendment. Furthermore, it may undermine the development of interfaith activities. Mutual respect and tolerance must remain the foundation of interreligious relations.

We oppose those riders and amendments to other bills aimed at halting Medicaid, legal counseling and family services in abortion-related activities. These restrictions severely discriminate against and penalize the poor who rely on governmental assistance to obtain the proper medical care to which they are legally entitled, including abortion.

We are opposed to attempts to restrict the right to abortion through Constitutional amendments. To establish in the Constitution the view of certain religious groups on the beginning of life has legal implications far beyond the question of abortion. Such amendments would undermine Constitutional liberties which protect all Americans.

## *Unitarian Universalist Association

*General Assembly, 1978*

WHEREAS, religious freedom under the Bill of Rights is a cherished American right; and

WHEREAS, right to choice on contraception and abortion are important aspects to the right of privacy, respect for human life and freedom of conscience of women and their families; and

WHEREAS, there is increasing religious and political pressure in the United States to deny the foregoing right;

BE IT RESOLVED:

- That the 1978 General Assembly of the Unitarian Universalist Association once again affirms the 1973 decision of the Supreme Court of the United States on abortion and urges the Association and the member societies and individual members of member societies to continue and to intensify efforts to insure that every woman, whatever her financial means shall have the right to choose to terminate a pregnancy legally and with all possible safeguards; and
- That the 1978 General Assembly of the Unitarian Universalist Association urges the Unitarian Universalist Association, districts, and individual Unitarian Universalist societies to continue and, where possible, increase their efforts to maintain right of choice on abortion . . . ; and
- That the 1978 General Assembly of the Unitarian Universalist Association strongly opposes any denial or restriction of federal funds, or any Constitutional amendment, or the calling of a national Constitutional Convention to propose a Constitutional amendment that would prohibit or restrict access to legal abortion.

## *Unitarian Universalist Women's Federation

*Biennial Convention, 1975 (reaffirmed 1979, 1981)*

The Unitarian Universalist Women's Federation reaffirm(s) the right of any woman of any age or marital or economic status to have an abortion at her own request upon consultation with her physician and urges all Unitarian Universalists in the United States and all Unitarian Universalist societies in the United States to resist through their elected representatives the efforts now under way by some members of the Congress of the United States to curtail their right by means of a Constitutional amendment or other means.

## *United Church of Christ

*General Synod, 1981*

The question of when life (personhood) begins is basic to the abortion debate. It is primarily a theological question, on which denominations or religious groups must be permitted to establish and follow their own teachings.

Every woman must have the freedom of choice to follow her personal religious and moral convictions concerning the completion or termination of her pregnancy. The church as a caring community should provide counseling services and support for those women with both wanted and unwanted pregnancies to assist them in exploring all alternatives.

Freedom of Choice legislation must be passed at both the federal and state levels to provide the funds necessary to insure that all women, including the poor, have access to family planning assistance and safe, legal abortions performed by licensed physicians.

## *United Methodist Church

*General Conference, 1976, 1984*

The beginning of life and the ending of life are the God-given boundaries of human existence. While individuals have always had some degree of control over when they would die, they now have the awesome power to determine when, and even whether, new individuals will be born. Our belief in the sanctity of unborn human life makes us reluctant to approve abortion. But we are equally bound to respect the sacredness of life and well-being of the mother for whom devastating damage may result from an unacceptable pregnancy. In continuity with past Christian teaching, we recognize tragic conflicts of life with life that may justify abortion, and in such cases support the legal option of abortion under proper medical procedures. We call all Christians to a searching and prayerful inquiry into the sorts of conditions that may warrant abortion. Governmental laws and regulations do not provide all the guidance required by the informed Christian conscience. Therefore a decision concerning abortion should be made only after thoughtful and prayerful consideration by the parties involved, with medical, pastoral, and other appropriate counsel. — *Social Principles, 1984*

When an unacceptable pregnancy occurs, a family, and most of all the pregnant woman, is confronted with the need to make a difficult decision. We believe that continuance of a pregnancy which endangers the life or health of the mother, or poses other serious problems concerning the life, health, or mental capability of the child to be, is not a moral necessity. In such a case, we believe the path of mature Christian judgement may indicate the advisability of abortion. We support the legal right to abortion as established by the 1973 Supreme Court decisions. We encourage women in counsel with husbands, doctors, and pastors to make their own responsible decisions concerning the personal or moral questions surrounding the issue of abortion. — *Resolution on Responsible Parenthood, 1976*

## United Methodist Church, National Youth Ministry Organization

*Biennial Convocation, 1983*

One of the greatest and most divisive social issues battles of our time is being waged in the halls of government and in special interest elections campaigns.

Freedom of choice in problem pregnancies must be based on the moral judgment of the involved individuals.

Where there is no consistent medical, ethical, or theological consensus, the U.S. Constitution should not be used to force one theological view on all citizens who may believe otherwise.

Human Life Amendments to the U.S. Constitution or U.S. statutes which state that full human personhood begins at conception and that (an) embryo newly formed must be protected as a human person deny the religious freedom of those with differing views.

The U.S. Supreme Court decision of *Roe v. Wade* in 1973 guarantees a woman the right to make a personal decision regarding termination of a pregnancy. Any amendment to deconstitutionalize the issue of abortion and invalidate the 1973 decision could set a precedent for endangering all our civil liberties . . .

As the National Youth Ministry Convocation:

- We affirm our Social Principles statement on abortion. (See above.)
- We affirm safeguarding the U.S. Supreme Court decision that allows legal, medically safe abortions for women.
- We recognize each woman's individual freedom of choice but we deplore abortion as a means of birth control.
- We affirm the necessity for responsible decision-making in human sexuality and parenting.

## *United Synagogue of America

*Biennial Convention, 1975*

"In all cases 'the mother's life takes precedence over that of the foetus' up to the minute of birth. This is to us an unequivocal principle. A threat to her basic health is moreover equated with a threat to her life. To go a step further, a classical responsum places danger to one's psychological health, when well established, on an equal footing with a threat to one's physical health." — 1967

(A)bortions, "though serious even in the early stages of conception, are not to be equated with murder, hardly more than is the decision not to become pregnant."

The United Synagogue affirms once again its position that "abortions involve very serious psychological, religious, and moral problems, but the welfare of the mother must always be our primary concern" and urges its congregations to oppose any legislative attempts to weaken the force of the Supreme Court's (1973) decisions through Constitutional amendments or through the deprivation of Medicaid, family services and other current welfare services in cases relating to abortion.

## Women of the Episcopal Church

*Triennial Meeting, 1973*

WHEREAS the Church stands for the exercise of freedom of conscience by all and is required to fight for the right of everyone to exercise that conscience,

THEREFORE, BE IT RESOLVED that the decision of the U.S. Supreme Court allowing women to exercise their conscience in the matter of abortion be endorsed by the Church.

## *Women's League for Conservative Judaism

*Biennial Convention, 1974*

National Women's League believes that freedom of choice as to birth control and abortion is inherent in the civil rights of women.

We believe that all laws infringing on these rights should be repealed, and we urge our Sisterhoods to work for the implementation of this goal.

## *Young Women's Christian Association of the U.S.A.

*National Convention, 1973 (reaffirmed 1979, 1982)*

In line with our Christian Purpose we, in the YWCA, affirm that a highly ethical stance is one that has concern for the quality of life of the living as well as for the potential for life. We believe that a woman also has a fundamental, Constitutional right to determine, along with her personal physician, the number and spacing of her children. Our decision does not mean that we advocate abortion as the most desirable solution to the problem, but rather that a woman should have the right to make the decision.

***We Affirm** represents excerpts from statements about abortion rights as expressed by national religious organizations.*

**Denotes faith groups/religious organizations that have one or more agencies holding membership in the Religious Coalition for Abortion Rights.*

# Members of the Religious Coalition For Abortion Rights

~~National Ministries~~
~~American Baptist Churches, U.S.A.~~

American Ethical Union

National Service Conference
American Ethical Union

American Humanist Association

American Jewish Congress

B'nai B'rith Women

Catholics for a Free Choice

Womaen's Caucus
Church of the Brethren

Division of Homeland Ministries
Christian Church (Disciples of Christ)

Episcopal Urban Caucus

Episcopal Women's Caucus

Federation of Reconstructionist
Congregations and Havurot

National Council of Jewish Women

National Federation of Temple Sisterhoods

North American Federation of Temple Youth

Pioneer Women/NA'AMAT

Committee on Women's Concerns
Presbyterian Church (U.S.A.)

Council on Women and the Church
Presbyterian Church (U.S.A.)

General Assembly Mission Board
Presbyterian Church (U.S.A.)

The Program Agency
Presbyterian Church (U.S.A.)

Union of American Hebrew Congregations

Unitarian Universalist Association

Unitarian Universalist Women's Federation

Board for Homeland Ministries
United Church of Christ

Coordinating Center for Women
United Church of Christ

Office for Church in Society
United Church of Christ

Board of Church and Society
United Methodist Church

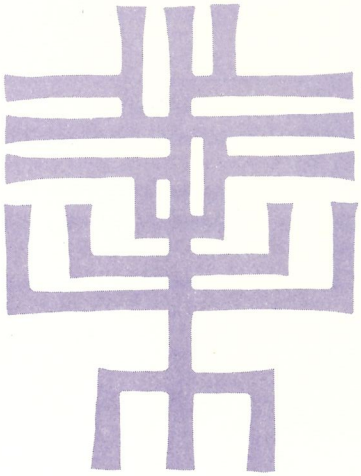
Women's Division
Board of Global Ministries
United Methodist Church

United Synagogue of America

Women's League for Conservative Judaism

YWCA National Board





The logo of the Religious Coalition for Abortion Rights combines the symbols of two great religions. The Christian cross is made up of many branches rather than two strokes to represent the many sects of Christianity. Its lower branch is part of a menorah, symbol of the Old Testament, representing both the Jewish faith and the roots of Christianity. Resting on the base of three vertical bars (ancient symbol of an active intellect), the cross and menorah are intertwined to demonstrate the unity of purpose of the Coalition.

**RELIGIOUS COALITION FOR ABORTION RIGHTS**
**EDUCATIONAL FUND**
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10/84

# For some children the bedtime story is just the beginning of a nightmare.

"Once upon a time" is how most bedtime stories begin.

They lead children through a fairy tale world which ends "happily ever after." Unfortunately, grim reality prevents thousands of children from sharing this world of make believe.

## INCEST

Despite a recent increase in awareness, child sexual abuse, and especially incest, is still "the silent crime"—its effects remain misunderstood and often unknown.

**ALMOST 100,000 CHILDREN WERE REPORTED VICTIMS OF CHILD SEXUAL ABUSE AND INCEST IN 1982.** The National Center on Child Abuse and Neglect (NCCAN) of the Department of Health and Human Services estimates that in 1982, 65,000 cases of child sexual abuse were officially reported to child protection service agencies throughout the nation. These cases involved as many as 98,000 children.[1]

**INCEST IS A GROSSLY UNDERREPORTED CRIME.** The victims themselves often do not report the crime "because of ignorance, fear of reprisals by the perpetrator, (and) fear that their parents will blame them."[2] In the case of incestuous relationships, other family members may be aware of the abuse, but do not bring it to the attention of the authorities "for fear of social censure, public scrutiny, and removal of the family breadwinner."[2] For these reasons, the reported cases of child sexual abuse and incest represent only "the tip of an unfathomable iceberg."

**ANYWHERE FROM 9% TO 52% OF WOMEN AND 3% TO 9% OF MEN WERE SEXUALLY VICTIMIZED AS CHILDREN.** Although studies differ in the percentages they obtain, they all reveal that child sexual abuse is a major and prevalent social problem.

**THE MAJORITY OF VICTIMS ARE ABUSED BY FAMILY MEMBERS AND FRIENDS, NOT STRANGERS.** A study conducted by David Finkelhor of the Family Violence Research Program of the University of New Hampshire found that "75% of the experiences reported were with older persons known to the child. Forty-four percent were with family members, including uncles, grandfathers, brothers-in-law, fathers and brothers. Twenty-two percent were within the nuclear family, and 6 percent were with fathers and stepfathers."[3]

Since the perpetrator is usually a nonstranger, he can often have frequent access to the child. This means that the abuse can occur repeatedly and over a long period of time.

**CHILDREN FROM LOWER INCOME FAMILIES ARE MORE OFTEN VICTIMS OF SEXUAL ABUSE.** In Finkelhor's study, girls from families with incomes of less than $10,000 were two thirds more likely to be victimized than the average girl.

**PREGNANCY CAN AND DOES OCCUR FROM INCEST AND OTHER FORMS OF CHILD SEXUAL ABUSE.** An act of unprotected intercourse results in pregnancy about 4% of the time. But incestuous relationships involve repeated abuse and often repeated acts of intercourse. This frequency of abuse makes pregnancy much more likely. In a study of 237 female victims of sexual abuse, 12% became pregnant.[4] 19% of the child victims in a 1963 sample became pregnant.[5]

# Religious Coalition for Abortion Rights

Educational Fund, Inc.
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## RAPE

**THE NUMBER OF RAPES REPORTED IN THE UNITED STATES IN 1982 REACHED 77,763.** According to the FBI, approximately 65 out of every 100,000 women in the country were reported rape victims in 1982.[6]

**THESE STATISTICS DO NOT EVEN BEGIN TO REFLECT HOW PREVALENT RAPE IS.** Whether through fear of reprisals, shame or isolation, many rape victims do not report the crime to the authorities. Victims may also dread the possibility that their trauma might be compounded by the unwanted intrusion and sensationalism of a rape trial.

According to Dr. Menachem Amir's study, between 50% and 95% of rapes go unreported.[7] A study of rape in San Francisco found that only one in 23 rapes in that city were reported to the police.[8] It has been estimated that rape is so common that one in three women is likely to be raped during her lifetime.

**AN ESTIMATED 32.2% OF RAPE VICTIMS ARE UNDER 20 YEARS OF AGE.**[9] Victims under 20 are also less likely to report the crime to the police.[10]

**POOR WOMEN ARE MUCH MORE LIKELY TO BE VICTIMS OF RAPE THAN MORE AFFLUENT WOMEN.** A 26-city survey conducted by the Department of Justice estimates that women with a family income of less than $10,000 are 11 times more likely to be raped than women with a family income of $25,000 or more.[11]

**MANY RAPE VICTIMS FACE UNWANTED PREGNANCIES.** An act of unprotected intercourse results in pregnancy about 4% of the time. Rape is not an exception to this rule.

Pregnancy is less likely when the victim is administered a post-coital contraceptive. But the same feelings of fear, shame and isolation which prevent a woman or girl from reporting rape to the police may prevent her from seeking proper medical care. This greatly increases the risk of pregnancy. The claim that psychological trauma somehow prevents pregnancy is unfounded.

**NOTES**

1. "Profile of Child Sexual Abuse," NCCAN.
2. "Everything You Always Wanted to Know About Child Abuse and Neglect," NCCAN, p.9.
3. David Finkelhor, "Risk Factors in the Sexual Victimization of Children", in *Child Abuse and Neglect*, Vol. 4, p.266.
4. Vincent DeFrancis, *Protecting the Child Victim of Sex Crimes Committed by Adults*, Final Report, (Denver: The American Humane Association, Children's Division, 1969), p.164.
5. T.C.N. Gibbens and J. Prince, *Child Victims of Sex Offenses*, (London: The Institute for the Study and Treatment of Delinquency, October 1963), p.16.
6. Uniform Crime Reports, Federal Bureau of Investigation.
7. Menachem Amir, *Patterns in Forcible Rape* (Chicago: University of Chicago Press, 1971).
8. Diana E. H. Russell, Ph.D., *Rape, Child Sexual Abuse, Sexual Harassment in the Workplace: An Analysis of the Prevalence, Causes, and Recommended Solutions*, March 1982, p.16. (Report provided by the National Center for the Prevention and Control of Rape, U.S. Department of Health and Human Services.)
9. M. Joan McDermott, *Rape Victimization in 26 Cities*, (U.S. Department of Justice, Law Enforcement Assistance Administration, National Criminal Justice Information and Statistics Service, 1979), p.5.
10. *Rape Victimization in 26 Cities*, p.46.
11. *Rape Victimization in 26 Cities*, p.10.

The Journal, Montgomery County, Md. September 13, 1984 Reprinted with permission by **RCAR** Educational Fund, Inc.

# "There wasn't any hope at all."— The story of a sexually abused teen

By M.J. Burke

"Oh, I hated him so much, I was just afraid and ashamed to tell my mother."

Fear and shame. For more than a dozen years they formed the fabric of two young girls' lives as they were repeatedly raped and sexually abused by their stepfather.

Mary, who agreed to talk to The Journal on the condition that her real name not be used, finally summoned the courage this June to tell the Alexandria police about her stepfather's "physical, mental and verbal" abuse of their Del Ray, Va., family.

Her stepfather, a 54-year-old printer who married her mother in 1972, pleaded guilty on Aug. 30 to two counts of raping Mary and her sister. The offenses he was convicted for took place in 1972 and 1974.

For their 12 years of horror, he has been sentenced to 12 months in jail. With good behavior in jail, Mary's stepfather could be out on parole in eight months. He will be on probation for five years.

Timid and just over 5 feet tall, Mary, 27, spoke quietly through intermittent tears about her ordeal. A nervous, hedging laugh punctuated her narrative.

"It went on until recently. He (the stepfather) just had me so well trained that I didn't put up a fight." Smoking nervously, Mary told how her sister, even younger than herself, was forced to share Mary's nightmare.

"Eventually, he started in on my sister. He started caressing her as soon as she came of age. She was 12 when he started on her." She is now 24.

"A couple of times, he had us in bed together, and he would go from one to the other. There was nothing I could do. She was in the same mess that I was in . . . But whenever we'd say no or tell him it was wrong or we didn't want to do it, he would hit us. He would beat us."

When she was young, Mary said she strove to be as unappealing as possible. As other 14-year-olds primped, "I made myself as plain as possible and started gaining weight."

"I started not wearing makeup. I stopped wearing clothes that revealed too much.

"That didn't stop him either."

Her stepfather preyed on the girls when their mother wasn't around. He threatened them with beatings if they revealed their secret.

"My mother worked from 6 in the morning until 2 in the afternoon. During the school year, it would happen on the weekends. In the summer, it would be a lot more frequent."

Finally, the inevitable happened.

"When I first found out I was pregnant (at age 16), I told him I didn't want to have his baby, and he beat me. He said, 'You're going to have this baby.' So I had the baby." Mary's daughter is now 10.

"My sister had two abortions. She almost had a third, but it turned out to be a false alarm.

"At first, my mother didn't know it was going on. When I got pregnant in 1974, I had never been on a date. I didn't know any guys. It had to be him . . . I've never been on a date in my life. We were never allowed to have any friends . . . We had to be home from work by a certain time. We had to be in bed by a certain time."

In a small house, however, the girls' suffering could not continue forever—especially after Mary got pregnant—without their mother's learning about what had taken place. Her husband, a heavy drinker who is now undergoing alcoholism counseling, cowed his wife as well.

"(He) was also abusive to her. She confronted him with it (the pregnancy), and he admitted it to her. She asked why he would want to have sex with a young girl. She asked if he would have sex with his own daughters. He told her that if he had to, he would.

"Then he told her if she tried to do anything about it, he would kill her . . . You would not believe some of the things he would think of to say to her. Her health is not the best. She has emphysema, she's timid—like me—and she's also scared to death of him. He had her trained like he had us trained."

Since her stepfather's arrest, Mary has attended regular family counseling sessions with her mother and sister, with whom she and her daughter still live.

"But we still haven't gotten to the point where we can discuss it yet," she said. "That's a family failing, I think. We never talk about anything. We always keep things secret, in the closet.

"He forced my (older) brothers out of the house when they were 15 and 16, and they were really living on the streets. I was afraid that would happen to me. I had a home, as such, I had a bed to sleep in. I could eat. I survived, and my brothers survived, but I don't know which was worse."

As for Mary herself, "I would take these last couple months of harassment (in her stepfather's prosecution) over the last 14 years any day of the week. It's not perfect, but it's a hell of a lot better."

Under a plea agreement struck between her stepfather's defense attorney and city prosecutors, Judge Donald Haddock sentenced him to 12 months in the city jail and five years' probation. Under Virginia law, he could have been sentenced to up to 40 years in prison for the convictions.

He must also complete a rehabilitation program for his "chronic, late-stage alcoholism", as a medical witness at his hearing defined it. When released from jail, he must stay away from his family or face a five-year prison term.

Her stepfather's sentence, Mary's vindication, leaves her feeling dissatisfied.

"We didn't want him sent to jail for (only) eight months. We wanted him sent away so he couldn't bother us anymore. I'm positive he's going to come back.

"The articles (on the court hearing) I saw were portraying him as a poor, sick broken old man. Like he was a victim . . . He belongs in prison, in an asylum, or dead."

To others caught in a similar trap, especially children, Mary offered this advice:

"I would say that no matter how scared you are of the person, you need to tell a counselor at school, or go to the police. If your mother is as afraid of the person as you are, she won't be able to help you, but there's somebody out there who can.

"Go to anybody. I wish I had done it a lot sooner. It seemed sometimes there wasn't any hope at all."

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**RCAR** is comprised of 31 national religious organizations—Protestant, Jewish, and others. We hold in high respect the value of potential human life; we do not take the question of abortion lightly.

Because each denomination and faith group represented among us approaches the issue of abortion from the unique perspective of its own theology, members hold widely varying viewpoints as to when abortion is morally justified. It is exactly this plurality of beliefs which leads us to the conviction that the abortion decision must remain with the individual, to be made on the basis of conscience and personal religious principles, and free from government interference.

# EDITORIALS

## Birth Control Clinic Controversy

SIMPLISTIC MORAL ANSWERS to complex social problems always remind me of a line from the film *Mickey One*. Chased by mobsters, Mickey finally stops a Chicago police car to beg for help. He tells the two officers that his life is in danger because he can't pay his gambling debt. The police look at one another and then reassure the frightened man: "Gambling is illegal in this state; you don't have to pay." Then they drive away.

Teen-age pregnancy is a serious social problem to which the admonition, "Don't do it," is only a first line of defense. As the illegitimate birthrate will attest, that admonition doesn't always help. It hasn't solved the problem at Chicago's DuSable High School, an all-black public institution next to the Robert Taylor Homes—one of those public housing projects that created new sets of problems when they were built, cramming 28,000 residents into a few high-rise apartment buildings.

Earlier this year the Chicago School Board decided that a childbirth rate of more than 30 per cent among the 1,000 girls at DuSable demanded strong measures. So with funding from the state department of public aid and private foundations, the board established a free clinic in the school, staffed by personnel from a nearby hospital.

Children must receive written permission from their parents before visiting the clinic, and an estimated 75 per cent of the students who use the clinic go for health problems unrelated to pregnancy. But in the remaining cases birth control devices are dispensed. Clinic staff interview each student who seeks birth control devices, and the alternative of "saying No" is offered. Prescriptions for pills and the distribution of pills and condoms are not actions that clinic personnel take lightly. As one person related to the program told me, "No one is very happy about dispensing birth control devices to teen-agers." But, as one student's mother observed, "I would rather my daughter come home with pills than with a baby."

The clinic operated without incident through the summer semester. Students were receiving health care in a building that they visited daily. At least five cases of previously undiagnosed diabetes were discovered.

But when the school term opened in September, someone contacted the *Chicago Sun-Times* to urge a closer look at the clinic. Earlier news reports had routinely mentioned the clinic's opening and its dispensing of birth control devices. The *Times* reopened the issue when it greeted readers with a front-page headline: "Pill Goes to School." For the next few days DuSable's clinic was big news—big enough to get air time on ABC's *Nightline*.

The school board hurriedly put together a public hearing. To no one's surprise, opposition to the clinic came almost exclusively from outside the area, while parents and students from DuSable defended the program. One emotional testimony came from a young woman who turned toward members of a Right to Life organization and, with voice trembling, asked: "Where were you when I was a student here and got pregnant and had to drop out of school?"

The clinic was permitted to continue operation, and plans are under way to open another school-based program in another predominantly black area of Chicago. When that clinic opens, it will be one of more than 30 school-based units in the nation. St. Paul, Minnesota, for example, has operated clinics on school property for 14 years. Statistics there indicate that the number of second births to the same teen-age mother has dropped dramatically—down to 1 per cent.

THESE EFFORTS, however, have barely begun to address this national disgrace: a subculture of women who are trapped in a cycle of early sexual activity, pregnancy, school dropout and single-parent responsibility. Of the more than 700,000 illegitimate births to teen-agers last year, 80 per cent were to girls whose mothers had also been unmarried teen-agers.

Out-of-wedlock births to teen-agers are not confined to the nation's urban black communities, but the problem is certainly centered there. Religious leaders in those

### EDITORIAL COMMENT

communities are aware that these are young women trapped in a social vise: Seeking self-esteem or acting out a pattern they see all around them, these girls become mothers when they are just entering puberty. Schooling becomes more difficult, and most of them drop out, severely limiting their economic futures.

An ideal solution to this problem would be to convince these youngsters that they have a moral right to say No to peer pressure. They could also be shown that sexual activity outside of marriage involves exploitation and may lead to the burden of raising children when they have no preparation or money to do so. But such cautionary efforts are not working in the nation's ghettos. Hence school officials in Chicago and other cities have chosen the less desirable but more realistic strategy by providing birth control pills and condoms on school property. Nearby clinics are also helpful, but the greater the accessibility the more likely the students are to secure protective devices.

This logic must have escaped the vehement protesters who visited DuSable in September, bearing placards with

slogans like "Abortion Kills Babies" and "Stop Fornicating." The protesters appear to have come largely from the more zealous wing of the antiabortion movement. One wonders what motivated them to bring their antiabortion zeal to DuSable; birth control, not abortion, is the issue at the school. In fact, birth control devices are being distributed there in an effort to prevent unwanted pregnancies and thereby forestall future abortions.

STILL, THE PROTESTERS objected, which leads to the speculation: Are some segments of the antiabortion forces more concerned with unrestricted sexual freedom than they are with the welfare of a specific fetus? Is it possible that some of the energy behind the movement is generated by antifemale prejudice, envisioning abortion as a means of escaping punishment for sexual behavior? In effect, the strong stance against abortion and distribution of birth control devices could be one way of saying, "You got pregnant because of your sexual activity; now you must carry your child to term as a punishment for your misbehavior."

Perhaps this incident on Chicago's south side can shed some needed light onto the ongoing debate that has been polarized between the extremes of prochoice and antiabortion supporters. The truth must lie somewhere between those extremes. The hint of punishment for sexual freedom which I, for one, detect in the opposition at DuSable suggests a hidden agenda. It is just as wrong to demand that anyone "caught" getting pregnant must carry a fetus to term as a punishment as it is to use abortion as a casual birth control device.

**James M. Wall.**

The Christian Century

RELIGIOUS COALITION FOR ABORTION RIGHTS IN KANSAS

HOUSE FEDERAL AND STATE AFFAIRS COMMITTEE
Mr. Chairman and Members of the Committee:

I am Darlene Stearns, State Co-ordinator for Religious Coalition for Abortion Rights in Kansas, a pro-choice group, not pro-abortion. We appear in opposition to HB 2950.

Our opposition to this bill is based on the statements of our member denominations who believe abortion is ultimately a religious issue. As Bishop Hicks, Bishop of the United Methodist Church in Kansas stated this morning in a meeting of church people interested in the legislative process, " Religion and Human decision making are intertwined." I will refrain from quoting any of those statements since I have provided you with copies of those statements and more material from RCAR than you may wish to receive. I do emphasize, though that none of these statements base their support of individual choice on the age of the woman.

We all know that laws establishing "legal" age differ from situation to situation and from state to state. Laws governing driving, voting, school attendance, alcohol consumption, marriage and criminal prosecution vary widely. Neither the ste nor families, however, can determine the onset of puberty. As the onset of puberty varies from individual to individual, subsequent sexual activity varies from individual to individual, and an unplanned pregancy can be the result of such differing causes as rape, incest, or ignorance of birth control. All women, of any age, are not the same. How, then, can the state mandate rules every woman must follow in making a decision as individual and private as abortion?

HB 2950 does not harm the young middle-class woman coming from a stable, loving family, but does harm the young, poor wpman already faced with the barriers to health and growth of poverty, ignorance and fear. She does not need the state to place yet another obstacle in her path by requiring consent from a family that is not there or a judge whom she cannot reach.

We support individual choice and oppose any legislation that would make abortion inaccessible to any group of women.

Darlene Greer Stearns
Darlene Greer Stearns

16 February 1988

1248 BUCHANAN TOPEKA,KS. 66604

913 354 4823

The Menninger Foundation

March 4, 1987

To Whom It May Concern:

I am Robert W. Conroy, MD., Associate Director of the C. F. Menninger Memorial Hospital. However,. I am speaking on behalf of myself, and this is not an official statement of the Menninger Foundation.

I have tried in my professional career as a physician and psychiatrist to strengthen the family in any way I can. I have also been a champion for appropriate parental guidance which I feel is most supportive to our young people. I am very concerned that young women under the age of 18, without parental or guardian consent, can have an abortion. This, in effect, separates the young woman from appropriate support and guidance that could be offered from the parents or guardian. Young people also, because of their immaturity may feel under tremendous pressure to make a decision which could have an impact on them for life. In addition, a young person making such a difficult and unilateral decision may for years have to live with a very unsettling secret which could be detrimental to their peace and tranquility. Although it is certainly difficult for a young woman to talk with her mother and father about a pregnancy, I feel in the long run it will be beneficial for both to have it out in the open. It is apparent that the law supports such a stand in every other area except abortion.

I, therefore, support the bill that would indicate that no person should perform an abortion on an unemancipated minor unless she has the written consent of both parents and legal guardian. I think this law supports our family system and helps parents to be in an appropriate position of offering guidance, support, and help to their young person. A vote against this bill, I feel would be a vote against the family.

Sincerely,

Robert W. Conroy MD

Robert W. Conroy, MD
Associate Director
C. F. Menninger Memorial Hospital

jb

Box 829
Topeka, KS 66601 0829
913 273 7500

Attach K

TO: House Committee on Federal and State Affairs

FROM: Judge C. Fred Lorentz, Fredonia, KS

Re: HB 2007, as amended, and HB 2950 (Waiver of Consent to Abortion)

I am writing on behalf of the Kansas District Judges Association and the Kansas District Magistrate Judges Assosciation in opposition to certain provisions of HB 2007, as amended, and HB 2950. These provisions allow a minor to petition a court for waiver of consent to abortion. The Executive Committies of both of those organizations are unanimous in their opposition.

We are not taking a position on whether consent to abortion should or should not be required. That is a matter properly left to the legislature. The bills before you, however, if passed, would require consent to abortion. This consent would come from an emancipated minor or, if not emancipated, then from a parent of that minor. Again, the Judges associations are not taking a position either for or against those provisions. We are opposed to the third alternative which allows consent to be waived by a judge if 1) neither of the minor's parents can be found in a resonable time; or 2) if the parents refuse to consent to an abortion; or 3) if the minor simply decides she doesn't want to consult her parents.

I would expect virtually all applications to be as a result of the minor not wanting to consult her parents. The practical effect of enacting the "Waiver of Consent" alternative is to simply do away with consent altogether. The procedure allows a minor, without cost, and with a court appointed attorney, to apply to "any" district court for a waiver. These procedings are to remain anonymous. Therefore, if a judge would fail to grant such a waiver, the minor could continually apply to other judges untill she found one who would grant her the waiver. I can assure you it wouldn't be long before it would become common knowledge in young people's circles which judges would and which judges wouldn't grant those waivers. As I stated previously, the practical effect would be to completely do away with the consent requirement and anyone who wanted a legal

Attach 2

abortion could have one.

I would like also to comment briefly on the judges role in a proceding as described in these bills. Keep in mind, there is ample provision already existent in the law to take care of medical emergencies. The provisions before you today do not involve medical emergencies. What these provisions would do is place upon a judge the responsibility for making a moral descision regarding a minor in place of that minor's parents. Obviously, some parents philosophically oppose abortion while others support abortion. Likewise, some judges would philosophically oppose abortion while others would support it. The problem is that no legal requirements exist for the judge to be guided by. Judges are trained to set aside their prejudices and apply the law regardless of whether or not they agree with it. In a proceeding under these bills, there is no law to apply. That is what would allow a minor to "judge shop" untill she found one who would support her request for a waiver. As far as legal effect, allowing judges to waive consent to abortion would be no different than allowing judges to waive parental consent for a minor to drink, smoke, go to x-rated movies, or engage in other activities involving moral values which normally would involve some degree of parental consent. We judges respectfully suggest that judges should not be placed in that role.

I trust you find my comments brief and to the point, and on behalf of the judges associations, would ask that those portions of HB 2007, as amended, and HB 2950 allowing courts to waive consent to abortion be deleted.

Thank you for your consideration.

Respectfully submitted,

C. Fred Lorentz, District Judge
Executive Committee
Kansas District Judges Association

# ADOLESCENT PREGNANCY IN KANSAS: THE PUBLIC COST

## Executive Summary

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## Abstract

The purpose of this study was to calculate the costs of adolescent pregnancy to the state of Kansas for the year 1985. Data were collected using the Burt and Haffner tool and analyzed using Lotus 1-2-3. The average single birth cost (public cost for a single family begun by an adolescent birth for twenty years following that birth) was $13,600. The single year cost (public cost in a single year to support all families begun by a birth to an adolescent in that year) was $143.92 million. The single cohort cost (public cost for all families begun by a teen birth in a single year for the twenty years that the family may require public assistance) was $47.86 million over the next twenty years. Kansas could have saved $19.14 million if these births had been delayed until the mother was twenty years of age or older. Strategies that focus on the prevention of adolescent pregnancy are needed and could avert negative social, educational, and economic consequences to the mother and her child as well as high expenditures in public funds to support adolescent families.

## Acknowledgements

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James L. Staehli, Kansas Office of Information Systems and Computing

Aileen Whitfield, Kansas Department of Social and Rehabilitative Services

# Adolescent Pregnancy in Kansas: The Public Cost

## Executive Summary

Adolescent pregnancy and parenthood have increased steadily in the last twenty years, particularly among unwed and younger adolescents. Each year more than one million adolescents become pregnant. Kansas ranks nineteenth in the nation in rate of white adolescent pregnancy and seventh in black adolescent pregnancy (Singh, 1986). If present statistical trends continue, more than one third of the girls who are now fourteen years old will become pregnant at least once before they reach the age of twenty. Adolescent mothers are currently rearing 1.3 million children with an additional 1.6 million children less than five years of age living with women who were adolescents at childbirth (Alan Guttmacher Institute, 1981).

Pregnancy affects not only the individual adolescent and her infant but society as a whole. The adolescent mother is more likely to discontinue her education and is likely to have more children than her peers who delay childbearing until at least twenty years of age. Furthermore, adolescent pregnancy and parenthood are linked to increased marital instability, decreased participation in the labor force, decreased earnings potential, increased dependence on public assistance and increased poverty (Chilman, 1980; Dryfoos, 1982; Furstenberg, 1981; Kansas Action for Children, 1985; National Research Council, Panel on Adolescent Pregnancy and Childbearing, 1987).

In 1985 there were 39,418 live births in Kansas and 4,492 of these births were to adolescents. Of these adolescent births, 3,519 were first births (Kansas Department of Health and Environment, 1986). According to a state-wide survey of Kansas AFDC clients, 52 percent of families receiving AFDC were headed by women who had their first child while an adolescent. (Kansas Department of Social and Rehabilitative Services, 1985). The purpose of this study was to determine the cost of adolescent pregnancy to the state of Kansas for the year 1985.

Literature Review

Several previous studies have been done to estimate the public costs of adolescent childbearing. While these studies have used different methodology, the majority have considered public costs arising from Aid to Families with Dependent Children (AFDC), Medicaid, food stamps, and social services in determining the cost of adolescent pregnancy. The focus of these studies has varied from an exploration of costs at a national level (SRI International, 1979; Wertheimer & Moore, 1982; Burt, 1986) to a narrower focus on a single state, county, or community (Block & Dubin, 1981; Walentik, 1983).

The SRI International study (1979), with its clearly defined assumptions and methodology, has to date served as a model for later studies. Estimates were made of single birth costs and single cohort costs for adolescent pregnancy in 1979 and expressed as full costs. Later studies (Walentik, 1983 and Burt & Haffner, 1986) expressed their findings using marginal costs;

that is, the savings possible assuming that a certain percentage of adolescents would need public assistance as adults, regardless of when they delivered a child.

Walentik's (1983) study of the economic cost of adolescent pregnancy to St. Louis, Missouri was very similar to the SRI International study. Exceptions were the use of an 18 year projection for single cohort costs, the calculation of costs based on total births to adolescents rather than first births only, and the calculation of marginal rather than full cost savings possible with the prevention of adolescent pregnancy. In 1986, Burt and Haffner developed an instrument to estimate the cost of adolescent pregnancy in the United States or a locality within the United States. Previous studies were used as a basis for determining the assumptions of the study as well as the costs used to arrive at estimates of the public cost of adolescent pregnancy (Burt & Haffner, 1986). Applying this formula to national 1985 data yielded an average single birth cost of $13,902, a single year cost of $16.65 billion and a single cohort cost of $5.2 billion. It was estimated that if all adolescent births in the United States in 1985 had been delayed, there would be a savings of $2.1 billion.

Methodology

The Burt and Haffner (1986) instrument was used to calculate the public cost of adolescent pregnancy to Kansas in 1985. This instrument is based on certain assumptions. These are: greater fertility among women with an early first birth, the potential

for dependence upon public assistance during the women's childbearing career, and that typically the largest public assistance programs reaching the largest number of families are AFDC, Medicaid, and Food Stamps (Burt & Haffner, 1986).

Calculations to determine the cost of adolescent pregnancy were done using the Lotus 1-2-3 computer program. Calculated costs are defined as follows: (1) single birth cost - the public cost for a single family begun by an adolescent birth for twenty years following that birth; (2) single year cost - the public cost in a single year to support all families begun by a birth to an adolescent in that year; and (3) single cohort cost - the public cost for all families begun by a teen birth in a single year for the twenty years that the family may require public assistance. Calculations were also made of the potential cost savings realized if all adolescent births were delayed. This figure was based on research by Wertheimer and Moore (1982) who noted that even if all adolescent births were delayed, many low income families would still be dependent on public assistance.

The tool includes only first births, making numerical adjustments for the documented likelihood of greater fertility among women with an early first birth. Twenty year projections for public assistance are based on research indicating that fifty percent of adolescents will have a second birth within two years of the first. Thus, there is an increased probability that the family will remain on public assistance beyond the eighteenth birthday of the first child (Burt, 1986).

Estimates of Public Costs in Kansas: 1985

Single birth costs. The average single birth cost of $13,600 for the state of Kansas was slightly lower than the national average of $13,902 (Burt, 1986). The average single birth costs for specific age groups were as follows: for mothers under fourteen it cost Kansas taxpayers $17,670 as compared to a national average of $17,724 (Burt, 1986); for mothers ages fifteen to seventeen the cost was $17,636 as compared to a national average of $17,689 (Burt, 1986); and for mothers between eighteen and nineteen year old the cost was $11,174 as compared to a national average of $11,214 Burt, 1986). If these adolescents had not given birth to an infant until they were at least twenty years old the state of Kansas would have saved an average of $5,440 for each birth as compared to $5,560 nationally (Burt, 1986).

Single year costs. In 1985, the state of Kansas spent $143.92 million on families that were started when the mother was an adolescent. This figure includes actual payments as well as administrative costs associated with AFDC, Medicaid, and food stamps. This estimate reflects only the minimal public outlays for adolescent pregnancy in that it does not include frequently used public services such as housing, special education, child protection services, foster care, day care, and other social services. These are average costs for families begun by an adolescent birth. Two out of three adolescent mothers do not receive public assistance, thus the actual public cost of a

single birth to an adolescent who does receive public assistance is considerably higher than the estimated average cost.

Single cohort costs. All Kansas families begun by a first birth to an adolescent in 1985 will cost taxpayers $47.86 million over the next twenty years. If all adolescent births in Kansas were delayed until the mother was twenty years or older, the potential savings to the state of Kansas would be $19.14 million for the entire cohort of adolescents who would otherwise have had a first birth in 1985. This potential savings represents forty percent of the full estimated cohort cost of adolescent childbearing in Kansas.

Implications

Adolescent childbearing results not only in negative social, educational, and economic consequences to the mother and her child, but also in high expenditures in public funds to support adolescent families. Efforts should be targeted toward reducing the incidence of adolescent pregnancy and ensuring adequate support programs and services for pregnant and parenting adolescents. Services and support programs include: comprehensive human sexuality and family life education including encouragement to delay sexual activity, school-based health clinics, the provision of adequate prenatal and pediatric health care for adolescent families, parenting education and family planning clinics. Secondly, public health policy is needed that provides for the development and funding of adolescent pregnancy prevention programs. Finally, the execution of rigorously

designed, theory based research to evaluate the effectiveness of current programs, develop a definitive knowledge base and generate new ideas for the prevention of adolescent pregnancy is essential. The investment now in strategies related to the prevention of adolescent pregnancy as well as support programs for adolescent families could avert social, educational and economic consequences to the adolescent mother and her child as well as high expenditures in public funds to support adolescent families.

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