



THE AMERICAN FEMINISTSM

Feminists for Life of America[®]

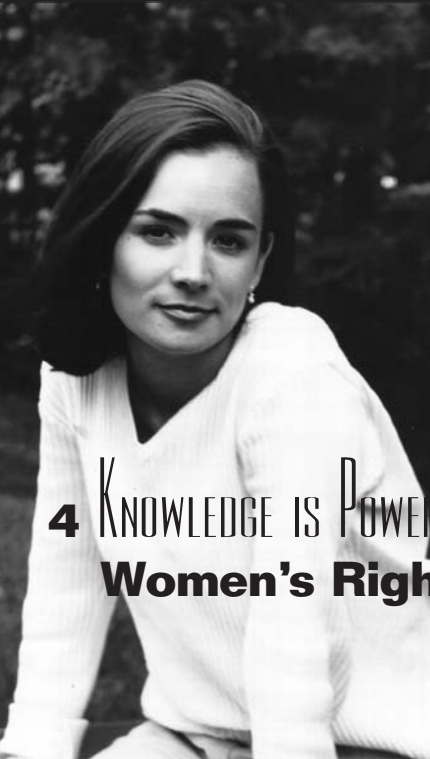


She'll ask.
don't tell.

Women have a right to be informed about abortion, the most common form of surgery in America.

THE AMERICAN FEMINIST ♀

Feminists for Life of America



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Women's Right to Know

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Right 2 Know

The American Feminist The Quarterly Magazine of Feminists for Life of America Editor Elise Ehrhard Associate Editors Joan Carey, Melissa Hunter-Kilmer, Kerri-Ann Kiniorski, Maureen O'Connor Art Director Lisa Toscani Executive Director Serrin M. Foster
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Pennsylvania State Legislature Recognizes the Unborn as a Human Life

Earlene Meyer
President, FFL of Montana

Pennsylvania passed a fetal-homicide bill acknowledging the unborn to be a human life from the moment of conception.

The bill was written after the parents of a pregnant woman, murdered by her boyfriend, approached a state lawmaker requesting prosecution in the death of their unborn grandchild. The boyfriend was convicted of the murder of the woman, but Pennsylvania courts did not prosecute for the death of an unborn child. Human life, according to the state, started at birth.

The passage of the fetal-homicide bill changed this premise and recognized that life begins at conception. The House accepted the Senate version in September and Governor Tom Ridge signed it into law in October.

Nearly 25 states have laws permitting some kind of prosecution for the death of the unborn. The U.S. Supreme Court has not ruled on these laws, but they have been upheld by state high courts. The laws among the states vary widely in defining the stage of development at which prosecution is allowed.

California's fetal-murder law, which allows prosecutors to seek the death penalty, was upheld by the state Supreme Court in 1994. The California law applies to the intentional killing of the unborn as a result of intentionally injuring or killing the pregnant woman. It does not apply, however, to cases in which the woman has injured the unborn by drug use or other abuse. In July, an Illinois appellate court affirmed a first-degree murder conviction under a feticide statute there. Fetal-murder laws are written to cover cases of intent in which an assault of a pregnant

woman takes place for the express purpose of ending a pregnancy.

The Pennsylvania law allows prosecution at any stage of the unborn's development and uses the definition of "unborn child" contained in Pennsylvania's Abortion Control Act: an individual organism from fertilization until live birth. This act was upheld in the 1992 landmark U.S. Supreme Court decision, *Planned Parenthood of Southeastern PA v. Casey*. The fetal-homicide bill, however, does not

change or apply to Pennsylvania's abortion-control act. Only the language in the law defining "unborn child" was used in this new legislation.

Under this law a person who intentionally or unintentionally kills an unborn child while intentionally killing or attempting to kill a pregnant woman would be charged with first-degree murder.

A person who accidentally or negligently harms a pregnant woman and fatally injures an unborn child would not face prosecution. A drunken driver, for example, who caused an accident that resulted in the death of an unborn child cannot be prosecuted under the bill.

Fetal-homicide laws have been described as supporting and protecting women who decide to carry their babies to term. People on both sides of the abortion issue are watching this legislation closely because of the law's implications for defining when human life begins. Those on the pro-life side applaud the recognition that two lives exist when a woman is pregnant. The future of the Pennsylvania law could have implications in other state legislatures, which are watching its progress closely. ○



WE REMEMBER



Donna Heim

1966 - 1986

Liliana Cortez

1964 - 1986

Michelle Thames

1969 - 1987

Donna, Liliana, and Michelle never knew each other. The only thing these women had in common was that they died after undergoing abortions at Her Medical Center in Los Angeles.

Donna, a 20-year-old child-care worker, underwent an abortion at Her Medical Center on Aug. 12, 1986. Donna started to experience difficulty breathing during the abortion, but the abortionist, Mahlon Cannon, continued with the procedure for five minutes before stopping to help his nurse assistant resuscitate Donna. Cannon cut a hole in Donna's throat, but she still did not start breathing. Paramedics arrived just as Donna went into cardiac arrest. Donna, comatose by then, was taken to a nearby hospital, where she died one day later.

Liliana, a 22-year-old housekeeper from Guatemala, went to Her Medical Center on Sept. 20, 1986, to have an abortion. According to the medical records, Liliana went into cardiac arrest during the abortion. Staffers at the center delayed 40 minutes before calling paramedics. When the paramedics finally arrived, they transferred Liliana to a nearby hospital. She died there five days later. A medical examiner in the Los Angeles County Coroner's office determined that the staffers at Her Medical Center were at fault for Liliana's death.

Eighteen-year-old Michelle Thames died of an abortion performed at Her Medical Center on Sept. 19, 1987 just before she was to be inducted into the U.S. Navy. The attorney for Michelle's family accused Her Medical Center staff of taking inadequate medical data from Michelle and of incompetently trying to resuscitate her.

Source: *L.A. Herald-Examiner*, 2/22/88





The more
information
women
are given
the more
empowered
they will be.

"Women's Right to Know laws give women time to reflect upon information that is material to their health and well-being," says

Judith Koehler, senior legislative counsel for Americans United for Life. Koehler, who has been instrumental in helping states pass legislation to ensure women receive the information they need to make an informed decision before having an abortion, goes on to say, "We know — from evidence offered at trials, testimony of women who have had abortions, and from exposés that have been written — that women do not receive adequate counseling before having an abortion. Medical standards are usually set by the medical community. In the abortion industry, there are currently few, if any, adequately applied standards of information for women. Many women do not even see the doctor who will be performing the abortion until they are on the surgical table, let alone know physical or psychological risks of abortion."

"Women's Right to Know laws are necessary for a number of reasons," explains Koehler. "They empower women to make informed decisions. Women are told of alternatives to abortion and receive information regarding pre- and post-natal care." These laws educate women by offering them information on the abortion method to be used and its risks, as well as information on paternity establishment and child support. Women learn that the state has printed materials available that describe the development of a fetus and list agencies that offer alternatives to abortion. Women receive information about the psychological impact of abortion as well as an increased risk of breast cancer that has been documented among post-abortive women. This information must be offered to the woman at least 24 hours before the abortion. They do not have to accept the materials if they do not want them. Right to Know materials provide women the information they need to make real choices by letting them know of resources that are available.

The constitutionality of Women's Right to Know laws was upheld in *Planned Parenthood v. Casey*. According to Koehler, Ohio, Mississippi, North Dakota, South Dakota, Utah and Michigan all have Women's Right to Know laws similar to that of Pennsylvania. Louisiana, Wisconsin, Kansas, Montana and Indiana also have comprehensive informed-consent laws. In the past two years, 15 states have introduced Women's Right to Know laws. Some states have enacted legislation, but the laws have been tied up in litigation. Other states have various levels of informed consent. For example, South Carolina requires that women be given adequate information but requires only a one-hour waiting period. Koehler is optimistic about the outlook of Women's Right to Know laws, noting that every state law that has been modeled after *Casey* has been upheld in federal court.

The Florida Women's Right to Know law is currently in state court and is being challenged on state constitutional "privacy" grounds. Although the law could likely survive a federal court challenge, the Florida Supreme Court used the state privacy provision to strike the law requiring parental consent for an abortion on a minor. Thus, the future of the Women's Right to Know law in Florida state court is uncertain.

Recognizing a patient's basic right to information, opposing sides of the abortion debate have come together to support these laws in some states such as Kansas and Louisiana. As a whole, however, abortion advocates are adamantly opposed to Women's Right to Know laws. They argue that women will have to make more than one trip to the abortion clinic, placing an undue burden on the

K N O

woman's right to obtain an abortion. This means that women will have to take more time off work, perhaps have to stay overnight, find additional child care, etc. In *Casey*, the court rejected these arguments, stating, "The waiting period helps ensure that a woman's decision to abort is a well-considered one, and rationally furthers the State's legitimate interest in maternal health and in unborn life. It may delay, but does not prohibit, abortion." Also, as Koehler points out, the same organizations that oppose Women's Right to Know laws due to concerns that it may require more than one trip to the abortion clinic advocate RU-486, which requires at least three trips to the doctor.

Abortion advocates also argue that these laws are not effective because women will go to other states to have abortions. "This is an argument for more Right to Know laws," states Koehler. "We need to make sure every state has a Women's Right to Know law to ensure that regardless of which state the woman chooses, she will still receive the information she needs to make an informed decision." However, most states do not have abortion-reporting requirements, so it is difficult to assess whether women are in fact going to other states for abortions.

According to Koehler, we need a national reporting requirement for abortion to adequately assess the impact of informed consent.

Women's Right to Know laws have already begun to make an impact in reducing the number of abortions. "A recent Michigan study showed that even though first-time abortions have decreased nationwide, repeat abortions have increased, making up almost half of all abortions performed," Koehler asserts. Statistically, women who have had an abortion are at high risk of experiencing the tragedy of abortion again. When women are educated about alternatives, they are less likely to seek a first-time abortion, thereby reducing the potential for multiple abortions in the future. Since the Pennsylvania Abortion Control Act was put into effect three years ago, the state's abortion rate has dropped among first-time clients by 18.5 percent.

"The more information women are given regarding the abortion procedure and alternatives, the more empowered they will be to make decisions that will benefit their health as well as the health of their child," Koehler said. ○

Ann Brennan is a member of Feminists for Life and recently received her J.D. from Widener University School of Law.

W L E D G E

WOMEN'S

RIGHT

TO

KNOW



Ann Brennan

IS

P O W E R



ABORTION: A VIEW FROM THE INSIDE

"When staff are required to relay the same information over
and over and over again they become zombies..."

and some information is sure to be missed."

Dr. A estimates that he performed 45,000 abortions during 15 years in practice. Although he no longer performs abortions, he continues to oppose making them illegal. He has agreed to an anonymous interview to give The American Feminist readers an insider's view based on his experience. The opinions he states are solely his own.



Serrin M. Foster
Serrin M. Foster
Executive Director

"If you're not ready to take the risk of pregnancy, then choose abstinence," recommends Dr. A, who says he wants to work with those on both sides of the debate to reduce the number of abortions significantly. He believes prevention is the best answer but has seen firsthand the obstacles to making contraception effective.

"OB/GYNs and family practitioners don't see the failures because many patients seeking abortions don't tell their doctors that they became pregnant and had an abortion," Dr. A said. "Half of all women seeking an abortion failed on birth control because they did not follow directions, but the other half failed because of their doctor." Most important, Dr. A asserts, "the cause of the unplanned pregnancy in most of these situations is that the medical relationship fails." For instance, patients may give incomplete information to their doctor about problems they are experiencing, and patients may not have been properly trained by their physician to take the Pill.

Surprisingly, most women have not been informed that antibiotics like ampicillin and tetracycline can interrupt the effectiveness of the Pill. Many women are unaware that they must take the Pill at the same time of day — every day — for it to be most effective. "Nurses on shift rotation, who are highly educated and motivated, are at high risk for failure because it is ... extremely difficult for them to remember to take the Pill because their work throws them off," Dr. A says.

But nothing can be done for the woman who takes the Pill as directed, has intercourse, and then becomes sick with vomiting and diarrhea from the flu, says Dr. A. Because of the illness, she absorbs less of the Pill, effectively missing a dose. Ovulation resumes, the sperm continue to live for three to five days, and a few days later she conceives. Most important, Dr. A wants women to understand that "99 percent effective" means that one out of a hundred women who use the Pill correctly will become pregnant in one year.

Abstinence is the "only effective course for teenagers," states Dr. A. "Adult women are experiencing huge contraception failure, so how do we expect teenagers to do any better?" Even though he is a physician, Dr. A admits that he has a problem, like many people, remembering to take blood-pressure medication on time, and occasionally misses a dose. For him, little damage results — but for many highly fertile couples, if just one birth-control pill is missed or taken late, pregnancy may result.

This former abortion doctor supports parental notification — rather than parental consent — for those teenagers seeking abortions, for a variety of reasons. He argues that parental consent might force a teenager to go out of state or use a fake license so that she won't have to get permission from a parent or guardian.

Ultimately Dr. A advocates a federal parental-notification law as the remedy. "Parents need to be given an opportunity to be supportive and help her prevent repeating risky behavior." More important, Dr. A adds, "Teens don't have money, and the cheapest clinic may not be the best. There are some bad doctors and some bad clinics. Others may wait too long and end up with a late-term — and more dangerous — abortion."

Follow-up care is another issue. One of his teenage post-abortion patients had a friend call to say she was hemorrhaging after her abortion, but the friend didn't give him much detailed information. When Dr. A called the patient at home her mother intercepted the call, telling him that her daughter had lost phone privileges so she could not come to the phone; privacy laws prevented him from disclosing that her daughter possibly needed to be taken to the hospital for follow-up care. As a result, he was unable to make appropriate recommendations or assessment of the girl's condition.

Hemorrhaging can either indicate a uterine atony or a perforation, which is a serious problem. (A uterine atony is a failure of the uterus muscle to contract adequately, which helps control bleeding after an abortion.) By causing muscle contractions, methergine can make the bleeding of the uterus stop, but that can give doctors a false sense of confidence. "If it is a perforation, surgery may be required," Dr. A said. The Centers for Disease Control and Prevention estimates that one in 500 women who undergo abortion in their first trimester will have her uterus perforated. Dr. A asserts that follow-up care can be problematic because some women are embarrassed to talk to their doctors about their abortion. One of his patients, who was 30 years old, died from a heart attack because she was too embarrassed to go to the hospital after her abortion — even though she was experiencing classic chest pains.

Dr. A also supports informed consent. For purposes of consistency, patients at his clinic listened to taped information. "When staff are required to relay the same information over and over and over again they become zombies ... and some information is sure to be missed." After-care instructions must be in writing or easily accessed by a voice-mail system because most patients will remember very little oral instruction following surgery.

He believes that abortion clinics would be supportive of distributing information about resources to support continued pregnancy if it was presented in an accurate, non-judgmental, non-sectarian way.

Dr. A says that he wants to work toward making abortion rare. When asked why, he responded, "Abortion is a tragedy. There is no way around that, and I have never seen a woman who comes in to say, 'That was great.' To every woman it is scary, it costs money, and is often painful physically and emotionally. The job of a physician is to make people well and prevent illness and surgery. We should be working to prevent the need for an abortion." ○



ABORTION MALPRACTICE.

A Woman's Right to Redress

Attorney Theodore H. Amshoff, Jr., has been specializing in abortion-malpractice law since 1988. His firm, Amshoff, Donovan, and Smith has won millions of dollars in judgments and settlements for women injured by abortion providers — or, in cases resulting in death, for the women's surviving children and relatives.

Many of Amshoff's clients are referred by right-to-life organizations, ministries, and pregnancy-care centers. The physical injuries they incur range from blood poisoning and massive infections to punctured and lacerated internal organs. In some cases, the providers fail to make a careful check of the "tissue" they remove, leaving parts of the baby inside the mother to decompose. Other cases involve emotional and psychological trauma sufficient to require long-term treatment.

In December 1996, Amshoff won a judgment of \$10 million against Dr. Thomas Tucker, the owner of five abortion clinics. Tucker's victim was a single mother of five children who came to one of his Alabama facilities in June 1991 seeking a second-trimester abortion. The doctor injected a cardiac medication, lanoxin, into the baby's heart and performed a dilation and extraction. The mother began to hemorrhage and to have trouble breathing, but Tucker, who was doing as many as 150 abortions a week in two different states, had to catch a plane for his next appointment. His patient died three days later of an infection and embolism caused by his failure to remove all the amniotic fluid.

At the time the judgment was rendered, Tucker had already lost his license to practice in Mississippi as a result of a different case and was under investigation for killing a baby who had been born alive during an abortion.

Amshoff spoke to FFL from his office in Louisville.

FFL: Based on your experience, do you believe women are given enough information on abortion to make an informed decision?

Amshoff: In most surgical procedures, there is extensive surgeon-patient contact prior to the actual operation. Abortion is different because there is much less contact. As a result, a lot of safeguards of the informed-consent process are missing.

In many of the clinics we have looked at, an attempt is made to provide videotape presentations or other materials to women about the risks of the procedure and possible alternatives, but the job is often delegated to non-physicians — in some cases nurses, in some cases counselors with no formal background in health care or education. In other clinics, there is an assembly-line mentality. Women have forms thrust at them and are told "sign here" without adequate opportunity to discuss them with counselors.

FFL: In those clinics where some information is provided, how effective is it?

Amshoff: Even where there is some delivery of risk information, it's often presented as "one size fits all." Truly effective informed consent needs to analyze risk tailored to the person who's contemplating the surgery, and that means you need to look at the risks at the woman's gestational stage of pregnancy. To present a woman with statistics on morbidity and mortality based on all abortions is grossly misleading when the patient falls into the subset of abortion patients who have a far greater likelihood of serious complication. Also, a risk assessment that doesn't adequately take into account the woman's individual health background and reproductive history is deficient.

This is the problem with non-physicians and nurses presenting information, because they are not properly equipped to assess and address the risk factors that this woman may face. She may be presented with the papers to sign before she's even been examined by the physician.

FFL: Are most abortion-malpractice cases the result of second-trimester abortions?

Amshoff: The great majority of abortions in the United States take place in the first trimester. Statistically it's true that a far higher percentage of second-trimester abortions result in serious complications, but even though the complication rate is less for first-trimester abortions, there are so many that there are still a larger number of injured women.

Surgical technique for abortions varies significantly based on gestational stage. In the second trimester, you're dealing with a much greater amount of tissue. You're dealing with bones that are much harder. The fetal skeletal system becomes more rigid as pregnancy advances. If the surgeon fails to make a correct assessment of gestational stage, he may use an inappropriate technique, resulting in complications.

The most serious injuries in our practice all involved second-trimester procedures, but we have seen serious injuries from first-trimester procedures, including perforated uteruses resulting in infections and complications necessitating hysterectomies.

FFL: Do you see abortion malpractice as a moral as well as a legal issue?

Amshoff: We operate in a legal system in which abortion is legal. Abortion malpractice cases are successfully pursued based on legal principles of deviation from accepted standards of care. If every abortion was safe, my firm would not have the caseload we have.

This is one of the great contributions of our legal system: it provides for accountability. Yanking an abortion provider's license may protect other women in the future but doesn't bring about any justice for those injured in the past. The tort system is the method by which we build accountability from negligent providers to past victims. ○

Janet Podell lives in western Massachusetts. She is the editor of Abortion (1990), a reference collection of articles and interviews.

"Of course I dislike the Nazis,"

one student told Simon,

"but who is to say they are morally wrong?"

In 20 years of college teaching, Prof. Robert Simon has never met a student who denied that the Holocaust happened. What he sees quite often, though, is worse: students who acknowledge the fact of the Holocaust but can't bring themselves to say that killing millions of people is wrong. Simon reports that 10 to 20 percent of his students think this way. Usually they deplore what the Nazis did, but their disapproval is expressed as a matter of taste or personal preference, not moral judgment.

"Of course I dislike the Nazis," one student told Simon, "but who is to say they are morally wrong?"

Overdosing on nonjudgmentalism is a growing problem in the schools. Two disturbing articles in the *Chronicle of Higher Education* say that some students are unwilling to oppose large moral horrors, including human sacrifice, ethnic cleansing, and slavery, because they think that no one has the right to criticize the moral views of another group or culture.

One of the articles is by Simon, who teaches philosophy at Hamilton College in Clinton, N.Y. The other is by Kay Haugaard, a freelance writer who teaches creative writing at Pasadena City College in California. Haugaard writes that her current students have a lot of trouble expressing any moral reservations or objections about human sacrifice. The subject came up when she taught her class Shirley Jackson's *The Lottery*, a short story about a small American farm town where one person is killed each year to make the crops grow. In the tale, a woman is ritually stoned to death by her husband, her 12-year-old daughter, and her 4-year-old son.

Haugaard has been teaching since 1970. Until recently, she says, "Jackson's message about blind conformity always spoke to my students' sense of right and wrong." No longer, apparently. A class discussion of human sacrifice yielded no moral comments, even under Haugaard's persistent questioning. One male

said the ritual killing in *The Lottery* "almost seems a need." Asked if she believed in human sacrifice, a woman said, "I really don't know. If it was a religion of long standing ..." Haugaard writes: "I was stunned. This was the woman who wrote so passionately of saving the whales, of concern for the rain forests, of her rescue and tender care of a stray dog."

often say flatly that treating humans as superior to dogs and rodents is immoral. Moral shrugging may be on the rise, but old-fashioned and rigorous moral criticism is alive and well on certain selected issues: smoking, environmentalism, women's rights, animal rights.

Sommers points beyond multiculturalism to a general problem of so many students coming

to college "dogmatically committed to a moral relativism that offers them no grounds to think" about cheating, stealing, and other moral issues. Simon calls this "absolutophobia"—the unwillingness to say that some behavior is just plain wrong. Many trends feed this fashionable phobia. Postmodern theory on campuses denies the existence of any objective truth: All we can have are clashing perspectives, not true moral knowledge. The pop-therapeutic culture has pushed nonjudgmentalism very hard. Intellectual laziness

and the simple fear of unpleasantness are also factors. By saying that one opinion or moral stance is as good as another, we can draw attention to our own tolerance, avoid antagonizing others, and get on with our careers.

The "values clarification" programs in the schools surely should come in for some lumps, too. Based on the principle that teachers should not indoctrinate other people's children, they leave the creation of values up to each student. Values emerge as personal preferences, equally as unsuited for criticism or argument as personal decisions on pop music or clothes.

But the wheel is turning now, and "values clarification" is giving way to "character education," and the paralyzing fear of indoctrinating children is gradually fading. The search is on for a teachable consensus rooted in simple decency and respect. As a spur to shaping it, we might discuss a culture so morally confused that students are showing up at colleges reluctant to say anything negative about mass slaughter. ○

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The Aztecs did it.

Both writers believe multiculturalism has played a role in spreading the vapors of nonjudgmentalism. Haugaard quotes a woman in her class, a "50-something red-headed nurse," who says, "I teach a course for our hospital personnel in multicultural understanding, and if it is part of a person's culture, we are taught not to judge..." Simon says we should "welcome diversity rather than fear it" but says his students often think they are so locked into their own group perspectives of ethnicity, race, and gender that moral judgment is impossible, even in the face of great evils.

In the new multicultural canon, human sacrifice is hard to condemn, because the Aztecs practiced it. In fact, however, this nonjudgmental stance is not held consistently. Japanese whaling and the genital cutting of girls in Africa are criticized all the time by white multiculturalists. Christina Hoff Sommers, author and professor of philosophy at Clark University in Massachusetts, says that students who can't bring themselves to condemn the Holocaust will

New Pregnancy Resource Brochure

New Pregnancy Decision Questionnaire

New Pregnancy Resource Forum Guide

New "Question Abortion" Bumper Sticker

Five New Kits

QUESTION



a b o r t i o n .

FFL UNVEILS NEW AND IMPROVED COLLEGE OUTREACH PROGRAM

Wendy Harrison

Public Education and Outreach Coordinator

Feminists for Life recently unveiled its new College Outreach Program materials for the 1997-98 school year at the Ivy League Coalition for Life Conference held at Wellesley College.

FFL's new brochure, "You Have Choices," was developed at the request of campus clinic directors. Students, clinic staff and FFL activists can find many opportunities to copy and distribute this invaluable resource brochure. FFL members and donors will receive their own master copy in an upcoming mailing.

A new Pregnancy Decision Questionnaire is the centerpiece of FFL's new Right to Know Campaign. It is an important new research project that will survey the attitudes and knowledge of young women toward abortion before they find themselves in a crisis situation. The questionnaire helps a person to thoroughly think through all of the issues involved in the abortion decision. (See page 20 for more details.)

FFL's new Pregnancy Resource Forum Guide is an essential tool to help students and university officials assess resources on campus for pregnant and parenting students. It contains a moderator's guide and preparation checklist for pro-life students and advisors.

New FFL "Question Abortion" Bumper Sticker has been added to the campaign at the request of students.

After its inaugural year, FFL's Pregnancy Resource Kit has been tailored for several key audiences:

Pro-Life Collegiate Kit: containing pro-life collegiate guide (including directions for Pregnancy Resources Forum and Pregnancy Decision Questionnaire), master artwork of "You Have Choices" and "What Women Really Want" brochures, Feminist Foremothers poster, FFL campus ads/flyers, sample opinion/editorial, intern flyer, "Peace Begins in the Womb" and "Question Abortion" bumper stickers for the project coordinator, FFL membership brochures, and "You're Not Alone" pregnancy resource brochure. **Designed exclusively for pro-life collegiate groups.**

Health Clinic Kit: containing a "You're Not Alone" and "When a Girl's in Trouble a Boy's in Trouble Too" ad, master artwork of "You Have Choices" brochure, national pregnancy resource Rolodex cards, and a master set of sample intake, pregnancy-test authorization, and pregnancy-verification forms. **Created for campus health clinics, pregnancy care centers, and physicians' offices.**

Campus Counselor Kit: containing national pregnancy resource Rolodex cards, a pregnancy counseling guide, a "You're Not Alone" and "When a Girl's in Trouble a Boy's in Trouble Too" ad, and master artwork of "You Have Choices" brochure. **Designed for campus staff in a non-medical setting** (psychological counselors and residential advisors).

Pro-Life Advisor Kit: containing national pregnancy resource Rolodex cards, advisor guide, pregnancy counseling guide, and a complete Pro-Life Collegiate Kit. **Perfect for pro-life campus advisors and off-campus pro-life groups.**

FFL Leader Kit: containing master copy of FFL College Outreach Program Campus Coordinator Guide, and a complete Pro-Life Collegiate Kit. **Prepared exclusively for FFL leaders and FFL campus coordinators.**

FFL continues to offer our Pro-Life Feminist History Kit containing the book *"Pro-life Feminism Yesterday and Today."* Perfect for women's studies and women's history departments, women's resource centers, and libraries on and off campus.

You can sponsor an FFL kit for the audience of your choice (See order form on page 27). Various audiences, from pregnancy-care centers to pro-life groups, may also purchase a kit themselves.

Donors may also sponsor FFL ads for newspapers on-campus and off. Contact the FFL national office for details.



YEAR-END GIFT DOUBLED BY ANONYMOUS BENEFACTOR

Andrea Milanowski

Resource Development Vice President

As co-chair of University of Michigan's Students for Life a few years back, I saw firsthand how FFL's pro-woman, pro-life message of hope reaches young people wrestling with the issue of abortion — both on a personal and philosophical level.

Now FFL's College Outreach Program is in its second year, and I am back in school myself, pursuing a graduate degree in risk and prevention in childhood at Harvard University. Women and men facing the prospect of an unplanned child while attending school are in dire need of built-in support.

Planned Parenthood has confirmed what we knew was true – FFL's College Outreach Program is capable of having a "profound impact on college campuses and on Planned Parenthood's public education and advocacy efforts." But being capable and having the capacity to make their prediction a reality are two very different things.

It will take serious funding to reach campuses across the country. That is why I am so pleased to announce that an anonymous donor has pledged to match whatever gift you give — dollar for dollar — toward FFL's 1998 Public Education and Outreach Campaign.

But we must receive your gift before midnight on Dec. 31, 1997, for it to count toward the challenge grant! In addition, pledges received by Dec. 31, 1997 and paid by March 31, 1998, will also count toward the match. Better yet, make a resolution to provide Feminists for Life with year-round support by beginning or increasing a monthly contribution through FFL's Electronic Fund Transfer. **Along with your pledge, your first three months of support will mean twice as much because each gift will be doubled!**

But please hurry. The new year is approaching fast. And we want to welcome this New Year's Eve baby with open arms.



"Never doubt that a small group of thoughtful, committed people can change the world. Indeed, it is the only thing that ever has."

Margaret Mead

WHEN A GIRL'S IN TROUBLE



A BOY'S IN TROUBLE, TOO.

Electronic Transfer Form

I want my bank to transfer monthly donations to Feminists for Life of America. My authorization to charge my account at my bank shall be the same as if I had personally signed a check to FFLA. This authorization shall remain in effect until I notify FFLA, or notify my bank in writing that I wish to end this agreement, and my bank or FFLA has had a reasonable time to act on it. A record of each charge will be included in my regular bank statements and will serve as my receipt.

\$_____ Amount of monthly pledge (\$5 minimum).

Name _____

Address _____

City _____ State _____ Zip _____

Phone: Day(____) _____ Eve.(____) _____

Signature _____ Date _____

Please enclose a voided check from your account to show the bank's address and your account number. Send to: Feminists for Life, 733 15th Street, N.W., Suite 1100, Washington, D.C. 20005. Electronic fund transfers will begin immediately upon receipt.

Thank you!

Correction: In the Fall 1997 issue of *The American Feminist*, Nat Hentoff's piece, "Something to Hide in the Nursery?", stated that the Child Abuse Prevention and Treatment Act was passed in 1994. The act was passed in 1984. We apologize for the error.



Pro-life women have often been stereotyped as blindly submissive to patriarchal ideological rule. How, then, to explain Matilda Joslyn Gage? Because her contemporaries — even other feminists — found her uncomfortably radical, Gage has been largely forgotten even in the field of women's studies, which she trailblazed. Yet there is so much to learn from the life and work of this richly gifted, passionately committed foremother.

She grew up in a stimulating, affirming environment unknown to most 19th-century girls. Her parents valued her education, formal and informal, as much as that of a son. Their upstate New York home, a gathering place for thinkers and activists, was a station on the Underground Railroad. From her physician father she inherited the passion to heal, and from her mother a love of antiquarian books and old histories. According to *The History of Women's Suffrage*, she fervently believed "the grandest training given her was to think for herself."

Gage was barred from medicine, her chosen profession, because she was female. She then practiced the healing art of feminist scholarship and activism, even as she raised a family, struggled with recurrent ill health, and faced derision as the lone radical in her small town. From the beginning, she grounded her efforts in her painstaking, creative research and reclamation of women's largely overlooked history. At the 1852 Syracuse women's rights convention, the 25-year-old Gage, who knew none of the leaders, bravely rose and delivered a speech about women's already impressive record of historical accomplishments, so often suppressed or usurped by men. The speech was immediately reprinted and distributed as part of the official movement literature.

As editor of the suffragist paper *National Citizen and Ballot Box*, co-editor of the monumental *The History of Women's Suffrage*, and a writer herself, Gage further challenged patriarchal culture's outright robbery of women. She took on issues that many hesitated to face — prosti-

tution, the "common woman's" abysmal working conditions, the "justice" system's inadequate prosecution of rapists and the U.S. government's cruelty toward Native Americans. The contrast between the U.S. government and the egalitarianism of the Iroquois nation helped shape her view that government does not create human rights; it either honors or violates the rights naturally gifted to us by "the Divine." Gage felt the American Centennial celebration and the 1886 unveiling of the Statue of

Liberty were travesties. She created imaginative and even civilly disobedient — though wholly nonviolent — responses to these events. She also staged events in support of Susan B. Anthony's illegal attempt to vote.

Gage clearly believed that both abortion and the failure to hold coercive men in any way responsible for it were products of a patriarchal legacy. Her Centennial "Declaration of Rights of Women of the United States" asserted a "right to trial by a jury of one's peers:" "Young girls have been arraigned in our courts for the crime of infanticide; tried, convicted, hung — victims, perchance, of judge, jurors, advocates — while no woman's voice could be heard in their defense (sic)." Women were not permitted to sit on juries at the time. An earlier piece by Gage in the radical women's paper *The Revolution* unambiguously shows that her term "infanticide" includes child killing before and after birth. She insists that the "spiritual origin" of this oppression be recognized: "History is full of wrongs done the wife by legal robbery on the part of the husband....I hesitate not to assert that most of this crime of child murder, abortion, infanticide, lies at the door

of the male sex." She then states that a woman merits trial by a jury of her peers in such cases of "crimes committed against her as a woman."

In the spirit of her life and work, let us restore Gage to her rightful place in history. She can inspire us in the very task that brings us to pro-life feminism and keeps us there: thinking for ourselves so that we can act to bring about liberty and justice for all, not some. ○

Mary Krane Derr is co-editor of the anthology *ProLife Feminism Yesterday and Today*.

Thinking for herself in the service of all life:



Matilda Joslyn Gage

1826-1898



Feminists For Life:

A Founder Looks Back over 25 Years

This year Feminists for Life celebrates the 25th anniversary of its conception. President Rosemary Bottcher recently talked to Catherine Callaghan, who with Pat Goltz decided in 1972 to establish an organization for pro-life feminists: Feminists for Life.



Catherine Callaghan

Rosemary Bottcher President

Cathy Callaghan, who with Pat Goltz founded Feminists for Life in 1972, is a woman of intense and fearless intelligence. She is a retired professor who taught linguistics at Ohio State University for many years. She won tenure at a time when it was remarkably difficult for a woman to secure a position in the nearly all-male fortress of academia.

Cathy has always been pro-life. In fact, she recalls that nearly everyone was opposed to abortion during her youth, including her years as a student at Berkeley, simply because it was common knowledge that having a “baby on the way” meant exactly that.

It was a cunning abuse of language that caused people to “forget their pro-life instincts,” according to Cathy. The push to legalize and legitimize abortion was inspired by concern about the rapidly increasing human population — not women’s rights. Activists determined to limit or reverse population growth considered abortion an essential component of their strategy. But because the population mantra was not catching on in the country, the abortion movement revised its strategy and developed what is perhaps the most successful slogan in the history of propaganda: the right to choose. Cathy is an

expert on the power of language, and she notes that this hypnotic mantra has managed to seduce thousands of good people who know in their hearts that abortion is wrong. Cathy believes that it is absolutely essential that pro-life feminists expose this slogan. “Choose is a transitive verb,” she notes, “it requires an object. Finish the sentence — choose what?”

Cathy believes that pro-life feminism is so appealing to closet pro-lifers because it presents a secular analysis of the issues surrounding abortion. She says that many pro-life arguments are often dismissed because they are not scientific, but based solely on religious views. Cathy thinks that many people are discouraged by this. In fact, she recalls that even after she came to believe that the Vietnam War was wrong, she did not actively oppose it because she felt no affinity for the “peaceniks” who dominated the antiwar movement.

Cathy believes Feminists for Life can turn this debate around by waking people up to what abortion is, how it harms women, working for restrictions on abortion and offering alternatives. “We have to appeal to pro-choice people in a non-threatening way — allow them to change their minds while saving face.”

Cathy is proud of the great progress Feminists for Life has made in redefining the abortion debate. “Be visible!” Cathy urges pro-life feminists. “Assert yourselves with pride! Do not apologize for being pro-life, or you’ll be whittled away.”

Although retired from teaching, Cathy continues to research California Indian languages and is developing dictionaries of these languages. She also writes poetry and fiction.

Feminists for Life is so fortunate to have Cathy Callaghan — a modern day Elizabeth Cady Stanton — to help us and the world find our way back to true feminism, which is pro-life and pro-woman. ○




Some say FFL’s recently trademarked logo is reminiscent of a woman reaching out to a child, or a child to her mother. We all agree that it is a joyful interpretation of the classic women’s symbol. FFL’s stunning new logo pin is sure to be admired. Available in sterling silver or sterling silver plated in 24 carat gold, it measures 2 1/4 by 1 3/4 inches, and comes in a navy-blue gift box. It’s a perfect gift for the dedicated volunteer, public servant — or treat yourself! Each is available for \$75.00. (See order form on page 27.) Please specify gold or silver. If you can’t decide, get both!

Rape and incest exceptions to laws against abortion often make headlines.



Incest

AND THE ABO



My own experience
sheds what I believe
to be desperately
needed light on the
subject.

Just before I was 13 years old, I was sexually abused by an older brother, and by a college-age friend of the family. I was never assaulted by the two together, but each knew of the other's involvement. My older brother gave me "tips" for sexual acts on the family friend.

About three or four months after the abuse began, my period was late. I told my brother this, and he informed me that I "should have made that guy wear a rubber, you idiot." I did not know what a "rubber" was, or where it was worn, or why. All I knew was that if you did not have periods, you were pregnant. And if you were pregnant, you were in trouble.

I turned to my Sunday school teacher for help. When I told her that I thought I might be pregnant (at 12 years old), she didn't even blink. She gave me a hug and said I should go to Planned Parenthood for a "rabbit test," that I should get one of my older brothers to take me and not tell my parents. She never asked who the male partner was or why I was sexually active at my age.

So my older brother took me to Planned Parenthood. I had never been to a doctor without my mother, and I had never had a gynecological exam. The whole visit was terrifying. No one explained anything. I was examined; I produced urine and blood samples; and I was shown a chart of an egg going around a big circle marked by days of the month. I was asked questions like, "frequency of intercourse?" and "method of birth control preferred?" I did not know what intercourse meant, so I just said "a lot," and I had no idea

I am a victim of child sexual abuse.

RTION

CLINIC

Mary Jean Doe

what birth control methods existed. No one expressed any dismay, concern, or even interest that a 12-year-old girl needed a pregnancy test.

I heard a lot about “being responsible” and “taking control of my body.” Someone gave me a handful of condoms on the way out, and made a joke about it being an assortment — red, blue, and yellow. The yellow ones were called “tinglers.” I stuffed them in my purse, and threw them away later.

My older brother maintained a strong silence throughout the entire visit — no one asked him a single question.

Two days later I received a phone call telling me the test was positive and to come in the following Saturday morning with a sanitary napkin and a friend who could drive. The caller never used the word “pregnant” or “abortion.” I did not keep the appointment; my period started that evening. The sexual abuse ended a couple of months later, when the family friend moved away and my older brother began to abuse two younger neighbor children instead.

It was not until three years later that I learned, in a high school biology class, that you cannot get pregnant from oral sexual contact. I also found out what intercourse was and realized that I’d never had it.

Abortion defenders need to realize that
...abortion...does absolutely nothing to
protect a young girl from
continued abuse, and in fact
aids the abuser in his crime.



I remember the feeling of horror that came over me as I realized I had been scheduled for an abortion. I remember trying to figure out who would have paid the bill (it must have been my brother) and wondering why I was such a horrible person that those people thought I should have an abortion. Obviously, the worst thing that could ever happen to anyone must have happened to me, so what kind of person did that make me? Bad enough to have to kill a baby, according to what I’d just learned in my biology class. I thank God that my period started when it did.

Over the years, I have found that my story is very common in two aspects, each of which are important lessons for both sides in the abortion debate. The first is that my experience with Planned Parenthood was not an aberration. The sexual attitude often championed by Planned Parenthood is a serious factor in preventing the discovery of sexual abuse of young people. Had anyone shown even the least bit of disapproval or concern, I would have divulged the truth and begged for help. Everyone around me seemed to accept as normal that a 12-year-old girl could and should be sexually active, so long as she is responsible — remember to use a “rubber!” And remember, too, who took me to Planned Parenthood — an older brother with an urgent interest in my having an abortion! Abortion on demand, no questions asked, makes it easier for incest and child abuse to continue. Abortion for incest victims sounds compassionate, but in practice it is simply another violent and deceptive tool in the hand of the abuser.

The other unhappy aspect of this situation is that abortion in cases of incest, rape and child sexual abuse are probably far more common than most pro-lifers would like to admit. Pamphlets, speeches and articles regularly claim that pregnancies from incest are so rare as to be negligible. My experience with other victims is that sexual abuse of children, incestuous and otherwise, is very common, and resulting pregnancies are underreported.

Abortion defenders need to realize that while abortion may keep one of the results of incest and sexual abuse from seeing the light of the day, it does absolutely nothing to protect a young girl from continued abuse, and in fact aids the abuser in his crime.

Furthermore, birth control counselling and abortion often indirectly contribute to the victim’s sense of shame, guilt, and blame for what is happening, since she is told to “take control” and “be responsible” for her “sexual activity,” implying that this situation is indeed within her power to control. Pro-lifers need to realize that in the assembly-line process of abortion on demand, incest-related abortions are seriously underreported. ○

Mary Jean Doe is a pseudonym.

This article is reprinted from a Fall 1993 Special Issue of Feminists for Life’s quarterly newsletter, formerly known as SisterLife.

LEGISLATIVE UPDATE

Jeanne Pryor
Public Policy Vice President

The New Jersey Department of Human Services announced that there is no correlation between a decline in birth rates and the “family cap,” which denies additional benefits to mothers who have more children while on welfare.

According to the *Washington Post*, a Rutgers University study commissioned by the Department found similar declines in birth rates for welfare mothers who were covered by the family cap and a “control group” of women who received an additional \$64 a month if they had another child. This same study also found that abortion rates among women in New Jersey who were covered by the family cap had dropped from 11 percent to 9.5 percent at the end of the first year after the policy went into effect.

In its annual meeting, the **American Bar Association** rejected a call by some of its members to support a resolution encouraging states to pass legislation that would permit physician-assisted suicide. A more moderate resolution, which encourages states to establish monitoring systems on the impact of assisted suicide, especially on “vulnerable populations” was passed instead.

Under the Labor/Health and Human Services appropriations bill is an expanded Hyde Amendment, in response to the increased use of managed care, which would explicitly prohibit the use of Medicaid funds to pay for health benefits coverage that includes abortion.

A temporary ban on funding for cloning research was carried over to the FY 98 appropriations bill. Legislation banning all human cloning (HR 923, S368) as well as expenditure of federal funds on cloning research (HR 922) have been introduced. Both bills are currently in House committee.

Under the Treasury/Postal appropriations bill, Congress included the continuation of a ban on federal funding for elective abortions for federal employees or to pay for health plans that cover elective abortions. This provision has been in existence 11 of the past 13 years.

The Assisted Suicide Funding Restriction Act was signed into law on April 30, 1997. This law prohibits the use of federal tax dollars to pay for or promote assisted suicide.

President Clinton vetoes partial-birth abortion ban again. This bill passed Congress in 1995 but was vetoed by the president. Congress then voted in favor of the bill for a second time in 1997. However, the Senate was still short of a veto-proof majority and the president again vetoed the bill on Oct. 10, 1997. The House and Senate plan to reintroduce the Partial Birth Abortion Ban Act for a third time in 1998. Many representatives and senators have switched their votes on this issue, so please continue to ask them for their support.



Marching in the Shoes of Our Feminist Foremothers

Feminists For Life members will gather on the Ellipse side of 15th and Constitution in Washington, D.C., to commemorate the lives of 35 million children lost to abortion and those women who personally suffered the tragedy of abortion.

FFL members who plan to attend the March for Life marking the 25th anniversary of *Roe v. Wade* should contact the national office. Please make a special effort to join Feminists for Life members from across the country to remind the world that true feminism supports the rights of all human beings.

*Together we walk in the shoes
of our feminist foremothers
so that one day soon
one and a half million
tiny pairs of baby shoes
will no longer
go empty each year.*



Imelda Franklin
FFL of Washington

SWIMMING AGAINST THE TIDE: FEMINIST DISSENT ON THE ISSUE OF ABORTION

Swimming Against the Tide, a book on pro-life feminism recently published in the United Kingdom and edited by Angela Kennedy, is a well-chosen collection of essays in which pro-life feminists challenge the reigning pro-abortion assumptions which the essays wryly refer to as "the party line." The editor is a freelance writer for the British press who holds a master's degree in Gender and Society.

The essayists come from diverse socio-economic backgrounds and traditions of thought. They present various "angles" on the abortion issue, from the theoretical to the experiential. Abortion is examined for what it is, how it both affects and reflects modern society, and how it affects women in the concrete and practical realm. In this examination, many common assumptions of modern society are turned on their heads.

In response to the assumption that it is both necessary and liberating for women to "rise above" the obligations of the female reproductive system in order to achieve equality, Breda O'Brien counters, "The odd thing about this position is that a central ability of women is seen as a handicap to be overcome, not a difference to be celebrated ... so lie down on the table, sister, and with my scalpel and vacuum extractor I will make you as good as a man!" O'Brien points out that such false "liberation" from our own bodies only results in more of the devaluation of motherhood that the early

feminists spoke out against, and in more oppression of women. Breda O'Brien founded Feminists for Life of Ireland five years ago unaware that Feminists for Life was founded 20 years earlier in the United States.

Catherine Spencer, who writes of her pain, guilt and trauma after she desperately obtained an abortion, challenges the assumption that abortion is a morally neutral choice — "If something is right merely because I desire it, then do I have the right

whether poor women necessarily want to reflect an English upper-class attitude toward children: "Foreigners think it strange that the English upper classes send their children away but keep their dogs at home." Another essay points out: "A poor woman does not cease to be poor because she aborts her child ... shouldn't feminism be working to provide women with real choices so that pregnancy does not represent disaster ...?"

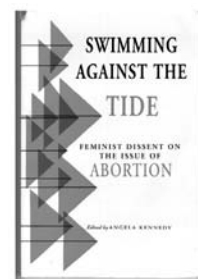
**"... so lie down on the table, sister &
with my scalpel and vacuum extractor
I will make you as good as a man!"**

to rob a bank if I want?" She also testifies that abortion has inescapable consequences. Far from being an enlightened choice, abortion was for Spencer a desperate act that turned out to be "an imprisonment rather than a liberation," and she felt it reflected negative attitudes in society towards motherhood and children: "Abortion was not just my decision, it was my society's."

In answer to the commonly heard platitude that abortion should not be denied to poor women, socialist Ann Farmer points out that abortion can be promoted by the more affluent to limit reproduction among disadvantaged communities. She questions

The essayists in *Swimming Against the Tide* thoughtfully question "pro-choice" rhetoric and propose instead a feminism that "works to provide women real choices."

To order *Swimming Against the Tide: Feminist Dissent on the Issue of Abortion*, contact: Open Air, 55 Prussia Street, Dublin 7, Ireland. E-mail at fcp@indigo.ie or call 011-32-353-1-4534668.





news briefs

WOMAN SUED FOR REFUSING ABORTION

Jacqueline Huffman, 32, gave birth to a baby girl in April 1996 against the wishes of her ex-boyfriend, who wanted her to have an abortion. Yet, when Huffman tried to collect child support from the father, James Paschal, he turned the tables and sued her for refusing to have an abortion. Paschal gave Huffman \$600 for an abortion when she told him she was pregnant. Huffman offered to return the money when she decided not to have an abortion. "I couldn't do it," said Huffman, "it's not for me." Paschal is suing for more than \$10,000 in damages from Huffman, alleging that she breached a contract with him when she agreed to an abortion in August 1995, but then backed out. He also claims that Huffman has caused him great emotional distress.

Source: *Detroit Free Press*, 7/2/97

WOMAN BEATEN FOR REFUSING ABORTION

A pregnant woman was beaten by her boyfriend outside of an abortion clinic in Southeast Washington, D.C. The boyfriend had escorted the woman to the abortion clinic. When she refused to go inside, he talked to her for half an hour while she continued shaking her head, saying, "no, I'm not going in there."

According to police, the man then knocked the woman to the ground,

beat her in the face, sat on her, continuing the abuse. "It was a savage attack. That man was taller than six feet. He was a coward," said Jim Rudd, a pro-life protester who witnessed the attack outside the clinic. Rudd is looking into whether the man could be charged under the Freedom of Access to Clinic Entrances (FACE) Act which makes it a federal crime to use force or make threats at abortion clinics. Ironically, FACE was intended to deter pro-life protesters who wanted to help women and stop abortions.

Source: *The Washington Times*, 8/18/97

WOMAN FIRED FOR REFUSING ABORTION

A Florida woman was fired after she told her employer that she planned to keep her child. According to the complaint, the employer had asked the woman twice if she planned on terminating the pregnancy. After assuring her employer that she would have the child, the employer reportedly gave her more heavy lifting to do on the job and fired her one month later. Two months earlier the woman had received a certificate of excellence for her work. Under the Pregnancy Discrimination Act of 1978 it is illegal for an employer to treat pregnant women differently from other employees.

Source: *Lee v. Datascan*, No. 96-6336-Civ-Gonzalez, Hollywood, Florida

CALLING ALL DADS

- Four out of 10 kids today grow up without their father at home
- 30 percent of all children born in Virginia in 1994 were born to unmarried parents
- 40 percent of first marriages end in divorce, affecting more than 15 percent of all children in the United States.

These are some of the startling statistics that prompted the Virginia Fatherhood Campaign to organize a forum promoting fatherhood. Participants discussed ways to encourage dads to raise their children, promote better role models, and assess the social impact of absentee fathers on children. Among the Virginia Fatherhood Campaign's "10 Ways to be a Better Dad": respecting the children's mother, disciplining with love, showing affection, and realizing that a father's job is never done.

Source: *The Washington Times*, 4/23/97

ANTI-WOMAN, PRO-CHOICE

According to Helen Gurley Brown, author of *Sex and the Single Girl* and former editor of *Cosmopolitan* magazine, it's okay to be anti-woman as long as you are pro-choice. In an interview with *Modern Maturity* magazine, Brown was asked: "You call yourself a feminist, but you upset a lot of women when you supported Senator Bob Packwood after he was

accused of sexually harassing dozens of women... You spoke up for him on NBC's "Today" by saying, 'I'm sorry for Bob Packwood. I think those women should just shut up and get on with their lives.' Why?" Brown responded, "My darling, would you please remember that he was one of the congressmen who supported legal abortion? He was one of us, so you've got to forgive him for being a jerk."

Source: *Modern Maturity*, May/June 1997

OLD BIDDIES AREN'T HUMORLESS AFTER ALL

A study designed to examine the belief that feminists are humorless old biddies (yes, somebody actually did a study on this!) found that no relationship between feminism and a sense of humor existed. The study, conducted by a psychologist at San Diego State University, administered a number of tests to 175 female college students. The tests were designed to gauge the participants' views on women's issues and their overall attitude toward women. Participants also completed a "sense of humor" questionnaire. The study concluded that feminists have gotten a bad rap—staunch feminists were no less likely to be funny than other women.

Source: *The Washington Post*, 4/6/97

continued next page



MORE WOMEN DRINKING ALCOHOL WHILE PREGNANT

The number of pregnant women who reported drinking frequently was four times higher in 1995 than in 1991, according to the Centers for Disease Control and Prevention. Over 33,000 women between the ages of 18 and 44 were asked about the amount and frequency of their alcohol consumption during the previous month. Sixteen percent of pregnant women reported consuming at least one alcoholic beverage during the previous month, compared with only 12 percent in 1991. More than three percent of pregnant women reported "frequent drinking," which was defined as an average of seven or more drinks per week or five or more drinks on at least one occasion. In the 1991 study, fewer than one percent said they drank frequently. Overall drinking patterns for women of childbearing age have remained unchanged, and the Centers for Disease Control and Prevention does not know why there has been a rise in alcohol consumption by pregnant women. Moderate-to-heavy use of alcohol during pregnancy has been linked to developmental disabilities and other serious problems known collectively as fetal alcohol syndrome.

Source: *The Washington Post*, 5/6/97

JAPANESE WOMAN SUED FOR NOT DOING HOUSEWORK

A 33-year-old Japanese working woman put her foot down and filed for divorce after her husband demanded that every day she cook him breakfast, press his pants and clean the house. The husband, a 35-year-old public servant, insisted that even though his wife had a full-time job, she was responsible for all of the housework. After the divorce, the husband filed a lawsuit demanding that his ex-wife pay him about \$38,000 in damages because she did not live up to her end of the marriage arrangement. In a victory for Japanese women, the Tokyo District Court rejected the husband's demand for damages but did ask the woman to return her wedding rings and a cash gift of \$8,000. Japanese women's groups are applauding the case as a sign of a changing tide to the norms that hold women wholly responsible for the housework. "Many husbands say, if you want to work outside the house, 'It's okay, as long as you finish everything that needs to be done inside the house,'" said Masako Yuasa, 32, a working mother in Tokyo. "I have actually heard a young husband say, 'It's only natural that working mothers sleep less than working men.'"

Source: *The Washington Post*, 8/2/97

Kerri-Ann Kiniorski
Communications Vice President

Women have a Right to Know



Planned Parenthood's greatest fear is an informed woman.

Why else would they be afraid to share information about pregnancy resources, child support, and the dangers associated with abortion procedures? Why else would they persistently lobby against Women's Right-to-Know legislation in the states? And why else would they be so alarmed about FFL's innovative College Outreach Program designed to inform women about the many parenting choices that are available?

But the question remains: How much do women really know about pregnancy decision making? This is what FFL's Pregnancy Decision Questionnaire will answer. The questionnaire (see pages 23 through 26) was developed with the assistance of the American Association of Pro-Life Obstetricians and Gynecologists, other specialists and physicians on both sides of the debate. It will be distributed to college students throughout the country this year and years to come.

The questionnaire was designed to determine what sorts of information should be shared with women and men involved in pregnancy decision making and to find out how knowledgeable people are about abortion procedures and available parenting choices.

The insights gained from this research project will help us determine how we can best use our resources to help women and men who are at the highest risk of experiencing an abortion. We need your help to make this project a success. If you are a college professor or know someone who teaches at a university and would be willing to distribute the questionnaire to her or his class, please call FFL's national office at (202) 737-3352. Also, while the questionnaire will be distributed primarily among college students and young working women and men, we would like to hear from as many people as possible. Please take a moment to complete the survey and return it to FFL at 733 15th Street, NW, Suite 1100, Washington, D.C., 20005. Thank you for your help!

The American Feminist Guidelines for Submissions

The American Feminist is always looking for well-written articles. Submissions should be typed and double-spaced and no more than 1,000 words in length. The next deadline is December 1, 1997.

Send your submissions to FFL, 733 15th Street, NW, Suite 1100, Washington DC; 20005; Attention: Editor, *The American Feminist*. Please enclose a daytime phone number (including area code) and a self-addressed, stamped envelope with your submission.

Photographers may submit photos for future issues (preferably black and white). Please give your name, daytime number (including area code), name of individuals in the photo from left to right, the activity, date, and your permission to use the photo in any FFL publication. Do not send negatives. Photographs, articles, and diskettes become the property of FFL and will not be returned.



LETTERS to the EDITOR

Thanks so much to all of you who take the time to write. As space is limited, we have room for only a portion of the mail we receive. Please write concisely (250 words or less)! Longer letters will be edited. Please include your phone number with your submission so we can verify authorship.
Editor

INFERTILITY TREATMENT

I was angered and grieved by Elise Ehrhard's references to infertility treatment in her article "Cloning: The Tip of the Iceberg." While I share her aversion to cloning, I feel that to equate cloning with infertility procedures is not only preposterous, but is typical of the ignorance and insensitivity so often faced by those coping with the anguish of infertility.

As a pro-life woman, my belief in the sanctity of unborn life has been strengthened by a long and difficult struggle with infertility. After many years of attempting to have a baby, I finally succeeded with the help of medical intervention. By her cavalier references to such things as "test-tube babies" and "the big business of egg donation," Ehrhard not only denigrates the value of such intervention and the hope it provides but feeds into the myths about infertility so prevalent in our society: the mad scientist creating monsters in the lab, the greedy physician exploiting people's grief and desperation. I can assure her from personal experience that nothing could be further from the truth. In my decade of infertility treatment, all the practitioners I dealt with were dedicated, compassionate professionals, committed to helping countless people achieve their dream of becoming parents.

By classifying infertility treatment as part of "the current biological misuse of human life," Ehrhard implies that such procedures, like cloning, are outside the laws of nature. But who in truth possesses an objective barometer of what is natural? Indeed, couldn't one make the same argument against organ transplants, or chemotherapy, or contraception — indeed, against any form of "artificial" intervention? Ehrhard asks us to consider that "only a few

decades ago the suggestion of making babies in petri dishes would have been greeted with repugnance." Aren't there numerous other practices that have been and continue to be considered repugnant or unnatural by certain groups — interracial marriage, for example, or interracial adoption? Indeed, couldn't one make the same argument against adoption itself — that is, to raise a child biologically not one's own is outside the laws of nature?

I wholeheartedly concur with Ehrhard's statement, "Women's biological role in the reproductive process is unique and awesome." But I cannot agree that treatments that help women experience this profound and wonderful role are in any way repugnant or unnatural. I wonder if Ehrhard could find anything repugnant about my beautiful two-year-old, conceived through in-vitro fertilization? Could she find anything unnatural about the two sets of twins born through egg donation to my friend, a survivor of ovarian cancer? Could she truly say that our babies had any less right to be born than those conceived in utero, and that my friend and I have any less right to be called "mothers"?

Most distressing was Ehrhard's implication that infertility treatments are in the same category as abortion! I suggest the criteria for what makes a medical procedure "natural" is whether it assists in healing and supporting and furthering life — in short, that it be life-affirming! Likewise, a pro-life philosophy should be in every way life-affirming. Is it such a stretch for Ehrhard, as a pro-life woman who empathizes with those deprived of parenthood through abortion, to empathize with those deprived of parenthood through biological malfunction?

Infertility treatments provide millions of people with the precious and fundamental choice to bear children, which they would otherwise be denied. To me, this is what true "choice" is all about.

Marion Shore
Arlington, Mass.

Editor's Note: Many couples seeking fertility treatments are unaware that during the process of in-vitro fertilization, human embryos not implanted in the uterus are destroyed. In-vitro fertilization can also involve "selective reduction" in many cases where a large number of embryos have implanted themselves in the womb. We oppose a fertility treatment if a life created after conception is destroyed as a direct result of the process.

Children born through in-vitro fertilization are as equally human and worthy of respect as children conceived in utero. Ms. Shore's child deserves the rights and protections shared by all children.

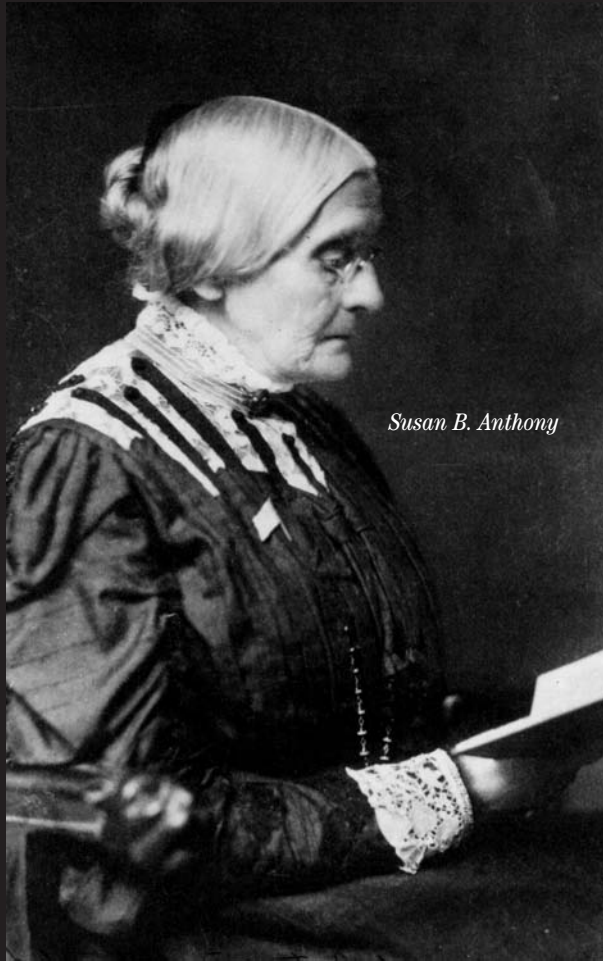
WHY A FEMINIST?

People ask me on occasion, "Why would you want to be a feminist?" They cannot understand why I would belong to any organization claiming to be feminist. In light of what passes for feminist today, who can blame them? But if they knew what it really was, they'd have to join Feminists for Life! Far from being the male-bashing, me-first, in-your-face type of person, the true feminist is one who strives for justice not only for women but for all the oppressed, one who appreciates not just females, but all those who are undervalued. We reject the notion that the worth of any human depends on his or her circumstances.

And so we fight today for the unborn, the infirmed, the aged, and the imprisoned; for those in the womb, in the hospital and in jail. Women are uniquely positioned to be a vital voice in this arena, because we have the incredible ability to bring life into the world. We cannot allow ourselves to be talked into compromising our natures to the point where we call for the deaths of those around us and within us. Yet somehow, crazily enough, that is just what is happening. We desperately need more true feminists.

Teresa Major
President, FFL of Colorado

Honoring the legacy of our foremothers



Susan B. Anthony

In the tradition of our feminist foremothers, Feminists for Life continues to work toward justice and equal rights for all people. We believe that our struggle against abortion, euthanasia and other violent, dehumanizing "solutions" to complex human problems are as pivotal as the efforts of the women of the early 20th century who worked to ensure the women of future generations the right to vote.

Once again, your annual contributions will be recognized in a special way through FFL's Feminist Giving Clubs:

Feminist Leadership Circle \$100-\$249

Feminists nationwide who support justice and full rights for women and children.

Alice Paul Circle \$250-\$499

Author of the original Equal Rights Amendment in 1923, Paul told a colleague, "Abortion is the ultimate exploitation of women."

Susan B. Anthony Circle \$500-\$999

Her publication, *The Revolution*, stated: "I deplore the horrible crime of child murder ... We want prevention, not merely punishment."

Elizabeth Cady Stanton Circle \$1,000-\$2,499

In a letter to Julia Ward Howe in 1873, she wrote: "When we consider that women are treated as property, it is degrading to women that we should treat our children as property to be disposed of as we see fit."

Women's Suffrage Circle \$2,500-\$4,999

In a landmark victory for the nascent women's-rights movement, nationwide women's suffrage was guaranteed through the 19th constitutional amendment in 1920.

The Revolution Circle \$5,000-\$9,999

Elizabeth Cady Stanton's and Susan B. Anthony's periodical gave voice to early feminist thought and documented the anti-abortion consensus among feminist leaders.

Seneca Falls Society Circle \$10,000+

The 1848 Seneca Falls Convention marked the beginning of organized feminism in the United States.

As we approach another New Year, please help FFL honor the memory and legacy of our feminist foremothers by continuing the work they began. And, better yet, your year-end gift will be doubled! (See page 11 for details.)

Donors who contribute more than \$100 during 1997 through the Combined Federal Campaign or United Way local campaigns and wished to be recognized should contact FFL's national office. Charitable agencies, including FFL, are not informed of individual giving amounts.

Donors who prefer to remain anonymous should notify the national office immediately. *Thank You!*

GIVE THE GIFT OF FFL

Surely you know someone who would relish the unique viewpoint of Feminists for Life. Use the envelope provided to give a gift that opens hearts and minds to a nonviolent, inclusive view of the world. Student memberships are only \$15; regular gift memberships are \$25. Gift members receive a full year of *The American Feminist*, as well as our "Pro Woman, Pro Life" bumper sticker.

Gift the gift of Feminists For Life today!



PREGNANCY DECISION QUESTIONNAIRE

The reported risk of dying from abortion is lower than the risk of dying from pregnancy and child birth, yet the health risks associated with abortion procedures are not widely publicized and are often presented to women when they are in a state of emotional crisis. The presentation as well as the timing of abortion counseling are frequently problematic and thus leave women unprepared to make a truly informed decision in a time-limited, emotionally charged situation.

To address this issue, Feminists for Life of America and the American Association of Pro-Life Obstetricians and Gynecologists have undertaken this research project. We have consulted with abortion providers and pro-choice therapists who specialize in abortion aftermath to design this questionnaire.

All information obtained on this questionnaire is confidential. We will be happy to forward documentation on the abortion risks for your personal review. We look forward to your participation and appreciate your input and time.

Instructions

The following statements describe known and suspected health risks to women who have abortions. After each statement please indicate whether you strongly agree, agree, are undecided, disagree, or disagree strongly as to if and when this information should be shared.

- 1. When a woman is pregnant, her uterus becomes very soft. This change, which occurs with every pregnancy, explains why one of the biggest risk factors for women who have abortions is excessive blood loss and accidental perforation of the uterus (poking a hole through the womb).**

A woman should know this information about abortion before she becomes pregnant.

☐ Strongly Agree ☐ Agree ☐ Undecided ☐ Disagree ☐ Disagree Strongly

This is appropriate information to share with a woman who is undecided about the outcome of her pregnancy.

☐ Strongly Agree ☐ Agree ☐ Undecided ☐ Disagree ☐ Disagree Strongly

Did you know that this is a risk factor associated with abortion?

☐ Yes ☐ No

- 2. In many abortions the bottom of the womb (the cervix) is opened using metal dilators or a plant-like substance called laminaria. Research studies have suggested that opening the cervix in this manner can make it "weak" or incompetent. Women who have had abortions may have an increased risk of miscarriage and premature delivery when they get pregnant later.**

A woman should know this information about abortion before she becomes pregnant.

☐ Strongly Agree ☐ Agree ☐ Undecided ☐ Disagree ☐ Disagree Strongly

This is appropriate information to share with a woman who is undecided about the outcome of her pregnancy.

☐ Strongly Agree ☐ Agree ☐ Undecided ☐ Disagree ☐ Disagree Strongly

Did you know that this is a risk factor associated with abortion?

☐ Yes ☐ No

Continued

- 3. Some infections that occur after abortions have been associated with blockage of the fallopian tubes, pelvic pain, and inability to have children in the future.**

A woman should know this information about abortion before she becomes pregnant.

☐ Strongly Agree ☐ Agree ☐ Undecided ☐ Disagree ☐ Disagree Strongly

This is appropriate information to share with a woman who is undecided about the outcome of her pregnancy.

☐ Strongly Agree ☐ Agree ☐ Undecided ☐ Disagree ☐ Disagree Strongly

Did you know that this is a risk factor associated with abortion?

☐ Yes ☐ No

- 4. Premature babies tend to have low birth weights, which could lead to future developmental problems. Delivering babies prematurely is a serious problem for many women, especially Black women. According to the Centers for Disease Control, the average Black woman in this country has five pregnancies and ends three of them by abortion. Some research studies have linked abortion, along with other factors, with premature delivery.**

The link between abortion and premature delivery should be studied more.

☐ Strongly Agree ☐ Agree ☐ Undecided ☐ Disagree ☐ Disagree Strongly

Did you know that having premature babies is a problem for the Black community?

☐ Yes ☐ No

- 5. As of October 1996, 24 out of 29 studies have suggested that having an induced abortion increases a woman's chance of developing breast cancer later in life.**

The potential link between breast cancer and abortion is something that a woman needs to know before she gets pregnant.

☐ Strongly Agree ☐ Agree ☐ Undecided ☐ Disagree ☐ Disagree Strongly

This is appropriate information to share with a woman who is undecided about the outcome of her pregnancy.

☐ Strongly Agree ☐ Agree ☐ Undecided ☐ Disagree ☐ Disagree Strongly

Did you know that some scientific studies have suggested that there is a link between abortion and breast cancer?

☐ Yes ☐ No

- 6. Medical abortions, in which a person takes an "abortion pill," can take from three to seven days; require multiple visits to the abortion provider; are associated with excessive bleeding; and if the woman changes her mind in the middle of the process, it is unknown what effects taking "abortion pills" have on the developing fetus.**

Women should know about the risks associated with medical abortions before they become pregnant.

☐ Strongly Agree ☐ Agree ☐ Undecided ☐ Disagree ☐ Disagree Strongly

This is appropriate information to share with a woman who is undecided about the outcome of her pregnancy.

☐ Strongly Agree ☐ Agree ☐ Undecided ☐ Disagree ☐ Disagree Strongly

Did you know that having a medical abortion can last longer than one day?

☐ Yes ☐ No

Did you know that when you have a medical abortion you have to make more than one visit to the doctor?

☐ Yes ☐ No

Did you know that you can change your mind even if you have taken abortion medication?

☐ Yes ☐ No

- 7. Some people believe that some women who have abortions develop emotional distress months or years later. This distress is associated with grief, anxiety, pelvic pain and difficulty with maintaining relationships with men. Support groups and professional counseling are available to resolve these feelings.**

Women should know about post-abortion distress before they become pregnant.

☐ Strongly Agree ☐ Agree ☐ Undecided ☐ Disagree ☐ Disagree Strongly

This is appropriate information to share with a woman who is undecided about the outcome of her pregnancy.

☐ Strongly Agree ☐ Agree ☐ Undecided ☐ Disagree ☐ Disagree Strongly

Did you know that emotional distress after an abortion sometimes exists?

☐ Yes ☐ No

8. Thousands of pregnancy-care centers offer support at no charge to women who are considering carrying their children to term. Medical, financial and counseling services, as well as direct assistance including housing, furniture and clothing are available. Resources offered also include referrals for employment training and educational opportunities, legal assistance, parenting classes and child care.

Women should know about pregnancy care centers before they become pregnant.

☐ Strongly Agree ☐ Agree ☐ Undecided ☐ Disagree ☐ Disagree Strongly

This is appropriate information to share with a woman who is undecided about the outcome of her pregnancy.

☐ Strongly Agree ☐ Agree ☐ Undecided ☐ Disagree ☐ Disagree Strongly

Did you know about the services pregnancy-care centers offer?

☐ Yes ☐ No

9. In our legal system, fathers are equally responsible for the children they help to conceive. Due to recent legislation to strengthen paternity establishment and child-support enforcement, non-custodial parents must pay support for the children they conceive or face stiff penalties including, but not limited to, the loss of their driver's license.

Women should know about fathers' responsibilities to their children before they become pregnant.

☐ Strongly Agree ☐ Agree ☐ Undecided ☐ Disagree ☐ Disagree Strongly

This is appropriate information to share with a woman who is undecided about the outcome of her pregnancy.

☐ Strongly Agree ☐ Agree ☐ Undecided ☐ Disagree ☐ Disagree Strongly

Did you know that fathers were legally required to pay child support?

☐ Yes ☐ No

10. If you are a woman, have you ever been pregnant?

☐ Yes ☐ No

If so, what was the outcome of the pregnancy? (If you have been pregnant more than once, please indicates the number of pregnancies in the appropriate boxes).

☐ Abortion ☐ Adoption ☐ Miscarriage
☐ Marriage ☐ Single parenthood

For outcomes other than miscarriage, can you briefly explain the main reason(s) for this decision?

11. If you are a man, have you ever gotten a woman pregnant?

☐ Yes ☐ Probably ☐ Probably Not ☐ No

If so, what was the outcome of the pregnancy? (If you have impregnated a woman more than once, please indicate the number of times in the appropriate boxes).

☐ Abortion ☐ Adoption ☐ Miscarriage
☐ Marriage ☐ Single parenthood ☐ Don't know

For outcomes other than miscarriage, can you briefly explain the main reason(s) for this decision?

12. Which circumstances would lead you to end a pregnancy with an abortion? (You may check more than one.)

☐ Abandonment by my partner
☐ Economic difficulties
☐ Fear of being unable to complete my education
☐ Adoption too difficult (practically or emotionally)
☐ Too young for parenthood
☐ My parents/ family would be disappointed
☐ Career interests
☐ Other

13. Which circumstances would lead you to have the child?

☐ Supportive partner ☐ Economic security
☐ Want to place child in adoptive family ☐ Supportive family
☐ Supportive work/ school environment
☐ Other

14. What is your age? _____

15. What is your sex? ☐ Male ☐ Female

Continued

16. Which category best describes your ethnicity?

- ☐ Caucasian
 ☐ African-American
☐ Asian
 ☐ Latino/Latina
☐ Native American
 ☐ Other _____

Comments:

17. What is your marital status?

- ☐ Single
 ☐ Unmarried, living with a partner
☐ Married
 ☐ Divorced
☐ Widowed
 ☐ Separated

18. What is the last level of school you have completed?

- ☐ Some high school
 ☐ High school
 ☐ Some college
☐ College
 ☐ Graduate degree

19. Which level of income best describes how much your family made last year?

- ☐ Less than \$10,000
☐ \$10,000 - \$19,999
☐ \$20,000 - \$29,999
☐ \$30,000 - \$39,999
☐ \$40,000 - \$59,999
☐ \$60,000 - \$79,999
☐ \$80,000 - \$99,999
☐ More than \$100,000

20. Which one of these statements best describes your beliefs about abortion?

- ☐ I support abortion and believe it should remain legal for any circumstances deemed appropriate by the woman and her doctor throughout all nine months of pregnancy.
☐ I am personally opposed to abortion, but believe the practice should remain legal for any circumstances deemed appropriate by the woman and her doctor.
☐ I am personally opposed to abortion, but could resort to having one in certain circumstances.
☐ I am personally opposed to abortion, but believe the practice should remain legal in certain circumstances. For each trimester, please circle the circumstances for which you think abortion should remain legal.

First trimester: rape incest fetal deformity to save the life of the mother

Second trimester: rape incest fetal deformity to save the life of the mother

Third trimester: rape incest fetal deformity to save the life of the mother

- ☐ I am personally opposed to abortion and believe it should be made illegal except in cases of (circle all that apply):
 rape incest to save the life of the mother
☐ I am personally opposed to abortion and believe it should be made illegal in all circumstances.

Optional:

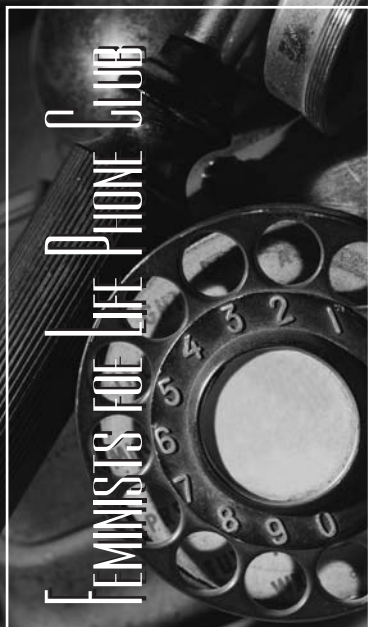
Name _____

Address _____

☐ Check here if you would like to receive information about Feminists for Life. (Or write to us)

Thank you for your participation. Please return this questionnaire to Feminists for Life of America, Research Department, 733 15th Street, NW, Suite 1100, Washington, D.C., 20005. www.serve.com/fem4life





The Coast long-distance program is proudly associated with Feminists for Life of America. Your participation in this program will provide you with monthly savings of up to 15 percent over AT&T, MCI and Sprint. In addition, Coast International, Inc. donates an amount equal to eight percent of your monthly charges to Feminists for Life of America at no cost to you.

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- You just keep calling the way you always do.

Simply fill out this form and mail in the enclosed envelope. For more information, please call CII at 1-800-848-2661.

YES, I want to join the Feminists for Life of America Phone Club Network and support their cause. I authorize Coast International, Inc. (CII), the provider of this program, to notify my local phone company of my decision to change my long-distance service to this program for the telephone number(s) listed on this form. I understand my local telephone company may charge a fee for this selection, which will be credited to my account by CII.

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(as shown on your local phone bill)

Address: _____

City: _____ State: _____ Zip: _____

Main Telephone Number: () _____

Addl. Telephone Number: () _____

Number of Calling Cards Required: _____

Signature: _____

Date: _____

ORDER FORM

Membership/Subscription Indicate number of items:

- ☐ \$25 Annual Membership (☐ new ☐ renewal)
- includes "Pro Woman, Pro Life" bumper sticker and *The American Feminist*
- ☐ \$25 Gift Membership (may not be anonymous to the recipient)
- ☐ \$15 Student Membership (_____ graduation date)
- ☐ \$35 *The American Feminist* subscription only, non-membership/institutional
- ☐ \$30 Annual Membership Outside U.S. (U.S. currency, please)

Materials Indicate number of items:

- ☐ \$75 FFL Logo Pin (☐ sterling silver ☐ 24K gold plate over sterling)
- ☐ \$15 *Different Voices*...anthology of pro-life feminist essays
- ☐ \$2 "Peace Begins in the Womb" bumper sticker
- ☐ \$2 "Question Abortion" bumper sticker
- ☐ \$2 "Voices of Our Feminist Foremothers" poster
- ☐ \$4.95 *Man's Inhumanity to Woman*...essays by 19th-century feminists
- ☐ "You're Not Alone" brochures - 50 for \$5; 100 for \$10; 250 for \$20
- ☐ "What Women Really Want" brochure
- ☐ Free with a self-addressed stamped envelope
- ☐ "You Have Choices" brochure
- ☐ Free with a self-addressed stamped envelope
- ☐ \$14.95 *Prolife Feminism Yesterday and Today*
- ... anthology of pro-life feminist essays



College Outreach Program

Send a Kit to Campus (See page 10 for details) Indicate number of items:

- ☐ \$35 Health Clinic Kit
- ☐ \$35 Pro-Life Collegiate Kit
- ☐ \$35 Pro-Life Advisor Kit
- ☐ \$35 Campus Counselor Kit
- ☐ \$55 Pro-Life Feminist History Kit
- ☐ \$250-500 Range for ad placement

☐ Please send a kit to where the need is greatest ☐ A college of my choice:

Name of kit recipient: _____

Title: _____

College: _____

Address: _____

Phone: _____

E-mail: _____

Donations

- ☐ Monthly pledges
- ☐ Please send monthly donor envelopes
- ☐ Electronic transfer form; see page 11.
- ☐ Tax-deductible donation to Feminists for Life
- + ☐ 15% shipping and handling for materials
- \$ ☐ TOTAL ENCLOSED

Please print: _____ Indicate if new address

Name _____

Address _____

City/State/Zip _____

Phone () _____ day () _____ eve.

E-mail address _____

Please use enclosed envelope or mail to: FFLA, Dept. 0641, Washington DC 20073

Thank you!

OF12/97



Who's afraid of Feminists for Life?



Planned Parenthood, the nation's largest abortion provider, is warning its staff that **Feminists for Life's College Outreach Program** is "the newest and most challenging concept in anti-choice student organizing" and "could have a profound impact" on college campuses "as well as Planned Parenthood's public education and advocacy efforts." *

Why the alarm? Every time a woman rejects abortion, Planned Parenthood loses revenue. Feminists for Life is empowering college women, the group at highest risk, with life-affirming choices and resources such as:

- On-Campus Housing & Child Care
- Maternity Coverage in Student Health Care
- Free help at Pregnancy Care Centers
- Paternity Establishment & Child Support

Pretty scary stuff.

Planned Parenthood.

PLANNED PARENTHOOD'S GREATEST FEAR
IS AN INFORMED WOMAN.

* Planned Parenthood's newsletter, *INSIDER*, Spring, 1997

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