Roe @ 35

Reflections by Notable Champions for Choice in Massachusetts

Roe v. Wade
35th Anniversary
1.22.08
The Massachusetts Coalition for Choice is grateful to all the authors who contributed to this collection, both for their written contributions and for their heroic labors on behalf of reproductive freedom in Massachusetts.

The views and opinions expressed in this collection belong to the authors themselves. They do not necessarily reflect the views and opinions of the Massachusetts Coalition for Choice, or its member organizations.
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**Introduction**

On January 22, 1973, the United States Supreme Court decided *Roe v. Wade*, recognizing the right of all American women to make their own basic medical decisions, and to choose if, when, and under what circumstances to bear children. It was a historic day, and thirty-five years later we are still celebrating!

Even so, for the Massachusetts Coalition for Choice, marking this 35th Anniversary of *Roe v. Wade* is no easy task.

For all its power and vital impact on women’s lives, the *Roe* decision did not settle the issue, and we cannot simply commemorate the protection of reproductive freedom from a safe and tranquil distance. Rather, *Roe* was a springboard into a very messy three-and-a-half decades (so far). Today, we are still grappling with the decision, defining our terms, battling backlash, and working to realize *Roe*’s full promise – in short, we are sustaining a movement.

For that reason, the Coalition for Choice decided to mark the 35th Anniversary of *Roe* by asking a group of notable members of that movement – veritable “Champions of Choice” in Massachusetts – to help reflect on what this anniversary means, or on the part they played in bringing us to where we are today. By some happy coincidence, this collection includes 35 such contributions.

Reading this collection is very moving and, at times, enlightening. You may recognize many of the people who submitted these short essays. You, and those you know, will probably also be able to name at least 35 others who should be included in this collection. We know. We asked many others to contribute: some could not, some could not be reached, and some may still be writing… There is obviously much more that could be said.

Still, we hope this collection is an inspiration to all those who fight for civil rights everywhere. And we especially hope it will be meaningful to those who follow in our footsteps in the pro-choice movement. This has been a difficult fight in Massachusetts, and it remains so despite legislative support and the current pro-choice leadership in the House, the Senate, and the Governor’s office.

The threat of losing the right to choose is the threat of having that right chipped away. It is the threat of limits on abortion procedures, of second-guessing women by making them wait to exercise their right and by requiring them to listen to biased and often inaccurate information. It is the threat of keeping our children from medically accurate information, and the threat of sacrificing women’s freedom and health to the whims of those who wish to control them.

It remains our task – the task of the generations who follow the pioneers of the right to choose – to protect that right. Because the history of reproductive freedom is the prelude to a still insecure future, we hope these essays will put the task ahead in context, and that the words you read will provoke you to take action.
A Time to Reflect and Re-Commit
by Susan Yanow

The Roe v. Wade decision in 1973 gave women cause to celebrate. An end to unsafe clandestine abortion was a core component of a women’s movement which included a vision of women-centered health care, embedded in a social justice framework.

Parts of our vision have come to pass. Women have broken through many glass ceilings, and there are more female physicians, health activists, and health advocates. New technologies such as medication abortion and manual vacuum aspiration make abortion available earlier in pregnancy. Advocates and health professionals have worked to move early abortion into primary care, and more family medicine doctors, physician assistants, nurse practitioners and midwives are committed to providing the full range of primary health care services, including abortion, to their patients. Maternal death from abortion in the U.S. is a statistic from the past. Over 1 million U.S. women each year obtain safe, legal abortions from highly skilled clinicians.

However, 35 years after Roe, the promise of legal abortion, and therefore of control over one’s body and health, remains unrealized for too many women. The elimination of abortion coverage from Federal Medicaid, Federal employees’ insurance, many private insurers, from Indian Health Services and from services for those in the military leaves many women facing an insurmountable financial barrier to accessing abortion. State restrictions, including waiting periods, parental consent requirements for minors, and expensive and unnecessary requirements for facilities that provide abortions create additional barriers, especially for rural, young and low-income women. Women, particularly those who need second trimester abortions, must often travel great distances to find abortion care.

Anti-abortion activists have successfully framed abortion as a moral, not a health care, decision, stigmatizing both women who seek abortions and those who provide the abortion care that women need. A shortage of clinicians willing to provide abortions has been exacerbated by the failure of medical professional groups to support abortion providers, a campaign of violence and harassment by anti-abortion activists, and a lack of training opportunities and support systems for those who are committed to women’s health care. Few future physicians are learning about abortion; a 2005 study found more medical school class time is dedicated to teaching about Viagra than to abortion and pregnancy options. The Supreme Court has eliminated many of the original protections of Roe, and the anti-abortion movement has become very sophisticated. They have co-opted our messages and proclaim that they are the movement that cares about women and healthy families, and we have not yet developed a compelling response. The U.S. anti-abortion message has been exported, and women around the world are dying because our policies have cut off access to contraception and abortion in many countries. Unsafe abortion continues to contribute to high maternal mortality rates in many countries.

In the face of these challenges, we must refuse to go back to the days when women had little control over their reproductive lives and their bodies. We have some opportunities: At the end of this year we hope to have a new President who will repeal some of the most onerous policies of the Bush regime. The Religious Right is showing signs of splintering, and some states are seeking to codify abortion rights in their laws. On the ground, the nascent Reproductive Justice framework holds potential for uniting us around a vision of moving abortion back into the context of women’s rights and the need for all women, regardless of income, geography, or race, to raise the children they want and not to have children they don’t want. Increasing numbers of young clinicians are stepping up and seeking abortion training, and young women are mobilizing to protect rights they once were able to take for granted. For all of us, the 35th anniversary of Roe is a time to reflect on what we’ve gained and to become energized by the ongoing work to expand abortion rights and abortion access by new leaders and new visions. Most of all, this anniversary is an opportunity to re-commit ourselves to fighting for justice, including access to abortion as a core part of the comprehensive reproductive health care needed by women across our country and around the world.

Susan Yanow is a reproductive health consultant and the Founding Executive Director of the Abortion Access Project.
Abortion, the Real Issues
by Dr. Phillip Stubblefield

Much of the debate about legal abortion in the US is based upon a fallacious premise – that making abortion illegal will mean none will be performed. This is not true any where in the world.

Throughout the world, the rates of abortion are similar and are not lower in countries with restrictive laws. The difference is what happens to pregnant women. Where abortion is legal, it is safe, and women very rarely die from abortion-related complications. Where abortion is illegal, women with pregnancies they cannot continue often seek unsafe abortions, and many die as a result. For some women in such circumstances unsafe abortion is not their worst choice. In Nicaragua, where legal abortion is not allowed for any reason, the number one cause of death of pregnant women is suicide.

Worldwide, about 500,000 women die every year from pregnancy complications, most of them in the third world. Of these deaths, at least 15% are from complications related to unsafe abortion. In Africa, for example, the World Health Organization estimates that the risk of death from unsafe abortion is more than 700 per 100,000 abortions. In contrast, in the US the risk of death from abortion is less than 1 per 100,000, and for abortions done in the first 8 weeks of pregnancy the risk of maternal death is 1 in 1,000,000 abortions. Where safe abortion is not available, pregnant women with health complications face a double threat – the increased risk that they will die of pregnancy-related complications if they continue their pregnancies, plus the risk of death should they choose unsafe abortion instead.

A recent example shows the power of introducing safe abortion where it has not been available. Until 2002, legal abortion was not allowed in Nepal, and women known to have had an abortion were imprisoned. In 2002, the law was changed to allow legal abortion for many reasons. In 2001 (before abortion was legalized), the total maternal mortality rate was one of the highest in the world, 500 per 100,000 births. After legalization, Nepali physicians were trained to provide safe abortion with modern technology. By 2006, 75,000 safe abortions had been performed, and the total maternal mortality rate had fallen by almost half.

The Rumanian example shows what can happen when things go the other way. In 1966, soon after he came to power, Ceausescu made abortion illegal. Rumania, like other Soviet Block countries, had little availability of modern contraception, and relied instead on large numbers of abortions safely performed in state hospitals. With abortion suddenly made illegal, women turned to unsafe abortion. Over the 23 years this policy lasted, at least 10,000 women died of abortion complications. When Ceausescu was overthrown, the first act of the new government was to legalize abortion. With the help of the international community, safe abortion was made available and within a short time the risk of death from abortion in Rumania fell to the very low level of the rest of Europe.

It does not take a rocket scientist to see the middle ground in the debate between so called “pro-life” and pro-choice positions on abortion – prevention of unwanted pregnancy by programs of sex education that include accurate factual information about contraception, and access to contraceptive services. By these means, the need for abortion can be reduced. Indeed, this is already happening in our country. The numbers of abortions performed and the rates of abortion per 100 women of reproductive age have been falling for the last several years without any corresponding increase in the number of births. A study using data from the National Survey of Family Growth determined that 86% of the reduction in pregnancies to teens aged 15-19 is the result of improved use of contraception.

On this 35th anniversary of the Roe v Wade decision it is time to end the debate. It is time for both sides to advocate for the middle course, keeping safe abortion available for those who need it, but helping to continue to reduce the numbers of abortions that are needed.

Dr. Phillip Stubblefield, a professor of Obstetrics and Gynecology at Boston University and Boston Medical Center, has published extensively on fertility control and women’s health. He is a premier medical activist for reproductive freedom.
Today, as we commemorate the anniversary of Roe v. Wade, we should celebrate the core principles reflected in the decision while we recognize that basic individual liberty and privacy rights are threatened more now than at any time since the Supreme Court recognized that the Fourteenth Amendment "encompasses a woman's decision whether or not to terminate her pregnancy." Roe's recognition of a woman's right to make that decision for herself speaks directly to principles of dignity and autonomy.

I attended law school and began my legal career shortly after Roe v. Wade was decided. I have witnessed the troubling resistance to the core values of autonomy and equality for women that underlie the decision. This resistance has included efforts by the federal government and some states to drastically reduce access to family planning services and programs, curtail availability of safe and affordable contraception, and limit medically accurate training and education on reproductive and health care providers have reproductive health care facilities have been the scene blockades, disturbances and even murder.

Most recently, in the Gonzales Planned Parenthood cases, the law banning intact dilation and extraction medical procedures, no exception for cases in which a woman's health is in danger. As Justice Ginsberg wrote in her dissent, the decision to uphold the ban "deprives women of the right to make an autonomous choice, even at the expense of their safety." One passage of the Court's opinion goes so far as to indicate that the government has an interest in protecting a woman from herself, lest she "comes to regret her choice to abort." This attitude, Justice Ginsberg describes, "reflects ancient notions about women's place in the family and under the Constitution – ideas that have long since been discredited."

As District Attorney for Middlesex County, I supported the enactment of the state's original buffer zone law to protect patients against violence, threats and harassment by clinic protestors. As a prosecutor, I had the opportunity to advocate on behalf of victims of sexual abuse and rape who needed medical services to treat unwarranted pregnancies. Through those experiences, I saw firsthand how it is both important and necessary for women to be able to access safe, legal and private health care services.

As Attorney General, I am working to ensure that our state continues to be a national leader in protecting reproductive freedom, as both a matter of self-determination and as a matter of ensuring healthier women and families. I testified before the Legislature in support of the nation's strongest buffer zone law to protect a woman's right to access health care facilities free of harassment, intimidation and violence. I support changes to other existing state laws and regulations that will improve women's access to reproductive health care; enforcement actions against health insurers that fail to provide insurance coverage for contraceptive services, reproductive health care tests and screenings; and enforcement actions against pharmaceutical companies that conspire to keep generic oral contraceptive products from getting to market.

I remain steadfast in my support of Roe and its embodiment of the fundamental liberty and privacy interests in which all of us share. We must do all that we can, both individually and collectively, to protect women's liberty and self-determination interests by safeguarding their right to make reproductive health care decisions for themselves.

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As a teenager I remember our living room floor covered with large maps of Cambridge where my mother was at work organizing for a 1942 statewide ballot referendum to make contraceptives legal in Massachusetts. It was my introduction to the real world of fertility control versus the control of women's bodies by the Catholic church. I remember her saying that standing outside the polls in north Cambridge handing out information on the ballot referendum was scary business with the Catholic men physically threatening and assaulting the women.

A few years later, after marriage during WW II, I learned how eager the US government was to protect the men in uniform, of every rank, from getting the 'clap' by distributing condoms everywhere, freely ignoring religious prohibition. Male privilege, then and later, was further catered to by the friendly local pharmacist from his under-the-counter stock of condoms while women continued to lack the means to control their own fertility.

The next installment of my political education came later when, after having three children, I was pregnant again with an unplanned fourth. Every woman knows her limit -- for some it is none, for others it is many, and for me it was three. Abortion being illegal we looked for a safe one and found it through the Steward of an all men’s Boston club where he provided information to members on all necessary services including call girls and abortions. The safest abortion in the state was available on Hancock Street, about half a block behind the State House where the then all-male Catholic legislators took their wives, daughters and mistresses for abortions.

Finally, the almost universal national prohibition on contraceptives and abortion began to unravel with a series of Supreme Court decisions beginning with Griswold v. Connecticut in 1966 making birth control legal for married couples, Baird v. Bellotti in 1972 making it legal for unmarried couples, then Roe v. Wade in 1973 making abortion legal, and in 1982 the Massachusetts SJC ruled in Moe v. Massachusetts that women on Medicaid were entitled to abortions.

In the meantime, the women’s movement of the 1970s gave me an avenue to vent the anger we all feel at being trapped by male values dictating what is right for women's bodies. I began lobbying for reproductive issues at the State House and one day found myself before a Committee that was hearing testimony on some abortion related bill where everyone was talking in the third person and getting nowhere. After giving testimony for NOW, for which I was then state president, I said that this issue was not about other women but about us in the room. I then gave a brief and nervous account of my own abortion. There was an embarrassed silence among the legislators, a few of whom are still in office today, and the hearing ended. That evening I got some calls from around the state thanking me for speaking up.

Subsequently Kate Michelman, founder and then President of NARAL, began organizing ‘speakouts’ in order to put faces on women choosing abortions and why they did so. I was always struck by the stories of women ‘agonizing over the decision’ and ‘grieving over the loss’ when I had had this enormous sense of relief at terminating my unwanted pregnancy.

In the early 1980s the Catholic Church started the process to amend the Massachusetts Constitution on the 1984 ballot to prohibit abortions if Roe v. Wade was overturned but which, with the arrival of a new Cardinal in Boston, was delayed until 1986. Dozens of pro-choice activists converged for a meeting in downtown Boston and accomplished little in their collective anxiety and rage. Out of this grew the Coalition to Defeat Question 1 which did, in fact, defeat the referendum 56% to 44% in November 1986. This group went on to become the Coalition for Choice, which at first could only defeat anti-choice legislation such as fetal burial, but then gained enough pro-choice votes in the legislature to be able to pass many pro-choice bills, beginning with full insurance coverage for pregnancy and, most recently, for contraceptives also. And that is where my story began, from the prohibition of contraceptives to everyone in Massachusetts to ensuring insurance coverage.

Betsy Dunn is a long-time women’s rights activist who has worked with Mass NOW, the League of Women Voters of Massachusetts, and the Democratic State Committee.
I know what it is like to face the terror of no choices, because I was a pregnant teenager five years before the passage of Roe v. Wade. I can still hear the words of my illegal abortion contact: the secret password, how it would cost hundreds of dollars that I didn't have, how I would have to go alone after midnight. I turned to my family, but they couldn't help me. I turned to mainstream medicine, but the “therapeutic abortion committee” at the hospital refused my plea. Exhausted of options, I carried the pregnancy to term and gave the baby up for adoption, which was by far the most painful and coercive experience of my life.

My “career path” in women’s health began a few years later, when I worked with other women to open one of the first feminist women’s health centers in the United States. A single parent of a beautiful daughter by then, I began the long journey of completing college, medical school, and my OB-Gyn residency, after which I assumed a faculty position at an academic medical center while also working part-time at a local Planned Parenthood clinic. I will never forget that day when I heard about the landmark decision in Roe v. Wade. I cried for joy that women in the United States would never again have to face the horrors of the back alleys or be forced to carry pregnancies against their will. Indeed, the legalization of abortion was one of the greatest public health triumphs of our times. In the years after Roe, deaths and complications from abortions plummeted, and modern induced abortion emerged as one of the safest procedures in medicine.

It didn’t take long, however, for the backlash against Roe to affect the lives of my patients and colleagues. In a “quiet erosion” of abortion access, poor women “lost Roe” in 1977 with the ban on federal funding of abortion; many young women “lost Roe” with the widespread passage of parental notification and consent laws; many rural women “lost Roe” when they could not find an abortion provider in their communities. The shortage of providers grew worse as medical schools refused to teach the procedure and anti-abortion extremists launched an unprecedented wave of anti-abortion harassment and violence against providers. This past December 30th marks 13 years since John Salvi walked into the clinics where I worked and opened fire, killing Shannon Lowney and Lee Ann Nichols and wounding others. It was a horrific time of grief, loss, confusion, courage, and eventual transformation – the “before and after moment” of two families, a movement, and my own life.

Today, in my job as fulltime Medical Director at Planned Parenthood of New York City, I provide abortions as part of a complete spectrum of reproductive health care. As I reflect on my many years as a provider, I am grateful most of all for the myriad of champions that have filled my life. They are the patients who are making the best decisions for themselves and their families, filled with hopes and aspirations, asserting their right to be the arbiters of their own circumstance. They are the neighbors who brought their children and their signs to support me when anti-abortion activists picketed my home for weeks in a row. They are my friends and my daughter who enveloped me in frightening moments and who loved me enough to never ask me to stop. They are the “doctors of conscience” who continue to provide abortions against great odds, the students and young clinicians organizing for their right to learn about abortion, the lawyers and advocates who worked tirelessly against the federal abortion ban, the activists who will not stop until choice is a reality for all women. We are everywhere and we are unbeatable, because the lives of women depend on it.

Dr. Maureen Paul is an obstetrician-gynecologist, researcher and provider of abortion services. She is a long-time abortion-rights activist, a former medical director of the clinics of Planned Parenthood League of Massachusetts, and is presently medical director of a clinic in New York.
Achieving a Higher Vision

by The Rev. Katherine Hancock Ragsdale

Too often we set our sights too low. We aim only to stem the tide of despair and forget to dream of the world as it should be -- as we have it within us to help it become. In the name of pragmatism we craft messages about prevention, we name abortion a tragic necessity, we look for “common cause” with those whom we know do not share our vision.

Don’t get me wrong, please. I’m a pragmatist myself. I understand the need to make deals and I know the value of incremental movement if it’s movement in the right direction. I don’t want us not to fight smart. I do want us to avoid being seduced by our own strategies, to fall into the error of thinking that what we settle for in the short term is the sum total of what we dream of and fight for.

If we were to look up from this page and discover that clinic violence had become a thing of the past, never to plague us again, that would be a very good thing, indeed; but, still, our work would not be done.

If we were to find that, while we were reading, Congress had acted to insure that abortion would always be legal, that would be a very good thing; but our work would not be done.

If we were suddenly to find a host of trained providers, ensuring access in every city, town, village, and military base throughout the world, that would be a very good thing; but our work would not be done.

When every woman has everything she needs to make an informed, thoughtful choice, and to act upon it, we will be very close; but, still, our work will not be done.

As long as women, acting as responsible moral agents, taking responsibility for their own lives and for those who depend on them, have to contend with guilt and shame, have judgment and contempt heaped upon them, rather than the support and respect they deserve, our work is not done.

How will we know when our work is done? I suspect we’ll know it when we see it. But let me give you some sure indicators that it isn’t done yet:

- When doctors and pharmacists try to opt out of providing medical care, claiming it’s an act of conscience, our work is not done.

Let me say a bit more about that, because the religious community has long been an advocate of taking principled stands of conscience – even when such stands require civil disobedience. We’ve supported conscientious objectors, the Underground Railroad, freedom riders, sanctuary seekers, and anti-apartheid protestors. We support people who put their freedom and safety at risk for principles they believe in.

But let’s be clear, there’s a world of difference between those who engage in such civil disobedience, and pay the price, and doctors and pharmacists who insist that the rest of the world reorder itself to protect their consciences – that others pay the price for their principles.

This isn’t particularly complicated. If your conscience forbids you to carry arms, don’t join the military or become a police officer. If you have qualms about animal experimentation, think hard before choosing to go into medical research. And, if you’re not prepared to provide the full range of reproductive health care (or prescriptions) to any woman who needs it then don’t go into obstetrics and gynecology, or internal or emergency medicine, or pharmacology. Choose another field! We’ll respect your consciences when you begin to take responsibility for them.

- As long as a Justice of the Supreme Court of the United States can argue, as Justice Kennedy recently did, that women are not capable of making our own informed moral decisions, that we need men to help us so that we won’t make mistakes that we later regret; as long as a Supreme Court Justice can deny the moral agency of women simply because we are women – and can do it without being laughed off the public stage forever – our work is not done.
What has happened to us that he could even think he could get away with publishing such an opinion? Our work most certainly is not done.

- And as long as clergy and politicians and activists on our own side feel that acknowledging the moral seriousness of abortion decisions, or winning public sympathy and support, require denigrating abortion, calling it a tragedy – our work is not done.

Let’s be very clear about this:

When a woman finds herself pregnant due to violence and chooses an abortion, it is the violence that is the tragedy; the abortion is a blessing.

When a woman finds that the fetus she is carrying has anomalies incompatible with life, that it will not live and that she requires an abortion – often a late-term abortion – to protect her life, her health, or her fertility, it is the shattering of her hopes and dreams for that pregnancy that is the tragedy; the abortion is a blessing.

When a woman wants a child but can’t afford one because she hasn’t the education necessary for a sustainable job, or access to health care, or day care, or adequate food, it is the abysmal priorities of our nation, the lack of social supports, the absence of justice that are the tragedies; the abortion is a blessing.

And when a woman becomes pregnant within a loving, supportive, respectful relationship; has every option open to her; decides she does not wish to bear a child; and has access to a safe, affordable abortion – there is not a tragedy in sight -- only blessing. The ability to enjoy God’s good gift of sexuality without compromising one’s education, life’s work, or ability to put to use God’s gifts and call is simply blessing.

By all means, let’s improve our medical, educational, and social systems so fewer women will need abortions. But when they still do – for whatever reason – let’s not forget to rejoice with them that they have that option. And let us never focus so closely on the immediate battles before us that we neglect to look up for a vision of the better world we labor to birth.

**Katherine Ragsdale** is an Episcopal priest and advocate who served for 17 years (8 as chair) on the national board of the Religious Coalition for Reproductive Choice. She is currently the Executive Director of Political Research Associates. She also serves on the board of NARAL Pro-Choice America, the White House Project, and the bi-national advisory board of the Center for the Prevention of Sexual and Domestic Violence.
My Crime

by Bill Baird

My commitment to fighting for the public’s “right of privacy” was galvanized over four decades ago. In 1963 I was clinical director of EMKO, a birth control company. While coordinating research at a New York City hospital, I saw a woman stumble down the corridor screaming. Covered with blood from her waist down, this unmarried mother of eight died from a self-inflicted abortion attempt. An 8-inch piece of wire coat hanger protruded from her uterus.

Back then, birth control and abortion were illegal. I felt something must be done to stop women from suffering. On my off hours, I went to poor areas and taught about birth control and gave out non-prescriptive birth control devices from inside of my 25-foot “Plan Van.” This was a classroom on wheels the interior of which I designed to look like a living room to remove the cold, clinical aspect that often frightened people.

Backlash from my efforts was immediate. In 1963, news accounts reported that police threatened to arrest me if I continued my activities. On May 13, 1965, I was arrested and jailed for challenging New York State’s anti-birth control law 1142. This helped to legalize birth control in that state. In 1966, I challenged a similar law in New Jersey and was sentenced to prison for 20 days for exhibiting “obscene objects,” namely birth control devices.

In 1967 Ray Mungo, editor of the Boston University News, mailed me a petition signed by 700 students pleading with me to challenge Massachusetts’ restrictive birth control laws. For decades, no one had been willing to do so as each violation carried with it a 5-year felony prison term. I initially turned down the petition but then reconsidered that a test case might go all the way to the U.S. Supreme Court and thus help to empower women to control their reproduction. This was a long shot, as the Court hears just two percent of cases yearly. My hope was to establish a right of privacy for all people (not only married couples) to birth control and eventually to abortion. (On 6/2/69, The Boston Globe headline read, “Baird Tests Abortion Law – The First Test of Legality”). On April 6, 1967 I was arrested at Boston University, where I gave a speech to 2,500 people. My “crime” was giving away one condom and one package of EMKO foam to an unmarried female.

Declared a “sexual pied piper” and “corruptor of youth” I was sentenced for three months to Boston’s Charles Street Jail (later closed for “cruel and inhumane treatment of prisoners”). The jail re-opened last year as the posh Liberty Hotel where ironically they now make condoms available for guests. My picture, along with others such as suffragettes, hangs in the lobby.

My “crime” was giving away free one condom and one package of [contraceptive] foam to an unmarried female.

In jail I endured rats in my cell, bugs in my food, humiliating forced body searches and the threats of being beaten or raped. Though initially rejected, the U.S. Supreme Court eventually heard my case. On March 22, 1972 the high court legalized birth control stating, “If the right of privacy means anything it is the right of the individual, married or single, to be free from unwarranted governmental intrusion into matters so fundamentally affecting a person as the decision whether to bear or beget a child.”

*Baird v. Eisenstadt* became the foundation for many future right of privacy cases including *Roe v. Wade, Lawrence v. Texas* (the 2003 gay rights victory) and *Baird v. Bellotti I and II* for minors’ rights to abortion without parental veto. Authors Woodward and Armstrong wrote in their bestseller *The Brethren* that Justice Brennan used *Baird* to help establish a constitutional basis “for a woman’s right to abortion.” Constitutional and Roe attorney Roy Lucas wrote in his 47-page 2003 Roger Williams Law Review article on *Baird v. Eisenstadt* this case “…has been cited by the highest courts of all 50 states…It had an international impact on laws in England, Canada, Ireland…” and that “…the decision is among the most influential in the U.S. during the entire century…”

These hard-fought-for rights face threats from the current conservative Court. I fear that too many have taken these freedoms for granted and they may be lost as a result.

**Bill Baird** is a long-time advocate for women’s reproductive freedom, who has been featured in documentaries about his outspoken advocacy, which transformed privacy law in the United States. Baird continues to lecture through his non-profit organization, ProChoiceLeague.org, about the right to control one’s reproductive destiny.
When I came to Massachusetts in 1970 to take the position of Executive Director of the Civil Liberties Union of Massachusetts (CLUM), the office was in a brownstone row house on Beacon Hill, a block from the State House. I inherited two salt-of-the-earth women who were support staff and a two-room suite for an office. That was it. Sharing the building was an organization called The Pregnancy Counseling Service. Abortion was illegal in Massachusetts. The Pregnancy Counseling Service helped women sort through their concerns about bearing a child and those who wanted to terminate their pregnancy had to travel to a clinic in New York State where abortion was a legal procedure.

Then came the Roe v. Wade decision in 1973 and we thought the right to abortion had been secured. There would be no more trips to New York for Massachusetts women who wanted to terminate their pregnancies. In those early days following the courts decision, little did we know what a struggle lay ahead of us to implement that historic decision. The backlash was immediate and fierce, and within a year the national ACLU developed its Reproductive Freedom Project to enforce the constitutional right of women to control their bodies. For CLUM (the name was later changed to the ACLU of Massachusetts), reproductive freedom became and has remained a top priority.

The strategy of the anti-choicers was to whittle away the right secured by Roe v. Wade. One of the battlefronts was the public funding of abortions for poor women. One by one, state by state, public funding was withheld from many of those most in need of a safe abortion. CLUM, arguing from the state constitution, won an enormous victory in the Supreme Judicial Court preserving public funding for Massachusetts women that helped establish ACLU as a major legal resource for carrying on the struggle to enforce the right of women to a safe and legal abortion.

But waging the legal battles was only one Roe preservation strategy. There were also legislative battles and struggles in the public forum to win the hearts and minds of the American people and enlist them in preserving this hard-won right.

A Reproductive Freedom Coalition was formed comprising six statewide organizations committed to women’s rights. With a miniscule staff at CLUM it fell to me, as Executive Director, to represent CLUM on the coalition’s board. What an experience! As an executive director of an organization that dealt with the full scope of the defense of the Bill of Rights, I knew a little about a lot of issues, but was an expert in none. And so I worked with enormously bright, talented, committed women (I was often referred to fondly as the token male), who were experts and together we forged the strategy to carry the battle to those who were working to diminish the right to reproductive freedom. As CLUM’s staff grew I was able to relinquish my role as the organizations representative on the board of the coalition to a more qualified representative, but I will always treasure the relationships forged in those long arduous meetings, and I will forever hold in deep regard the women I worked with whose life commitment was the establishment and preservation of reproductive freedom and the rights of women.

Although we have had our share of victories, there have been many dark days and tough struggles. Among my many memories of the struggle will be:

- Getting to women’s health clinics before dawn to secure positions before the anti-choicers came to picket and harass those women who would come for services that day, and accompanying those women through the lines. It is hard to believe that such work must continue to this day.
- Going to a church on Beacon Street in Brookline the evening of the day two women were killed in reproductive health clinics to be with and grieve with those with whom I worked in the Pro Choice struggle. The strength gathered from this companionship has always been the ingredient that has seen us through the difficult times.
- Standing in demonstrations on Boston Common or Washington DC, sitting in the gallery in the State House watching a debate, or sitting in a court room awaiting a decision with compatriots are memories I will forever cherish.

I would like to think the difficult days are over, but they are not. The struggle to secure Roe v. Wade is as intense as ever. We have faced some enormous defeats in the court, and the legislative assault by the White House and Congress is as aggressive as ever, but I have witnessed the strength, commitment and courage of our people and it is because of that, and because we have been able together to endure the incredible struggles to date that I am confident that the right to reproductive freedom obtained in Roe v. Wade will be secure in our future.

John Roberts spent 30 years as the Executive Director of the ACLU of Massachusetts and represented the ACLU on the Coalition for Choice at its founding.
Thirty Five Years in the Women’s Movement

by Cheryl Garrity

1973 was not solely the year women gained control of their bodies. Billy Jean King publicly beat Bobby Riggs, scoring an enormous victory for female athletes and encouraging young women to pursue sports with equal funding under Title IX. The first battered women’s shelters opened in the U.S. as women continued to support each other while working to change the laws that sanctioned violence against women. Women were finally gaining entrance to medical schools, law schools, as well as the construction trades. Women were given opportunities that had been denied them for hundreds of years by pushing open the doors previously sealed shut. The landmark 1973 decision recognizing a woman’s constitutional right to abortion, Roe v. Wade, and its progeny reflect the course of women’s rights in the last 35 years and our struggle for equality.

Opportunities were not handed to women – nor can we trust they will continue to be available to women. Whether reproductive health, economic opportunities, or educational pursuits, women continually need to organize, maintain a strong grassroots effort and pursue equality by bringing lawsuits, advocating for legislative change, and educating the public. Change takes tremendous time and effort, often requiring a monumental shift of public opinion on the role of women in society and their abilities. It often feels that we take two steps forward only to take one step back due to the backlash of those who do not want women to be equal or to have opportunities.

Almost immediately following Roe, laws were passed denying some women their reproductive rights. Funding was denied low income women and women working in the military or government, young women were denied access, and rural women were forced to wait. As if the legal restrictions were not sufficient, anti-choice zealots terrorized women entering clinics, killed abortion providers, and continued to erect obstacles for women seeking access. By 2003, the first federal ban on an abortion procedure was signed by George Bush surrounded by a group of smiling men.

Just as we have continued to fight for our reproductive freedom, we have also had to continue to fight for our economic freedoms. While progress has been made, we have had to remain vigilant to ensure that women are even considered for government appointments, that anti-discrimination laws remain effective, and that female athletes are funded equally. We have had to fight severe restrictions on public support for low income women and their families when anti-welfare reform laws swept the country.

While our work appears incrementally slow at times, when given the time to reflect, it is clear that public opinion has tremendously changed over the past 35 years. By 2007, we have a viable woman candidate for President leading in the public opinion polls. And while Hillary Clinton deserves praise in her own right, she was given this opportunity through the work of millions of women in the last three decades and the support of thousands of more women today. Across generations, women will continue to pursue equality in all spheres of our lives. We will not go back!

Cheryl Garrity was President of the Massachusetts Chapter of the National Organization for Women (Mass NOW) from 1995 to 1999.
Running an Escort Service
by Ellen Fisher

For 14 years my husband proudly told everyone he knew that his wife ran an escort service! People would look at him strangely, particularly those who knew us well, and then he would add: "She helps people get into the Planned Parenthood Clinic on Saturdays."

How, you may ask, does someone get to run an escort service? It was just dumb luck. When Operation Rescue first came to Boston in the fall of 1998, I was a volunteer on the counseling and referral line at Planned Parenthood. A call went out for volunteers to come to the clinic on the morning of an expected demonstration and help find the patients and bring them into the clinic. So Frank (the husband of the woman who runs an escort service) and I and many other employees, volunteers and members of their families volunteered and we all showed up on that first Saturday. We were given a printed sheet with all kinds of instructions. I don’t remember them all but two that stick in my mind years later were (1) we were not under any circumstances to interact or speak with the anti-abortion demonstrators and (2) we were to dress well in skirts, neat jackets and the like to make a decent impression on any on-lookers or the press. Rule number 1 was a constant for the years that followed. Rule number 2 lasted one week. It was too cold and getting people through crowds is hard work, and dressing for success went right out.

And so we continued for several months, coming out on Saturdays and waiting to see if today would be our day for an attempt to close the clinic down. Members of NOW would follow the demonstrators from a prayer meeting in the suburbs and phone when they had a good idea where the caravan was heading so we were prepared. In addition to mass protest rallies, there were also smaller numbers of anti-choice protestors who took more aggressive actions. Sometimes demonstrators drove cars on the sidewalk and locked their necks to the axle with a Kryptonite bike lock. Until the lock could be removed access was blocked. Sometimes they got to the clinic at dawn and squeezed into the vestibule, super-gluing the locks on both sides. At least once they actually invaded the clinic and chained themselves to the furniture and equipment. A number of attempts to enter the clinic were made by false patients. At some point the administrator in charge of us asked me to hold the list. The rest is history. I wound up being the person who called around during the week to make sure we’d have the necessary man and woman power we needed. Sometimes, on a weekday I would get an early morning call from the clinic director and would call those who might be available. Our volunteers were students, grandparents, teachers, social workers, editors, professors and retail workers and only a few were free on weekdays.

Although the intensity of the first year did not continue, the possibility that there would be an attempted invasion kept us there on a weekly basis and I created a monthly schedule. A techie volunteer created a scheduling program to help. Fortunately, the police were generally cooperative and genuine blockades of the clinic were broken up in time for most patients to be seen. Eventually Planned Parenthood received an injunction against Operation Rescue and one of their leaders received a two-year jail sentence. When the penalty became more than a weekend in the Brookline Police Garage and a warning from a judge on Monday morning, the blockades stopped and the practice turned to the harassment of patients approaching the clinics and the regular scheduling of large prayer meetings. The escorts remained.

Patients coming to the clinic for all kinds of services – birth control, abortion, testing for sexually transmitted infections, pregnancy tests, pap smears – still had to run a gauntlet of ugly posters, insults, and attempts to get them to change their minds. They needed a friendly face to walk them through the demonstrators who continued to crowd the sidewalk. Legislative attempts to give the patients some personal space began with a small buffer zone and now include a much larger, more protective zone. Demonstrators still accost patients outside the zone and the verbal and visual abuse continues.

Over the years the volunteers for escorting have changed. But there are escorts, young and old, still there year round on Saturday mornings, in 96 degree weather and in sub-freezing cold. It is harder and harder to get the adrenaline flowing after all these years, but a few of the originals are still out there. I presume they are there for the same reason Frank and I came out on day one. All women must have unimpeded access to the reproductive health care they need and want. Their decisions are their own. If we do not protect our rights, we will lose them.

Ellen Fisher has championed reproductive choice as an escort and a counselor at Planned Parenthood League of Massachusetts, and on the Boards of Directors of NARAL Pro-choice Massachusetts and the ACLU of Massachusetts.
Waking Up the Pro-Choice Majority

by Melissa Kogut

I was 25 years old when I first became aware that reproductive rights could not be taken for granted. The right to choose an abortion had been legal across the U.S. for over 10 years. I was living in Somerville, MA, where I had moved from my home town of Los Angeles to experience life on the east coast. When a friend invited me to Chocolate Madness, a fundraiser for NARAL Pro-Choice Massachusetts, (then Mass Choice), I went for the chocolate. Once there, I was stunned to learn that a constitutional amendment would be going onto the state ballot that could outlaw Medicaid funding of abortion and pave the way to outlaw all abortions in our state if we ever lost Roe.

That was it. I contacted NARAL Pro-Choice Massachusetts and offered my volunteer services. Before I knew it, I was the leader of the effort to defeat Question 1 in my community. The good news was that we won in Somerville (which was not the progressive community it is today) and through an amazing coalition effort that included NARAL Pro-Choice Massachusetts, Planned Parenthood, NOW, the ACLU of MA, the League of Women Voters and others, we defeated a very complicated state ballot amendment with 60% of the vote – a clear demonstration of support for reproductive choice in Massachusetts.

By then, it was clear to me that anti-choice forces had one goal – to outlaw abortion. They were already having success chipping away at the right to choose, including passage of the Hyde Amendment in 1976, which outlawed federal funding of abortion for low-income women. We used to pull out a pie-chart as a visual at community events to illustrate that a majority of voters were pro-choice, but only 1% were active, while fully half of anti-choice folks were active. No wonder we had a problem.

I joined the staff of NARAL Pro-Choice Massachusetts in 1988 as a political organizer. Our focus at that time was to wake up the pro-choice majority and get them voting in elections in order to change the make-up of the anti-choice Massachusetts legislature and to promote pro-choice legislation.

The Supreme Court’s 1989 Webster decision was a wake-up call for the reproductive rights movement nationwide and a major turning point. The Court sent an open invitation to anti-choice forces throughout this country to do away with the right to a safe and legal abortion. As Justice Blackmun stated in his eloquent dissent, "This decision has given all of us reason to fear for the future, for the liberty, and for the equality of millions of American women who have lived and come of age in the 16 years since abortion has been legal." NARAL Pro-Choice Massachusetts organized a rally outside the State House the day after the Webster decision that was attended by more than 5,000 people – and this was before email communication! People were energized and mobilized as never before.

In 1990, NARAL Pro-Choice Massachusetts made an endorsement in the governor’s race for the first time in its history. William Weld, a pro-choice Republican, got the organization’s endorsement and defeated anti-choice Democrat John Silber. Weld credited NARAL Pro-Choice Massachusetts with playing a key role in his victory. From then on, it was conventional wisdom that to win statewide office in the Commonwealth, a candidate must be pro-choice.

NARAL Pro-Choice Massachusetts continued to play a lead role, together with its coalition partners, passing pro-choice legislation, including: passage of the Clinic Access Bill (1993), State Employees Health Insurance Bill (1996), Buffer Zone Bill (2000), Contraceptives Coverage Bill (2002), Emergency Contraception Bill (2003), and the new Buffer Zone Bill (2007).

With all the progress we’ve made in Massachusetts, one would think we were in good shape. Unfortunately, reproductive choice is still threatened. While we can hope that 2008 will bring a president who is committed to women’s health, President Bush has left a legacy through his court appointments that we’ll be contending with for years. And, while there are Democratic majorities in both the House and US Senate, we have a way to go before we have pro-choice majorities in both houses. Once we do, we can pass the Federal Freedom of Choice Act, which would codify the principles of Roe v. Wade into federal law and reverse Bush’s federal abortion ban. NARAL Pro-Choice Massachusetts and its coalition partners must now work hard to ensure that women in Massachusetts continue to have the greatest possible access to reproductive health services – especially for low income women and women of color who are most affected by barriers to reproductive health services.

Melissa Kogut served as Executive Director of NARAL Pro-Choice Massachusetts from 1996-2007.
One We Cannot Afford to Lose

by Senator Harriette L. Chandler

As we reflect on the 35th Anniversary of Roe v. Wade, one can’t help but think of the courageous efforts that led to that remarkable victory for equality and civil rights in our country. As someone who remembers that era very clearly, it took extraordinary bravery and commitment to stand up for choice in those times. We salute those heroines and heroes first and foremost as we observe and celebrate this anniversary. Moreover, we should use their example as inspiration to act as we enter the pivotal election year of 2008.

This anniversary also provides us with the opportunity to reflect upon the gains we have seen since then, particularly here in the Commonwealth. In Massachusetts, for example, we have seen extraordinary progress politically. Due to the tremendous grassroots efforts of pro-choice citizens, we have seen a dramatic shift in the legislature, with both the House and Senate leadership and rank-and-file membership now pro-choice. In this decade alone we have seen victories with the original buffer zone law, the contraceptives coverage law, the emergency contraceptive law, and the new, updated buffer zone law...

Political, grassroots action is what made this change possible.

In this decade alone we have seen victories with the original buffer zone law, the contraceptives coverage law, the emergency contraceptive law, and the new, updated buffer zone law. Passing these bills into law would have been impossible when I first began serving in the Legislature in 1995. Political, grassroots action is what made this change possible.

An important next step here in Massachusetts is to pass legislation that, among other things, would repeal the currently invalid pre-Roe abortion ban that is still on the books. The significance of the repeal legislation, and the upcoming election campaign, could not be clearer as we enter 2008.

As you know, recent appointments to the Supreme Court have made the future of Roe v. Wade more uncertain than ever. The Court’s dangerous and disturbing decision in the Gonzales v. Carhart case last April, combined with the very real prospect that a successor to a current pro-choice justice will be chosen during the next presidential term, makes 2008 an election year of paramount importance. It is not an exaggeration to say that Roe and abortion rights have not been in more jeopardy in our nation for a long, long time. Our next president will likely determine whether or not this threat to freedom succeeds or fails.

As we commemorate the 35th Anniversary of Roe v. Wade, let us look back not only in celebration, but also in appreciation of the bold, daring, fearless leadership of those who secured the victory for choice. Let that example inspire us to act, to stir us all to re-double our efforts in support of reproductive freedom, and in support of those who have pledged to protect it. As the saying goes, elections have consequences. This is one we cannot afford to lose.

Senator Harriette Chandler (D) represents the First Worcester district in the Massachusetts Senate, where she has served since 2001, following six years in the House.
I came to Boston in 1976 to begin a residency in Obstetrics and Gynecology at the Boston Lying-In Hospital. This was three years after the Roe v. Wade decision upheld a woman’s right to choose to have an abortion.

My residency program at the Boston Lying-In Hospital was one of the first in the country to incorporate formal abortion instruction and services into residency training, the decision of Dr. Kenneth J. Ryan, Chief of Staff. As a resident I chose to participate in abortion training, despite an opt-out provision, for several reasons. It was my goal to provide full obstetric and gynecology services after completing my residency. I realized conditions might arise during a pregnancy that could threaten the continuing health of the mother or be associated with a dire obstetrical prognosis. I knew I needed a complete skill-set to provide the safest and best care for each woman. At times, this might entail the need to end a pregnancy with maximal safety. This was an important aspect of training, separate from a decision about whether to provide elective pregnancy terminations in the future. It also seemed to me that a provider of women’s health care should respect each woman’s right to make her own best health choices, especially choices about her reproduction.

Thirty years later I look back on both the training I received and the decision to respect choice with pride. I practiced obstetrics for 22 years and continue to have a private practice in gynecology. I have been medical director of five family planning facilities, including a hospital division of family planning. My commitment to respect choice has been a sustaining journey, throughout which I have constantly re-examined and questioned my own moral compass in an attempt to determine “true north.”

There are certain things I know after thirty years of providing abortion care. One is that no woman plans to have or wants to have an abortion. The second is that there is an infinite range of complex human situations that might cause a woman to decide that ending her pregnancy is in her best health interests. Most often, this has to do with the lack of appropriate resources...be it financial, social, emotional, or physical. Contraception isn’t perfect, nor is the use of it perfect. Pregnancies aren’t always healthy, nor are all women who get pregnant healthy. Some women seeking an abortion are dealing with serious physical or mental health issues or are caring for a sick or disabled spouse or child. Some are choosing to end a pregnancy in which a serious or fatal fetal abnormality has been diagnosed.

Women seriously consider all options and alternatives before ever seeking abortion care. Moreover, the counseling and consent process for obtaining abortion care is one of the most rigorous, balanced and well documented procedures in all of medicine. This process, based on established medical guidelines, is a cornerstone of good medical care. Alternative options are thoroughly discussed, as are all possible complications and the likelihood of their occurrence. Abortion is also one of the safest elective interventions in medicine or surgery, with an associated mortality rate of 0.6 per 100,000 women.

Yet, yearly there are hundreds of legislative initiatives throughout the country to limit choice. These include mandatory discussions with diagrams of embryologic development, information on mandatory paternal support, mandatory information on adoption, enforced waiting periods after counseling before a woman can have an abortion, minor consent laws, spousal consent laws, scripted dialogues, limits on who can provide counseling, mandatory information on “junk science,” non-evidence-based links to breast cancer and post-traumatic stress syndrome, forced viewing of the ultrasound. These initiatives presume that women choosing abortion are making the wrong choice and if they were only beaten over the head with the “wrongness” of their decision they would come to their senses. These laws and the people who support them are fundamentally disrespectful of women, of their intelligence and autonomous rights, all under the guise of “a woman’s right to know.”

My hope is for our society to be less hypocritical, more compassionate, tolerant, and pro-active regarding reproductive health. Reproductive choice is something that has relevance to all of us. It has the capacity to touch all of our lives, regardless of age or gender. 40% of American women have an abortion. Of 6 million pregnancies yearly, 3 million are unintended and almost half as many end in an abortion. Our society promotes sexual stereotyping of women and violence against women in all aspects of the media, but does not embrace sexual health as a part of health. We force pregnant minors to jump through legal hoops to access abortion care, but oppose educating them about healthy and responsible sexual behavior. This may account
for the discrepancy between the abortion rate in the U.S., the highest in the industrialized world, and the abortion rate in the Netherlands, a far more sexually permissive society, which has one of the lowest abortion rates. Barbara Ehrenreich said, “the freedoms that we exercise but do not acknowledge are easily taken away.” I couldn’t say it better if I tried.

**Dr. Lolly Delli-Bovi** has dedicated herself to reproductive health and family planning access since completing her OB-GYN residency in 1980. In 1992, she opened Women’s Health Services, a private family planning service in Chestnut Hill, MA. She has served as the medical director of 5 family planning facilities and of the Family Planning Division at Brigham and Women’s Hospital from 2002 – 2007.
In Good Conscience

by Frances Kissling

It was 1978 when I first joined Catholics for a Free Choice. While I went to Catholic schools, including university, and entered the convent to be a nun in 1961 (and left a scant nine months later), I was never anti-abortion. Abortion was not on the church’s agenda when it was illegal, so no one told me I was supposed to be anti-choice. It only became an issue when states began to legalize it in the late 60’s and early 70’s and it became the single most important political issue for the church when Roe was decided. It was more important than the Vietnam war or civil rights. More important than ending poverty.

I joined Catholics for a Free Choice because as pro-choice as I was, I felt something important was missing from pro-choice discourse and thought. (I had worked in one of the first abortion clinics in NY from 1970 to 1974 and was the founding executive director of the National Abortion Federation. I smuggled vacuum aspirators into Mexico so women could have safe if illegal abortions.) Catholics for a Free Choice was that small group at the margins of the movement where one could look at abortion in moral and ethical terms; it was the space free of the constraints of the near absolutism one had to adopt in the political movement. It was also the gutsiest, most feminist group in the abortion rights movement and one that never lost the sense that abortion was not only a women’s right, it was first and foremost a social justice issue.

I loved the early creative rebellious acts of CFFC: the founder Patricia Fogarty McQuillan crowning herself Pope on the steps of St Patrick’s Cathedral on the first anniversary of Roe – long before women in the church were looking around for bishops in the line of succession to ordain them as lowly priests, or the anti-war Jesuit president of CFFC Joseph O’Rourke traveling to Massachusetts in August 1974 to baptize the infant child of Carol Morreale – in defiance of Boston’s Cardinal Medeiros who believed the woman could not be a good Catholic mother because she was pro-choice. Much later, I had the opportunity of being as rebellious as our founders when along with a dozen other Catholic men and women, I was arrested during the Pope’s September 1987 visit to the US for demonstrating at the Vatican Embassy in DC, singing off key the Holly Near song, “Singing for our Lives,” under a banner that proclaimed “Women’s Rights Are Human Rights.” The most fun of all was defying a UN ban on demonstrations within the UN or near the UN by renting a sail boat and flying the “See Change” flag while sailing up the East River, calling for the UN to revoke the state status of the Holy See. UN staff and colleagues at the UN population and reproductive health meeting waved from office windows in the glass tower, loving every minute of it.

These outrageous acts had behind each of them important messages about sexism in the church, compassion and respect for women as moral agents, and separation of church and state.

All fun aside – and you cannot be a pro-choice Catholic if you don’t have a sense of humor – CFFC has played an incredibly important role in shaping the way in which we think about abortion. The freedom to consider abortion outside of the immediacy of the legislative process, beyond the need to react to bad legislation introduced by those opposed to abortion, has meant that CFFC has at times been able to respond more thoughtfully to the moral concerns that Catholics and non-Catholics alike have about the practice of abortion. The brilliant slogan of the 90’s “Who decides?” has been replaced by an obsessive concern for what is being decided. Catholics who are pro-choice had to deal with that question long before most others. Catholics for a Free Choice will be an invaluable resource, providing, as it has done for so many reasons, answers to tough moral questions that acknowledge the dilemmas inherent in abortion and the moral capacity of women to make those decisions in good conscience.

Frances Kissling began her advocacy for abortion rights in 1970, including 25 years as president of CFFC, 1982-2007. Currently at the Radcliffe Institute for Advanced Study, she is working on a book and articles related to ethics and abortion.
The front page of major newspapers lives vividly in my mind. On January 22, 1973, the 36th president of the United States, the driving force behind the Civil Rights Act and the Great Society, Lyndon Johnson, died. Next to the news of the President’s death were words like these: “Supreme Court Rules Abortions Legal...” To quote the late news anchor Walter Cronkite, January 22, 1973 was indeed, “a day like all days, filled with those events that alter and illuminate our time.”

Few then would have predicted that 35 years later another Supreme Court would threaten to rein in or conceivably reverse the seven to two Roe v. Wade decision of 1973. Nor would most have predicted the issue would play prominently in one national election after another for more than three decades.

What is often overlooked is that the Supreme Court did not rule in a vacuum. More than a dozen states had decriminalized abortion in the years just prior to 1973. Sometimes portrayed as an extremely liberal Supreme Court, the truth lies elsewhere. Detractors of the Roe decision relentlessly portray the decision without context. In fact, the justices were trying to protect individual privacy while simultaneously protecting a physician’s right to practice medicine without interference and they were facing a huge discrepancy between states. For example, citizens of New York State, the District of Columbia, Hawaii and half a dozen other states were able to access safe, legal abortions while the women in most other states were in violation of the law when they sought the very same clinical services. The Court felt compelled to intervene, thus avoiding a double standard of medical care that seemed inequitable and dangerous.

Thirty-five years ago the Court did not mandate abortion. It reversed laws that made it illegal to interfere with physicians who were trying to provide good patient care. And, it ruled that the Constitution’s privacy guarantee made it unconstitutional to deny women access to safe medical termination of a pregnancy.

“Choice” or “pro-choice” is the term regularly used to describe those of us who affirm the Roe decision. Domestically, it is an appropriate description and may be sufficient. However, in the world’s less developed countries, we are not talking about choice; we are talking about life and death. Of the more than 500,000 maternal deaths worldwide, more than 25 percent are associated with unsafe and illegal abortions. More than 100,000 women die each year because abortion is illegal and unsafe where they reside; for them and others who suffer severe medical consequences, the issue is not about “privacy,” nor is it about “choice.” These are powerless women who have little ability to take action as they often are limited by religious or political boundaries where edicts and laws deny them health care. Often these women reside in countries where access to contraception is inconsistently available or nonexistent, and thus are at higher risk for unintended pregnancy.

The 35th anniversary of the Roe v. Wade Supreme Court decision ought to cause Americans to reflect upon how our unresolved debate over abortion has been inflicted upon the developing world. US political shifts have resulted in such convoluted policies as the global gag rule, which among other things withholds US funds for contraceptive and family planning care as a penalty if a physician even refers a patient for abortion or participates in a public forum about abortion. If the point is to reduce abortions, why would the US impose a penalty that actually causes an increased need for abortion?

Those who support Roe should take it upon themselves to become advocates for the world’s most impoverished women.

Those who support Roe should take it upon themselves to become advocates for the world’s most impoverished women. It is not only about the rights of these women to make their own choices but also about the risk of losing their life when abortion is denied. Doing so could help us protect the Roe v. Wade decision in the US, while also defending vulnerable women overseas.

Daniel Pellegrom has been the president of Pathfinder International for the past 23 years. Prior to joining Pathfinder, he was the executive director of two Planned Parenthood affiliates—first, in Memphis, Tennessee from 1971 until 1975 and later in Maryland from 1975 until 1985. The Memphis clinic was the first Planned Parenthood affiliate in the southern US to add abortion services after the Roe v. Wade decision. The Planned Parenthood of Maryland clinic in Annapolis was among the first to be attacked by anti-abortion terrorists when it was bombed in 1984.
Politicians Playing Doctor

by Ellen Goodman

May I remind you what else was happening on the very day in 2003 when Congress passed the Partial-Birth Abortion Ban. In Florida, the Legislature passed a law that gave politicians the power to override Terri Schiavo’s wishes and have her feeding tube reinserted.

Up and down the East Coast, under two Bush administrations -- George and Jeb -- politicians were playing doctor and God and patient, trumping both medical opinion and individual rights.

May I also remind you of the day President Bush signed the Partial-Birth Abortion Ban into law. The photo op had him surrounded by an all-male chorus line of legislators. These men were proudly governing something they never had: a womb.

What a long and wounding debate this has been. The moment this procedure was dubbed “partial-birth abortion,” pro-lifers won the PR war. They took women out of the picture, literally. The line drawings that illustrated congressional hearings often showed a headless woman bearing a perfect, healthy baby of six months’ or more gestation.

Their words not only described a procedure that was indeed gruesome, they portrayed these invisible women as amoral -- women who choose abortion to fit into a prom dress.

When President Clinton vetoed the ban, he surrounded himself with women who had been through pregnancies that came with an awful vocabulary: words such as hydrocephalus and polyhydramnios. Those women and their “prom dates” -- obstetricians and gynecologists -- asked for only one exception to the ban. They wanted an exception for serious health risks.

Indeed in 2000, the Supreme Court struck down a Nebraska law by 5-4 because it didn’t have such a health exception. The court called it an “undue burden” on a woman’s right to abortion. Nevertheless, in 2003, with the boldness of a party that controlled two branches of government and was making a bid for the third, Congress passed the law directly confronting that ruling.

Now women are again among the “disappeared.” On Wednesday, a new Supreme Court upheld the ban, also by 5-4, proving what a difference the turnover in a justice or two can make.

For many years, Sandra Day O’Connor had kept an uneasy peace in the court and maybe the country. She upheld Roe v. Wade while allowing states to regulate abortion as long as they didn’t place an “undue burden” on a woman’s right to decide.

In many ways, the first justice who had ever been pregnant defined which burdens were “undue.” She said it was an undue burden to ban any procedure without a health exception. She said that if there was any disagreement among doctors about safety, it was to be decided in favor of the woman’s health.

But the new court majority has decided something quite different. In an opinion tortured by an attempt to deny what he was doing -- overturning a precedent -- Justice Anthony Kennedy wrote that since only a small minority of women seeking abortions would be affected and since there was another possible procedure, the ban was constitutional.

Writing for the majority, Kennedy said it was fine for the politicians to make medical decisions, fine to eliminate health exceptions, fine to overturn precedent. He even pretended to leave the door ajar for individual suits by women in the midst of a pregnancy crisis. From where? Her hospital bed, or perhaps her gurney?

Let me remind you of something else. When Samuel Alito was a Justice wannabe to replace O’Connor, he reassured lawmakers he’d respect precedent on abortion. When John Roberts talked about his reverence for both precedence and the court, he said he got a “lump in my throat whenever I walked up those marble steps.” That lump in his throat is now a chill up my spine.
As Nancy Northup of the Center for Reproductive Rights said, “It took just a year for this new court to overturn three decades of established law.”

Justice Ruth Bader Ginsburg did more than hint at the loss of O’Connor in her blistering opinion for the now-minority. The court, she noted, is “differently composed” now.

The court’s opinion “tolerates, indeed applauds, federal intervention to ban nationwide a procedure found necessary and proper in certain cases by the American College of Obstetricians and Gynecologists,” Ginsburg wrote. “The court’s defense of it (the ban) cannot be understood as anything other than an effort to chip away at a right declared again and again by this court.”

How many times must it be said that those who support a woman’s right to decide want abortion to be safe, legal and rare? As of today, women whose pregnancies come with alarming words and dangerous diagnoses live in a world that is a little less legal and a lot less safe.

From What the Fetus “Is” to What the Fetus “Does” by Eileen McDonagh

What the fetus “is.” Thirty-five years ago, the Supreme Court established abortion rights in Roe as the right of privacy to be free from government interference when making decisions about one’s reproductive options, as guaranteed by the Due Process Clause of the Fourteenth Amendment. Integral to the Roe decision was the admission in oral argument before the Court by pro-choice lead lawyer, Sarah Weddington, that if an unborn fetus had the same rights as a born child, there would be no right to an abortion. This is because a person’s right to make choices about their own body does not include the right to harm others, much less to kill a human being. Blackmun referred to this premise when writing the Roe decision, thereby connecting the very constitutionality of abortion rights to what the fetus “is.” Although in Roe the Court stipulated that a state may not adopt a theory of life that overrides the right of a woman to choose an abortion, that is exactly what states are doing.

Personhood status of the fetus. In 2006, for example, the Governor of South Dakota signed into law a statute that explicitly joined the legal definition of the fetus as an unborn human being with the same rights as a born human being with the prohibition of abortions. As the South Dakota legislation stated, all abortions are prohibited, except for those necessary to save the life of the mother or to prevent substantial and irreversible impairment of a major bodily function of the pregnant woman. And in the case of these exceptions, the medical personnel must make every reasonable effort to preserve the “life of the unborn child.”

This legislation was not reviewed by the Court because it was overturned by means of a referendum by the voters of South Dakota. However, other states are considering similar legislation, and it is certainly possible that the Court will take on the task of reviewing abortion rights in the context of the legal definition of the fetus as an unborn child with the same rights as a born child. What is more, given the current composition of the Court, there is real reason to worry that the prohibition of abortion could be accomplished without explicitly overturning Roe, since all that need be rejected is the caveat in Roe that restricts a state from choosing a definition of life that overrides women’s abortion rights.

What the fetus “does.” Pregnancy is a condition in a woman’s body resulting from the fetus. More significantly, it is a massive transformation of her body for the extended period of nine months: some hormones increase 1000 times their base level; a new organ grows, the placenta; lung volume decreases by 20%; blood pressure increases 15%; and all metabolic functions increase, to mention a few of the dramatic transformations that occur in a “normal” pregnancy. Even if the fetus is a human being with the same rights as a born person, no born person has the right to intrude on the body or liberty of another person without consent. Hence, the key issue in abortion rights is not merely a woman’s right to choose what to do with her own body, but her right to consent to what the fetus does to her body and liberty when its presence in her body results in her pregnant condition. If a woman does not consent to pregnancy, then from a legal perspective, the fetus is massively harming her. This is because the law defines injury in terms of consent. If a surgeon performs a life-saving operation on a person, for example, without consent, then from the stand-point of the law, that surgeon has seriously harmed the patient.

Consent to sex does not require consent to pregnancy. What is more, consent to sex does not entail consent to the condition of pregnancy. This is because the law does not require a person who consents to an action resulting in a condition to consent to the condition itself. This holds even if one is aware of the probabilities that the condition will occur subsequent to the action. Thus, for example, a person who knowingly consents to sexual intercourse with another person who has AIDS, and then subsequently develops AIDS herself, is in no way obligated to maintain the condition of AIDS in her body, simply by virtue of having knowingly consented to an action – sexual intercourse – from which the condition of HIV was probable.

Duty to care. In addition, although there is a duty to care for a biological offspring, that duty to care does not entail contributing parts of one’s body. Thus, for example, once a child is born, no state in the country requires a biological parent to donate even a pint of blood to a child, even if the life of the child is dependent upon that donation. What is more, if a child attempted to take by force – that is, without consent – that pint of blood from a biological parent, not only would the parent in
question have a right of self defense in relation to the child, but the government would step in to protect the parent from the nonconsensual intrusion of the child. If a born child, therefore, has no right to intrude upon the body of a biological parent, even to save its life, then on what grounds would an unborn child have such a right, even assuming that the fetus is an unborn child?

**The Equal Protection Clause.** The Court has ruled that the Constitution does not require the government to act to protect people from injury resulting from other people. However, once the government does act to protect people from injury resulting from another person, then the Equal Protection Clause requires the government to act to protect similarly situated people from injury. Once the fetus is defined to be a human being, it is legally like a mentally incompetent person who has no consciousness of and no control over what it does. Since the government does protect people from nonconsensual intrusion by mentally incompetent people, the government is then constitutionally required to protect the woman from nonconsensual intrusion of a fetus. The result is not only the right to an abortion, but the right to abortion funding.

**Self-defense guarantees at the state-level.** As we move into the next round of abortion debates in which states follow in the footsteps of South Dakota by defining the fetus to be an unborn child with the same rights as a born child, the self-defense foundation for abortion not only becomes more necessary but even more plausible. This is because it is usual for states that have extremely restrictive abortion rights also to have extremely broad entitlements for the use of deadly force in self-defense. This makes perfect sense if we remember that abortion rights are about a lot more than the simple termination of a pregnancy. Rather, abortion rights are about attributing independence, autonomy, and equality to women, all characteristics that challenge traditional sex role norms.

Traditionally, women are defined by a self-sacrifice norm as mothers who “give” themselves to those in need, including the unborn. By contrast, men are traditionally defined by a self-defense norm as “protectors” who defend their home (castle) inclusive of their wives and children. No surprise, therefore, that states seeking to preserve traditional sex role norms do so by requiring women to be self-sacrificial mothers by prohibiting their right to obtain an abortion and by encouraging men to be self-defense protectors by permitting a wide latitude in the use of deadly force in self-defense.

South Dakota typifies the way a state that seeks to restrict abortion rights also broadly permits the use deadly force in self-defense. It has adopted, for example, “stand your ground” legislation, which states that “Any person is justified in the use of force or violence against another person . . . to prevent or terminate the other person’s trespass on, or other tortuous or criminal interference with real property or personal property . . . A person does not have a duty to retreat if the person is in a place where he or she has a right to be.” What is significant about “stand your ground” legislation is that in order to use deadly force, it is no longer necessary for people to prove that they feared for their safety. Rather, all they must do is prove that a person intruded unlawfully upon their property or even their vehicle.

**Self-defense: The way-out.** In the years ahead, it is likely that the personhood status of the fetus will gain greater legal recognition. However, it is also likely that this will occur in states that provide a wide latitude for the use of deadly force in self-defense. The key, therefore, is to argue that if people (men) have a right to use deadly force to protect their property and bodily integrity from intrusion by a human being, even in the absence of a serious threat to their safety, then surely people (women) have a right to use deadly force to protect their bodily integrity and liberty from intrusion by a human being, born or unborn. What is more, since the government in all states, including South Dakota, assists people in the defense of their property and bodily integrity, the state of South Dakota and all states are obligated to assist people (women) in the protection of their bodies and liberty from nonconsensual intrusion by human beings, born or unborn. This means that the state of South Dakota and other states are obligated not only to permit women to obtain an abortion, but also to provide funding to do so.

_Eileen McDonagh_ is a professor in the Department of Political Science at Northeastern University, and the author of Breaking the Abortion Deadlock: From Choice to Consent.
A Legislator’s Responsibility

by Representative Alice Wolf

It has been 35 years since the United States Supreme Court ruled, in the landmark Roe v. Wade decision, that the relationship between a woman and her doctor is a private affair, not subject to government interference. That decision allowed women to stave off unwanted pregnancies and potentially deadly back alley abortions.

For some years after Roe, it seemed that choice was secure. But, after a time, women’s bodies again became a battlefield, as right-to-life advocates chipped away at the rights gained in Roe and worked to drastically limit access to reproductive and abortion services.

The recent slow but steady erosion of women’s reproductive rights in the United States continues as numerous states are instituting mandatory waiting periods, parental notification laws, and even abortion bans in case Roe is overturned. Recently, Supreme Court decisions have supported this erosion.

There is no evidence to date that abstinence-only education delays teen sexual activity.

In fact, research shows that abstinence-only programs frequently provide inaccurate information regarding contraception and may deter contraceptive use among sexually active teens.

As a member of the Massachusetts State Legislature, I consider it my responsibility to ensure that women across the Commonwealth have access to safe, affordable reproductive services and that young people have adequate information to make healthy choices about their reproductive lives.

That is why I filed H. 597, An Act Providing Health Education in Schools. This legislation would make comprehensive health education part of the core curriculum in Massachusetts public schools. While this curriculum would deal with a wide array of health issues, it does include reproduction and sexuality as an important, distinct part of the curriculum.

A recent study showed that among the Massachusetts high school students surveyed, 45% have engaged in sexual intercourse. This data demonstrates the enormous need for young people to have comprehensive, accurate information so that they do not engage in health-endangering behaviors. There is some data to suggest that teens postpone sexual activity when armed with the appropriate information and tools to make healthy decisions.

As we celebrate the importance of Roe v. Wade, let us not only commemorate this landmark decision, but also continue to devise strategies that assure that all women maintain control of their bodies and their lives.

Representative Alice Wolf (D) represents the people of Cambridge in the Massachusetts House of Representatives.
In 2008, Planned Parenthood League of Massachusetts turns 80 as the Roe v. Wade decision turns 35. If we look at PPLM at 35 years old (1963), married couples still did not have legal access to contraception, and all states still had abortion bans in effect, many dating from the early 1800’s. We have made big strides at PPLM since we were 35, but not without struggles, detours, many significant accomplishments, and yes, tragedy. I believe Roe will share a similar aging process, but the legal status of abortion, be it Roe or something else, will not change the underlying equation that women always have and always will demand control of their reproductive lives.

As we’ve been preparing for our 80th anniversary, I have marveled at the constellation of forward thinking, determined women and men I have come to admire from PPLM’s archives at the Sophia Smith Collection at Smith College. I’ve channeled my own grandmother, who was the youngest of 12 children born into a coal mining family in Lone End, Scotland. Her own mother died in childbirth with her from too many children and too little birth spacing and she was determined to manage her life differently. My earliest recollections of her were her admonition to me and my sisters “to always have your own wee pocket of change.” Roe did this for women – it allowed us to pursue educational and employment opportunities and choices that were unthinkable for someone in my grandmother’s circumstances, just two generations earlier.

We will not turn back on this. I am optimistic about Roe, not necessarily from a legal standpoint, but from seeing the next generation of women and men who will carry on what so many exceptional people are doing today, and what our mothers and grandmothers did before us. I am delighted and grateful to see second and third generation family members involved with PPLM and sister organizations. Sometimes I think these convictions almost seem to be genetically inherited.

When I joined PPLM as its CEO, my mother sat on the Board of Directors of Planned Parenthood Santa Barbara so I, too, have family history. I took the PPLM position because I liked managing health care businesses. I liked the idea of prioritizing prevention and education programs so we can be part of public health solutions. I like to effect social change and was sure we could do so with the right public policy, legislative and regulatory agenda. But what I have learned I most enjoy are the people. I just respect the people involved in this issue because I have found them to have backbones just a little stronger than usual for the work they all do – as employees, Board members, volunteers, advocates, donors or supporters. They are what makes the difference.

So what do we all have to do as Roe turns 35? We have to make sexual health matter and normalize it as an essential expectation of every person’s total well being. We can change the conversation. We can help families help their children to be safe, make good decisions, and be healthy. We can make sure that when our successors look at us in the archives in 2053, when they are celebrating Roe’s 80th, that we did everything we could to preserve and expand access to abortion. That we did everything we could to preserve the right to make personal, private decisions. That we simply did everything we could.

Dianne Luby has been President/CEO of the Planned Parenthood League of Massachusetts since 1999.
Coming of Age in Pursuit of Reproductive Justice by Jamie Sabino

On the 35th anniversary of Roe v. Wade many people will be talking about reproductive choice. I would like to talk a little bit about my path to a broader concept: reproductive justice.

In 1973, when the decision in Roe v. Wade was handed down by the Supreme Court, I was in college. I never even noticed. I never even thought about the issue. I was active in many political issues, but this was not on my radar screen.

In 1975, I graduated from college and went to law school. I am sure that Roe v. Wade was taught or at least mentioned in my constitutional law class. I never even noticed. I never thought about the issue. I was passionate about many constitutional rights, such as free speech and the right to counsel, but this right was not on my radar screen.

In 1978, I went into practice as an attorney. I know that there were issues about reproductive rights and choice in the state legislature and courts. I never even noticed. I never thought about the issue. I was active in many legal causes, particularly issues about access to justice for the poor, but the right to terminate a pregnancy was not on my radar screen.

At that time I would have been a perfect candidate for the Supreme Court – I had never really thought about the constitutional right to terminate a pregnancy.

But that all changed in 1981. That year there was a call from the Women's Bar Association of Massachusetts and the National Lawyers Guild for lawyers to represent minors in judicial by-pass proceedings. Massachusetts was about to implement a law that required minors who wished to terminate a pregnancy to have either parental consent or to initiate a proceeding in the Superior Court for judicial authorization for an abortion. A young woman would be allowed such authorization if she was mature enough to make the decision on her own or if an abortion would be in her best interest. Seeing this as an access to justice issue, people needing legal representation to pursue their rights in a court of law, I attended a training. Being an organizer at heart, I joined a steering committee set up to create and organize a panel of trained attorneys to accept appointments in these cases.

By the time I had represented a number of minors and talked to lawyers about many more, a couple of things became clear. First was that while most teenagers are able to go to their parents in this difficult time, many, for a myriad of reasons, cannot. We do not all live in perfect families. It seems unfair to punish those who do not by forcing them into the delay and trauma caused by having to initiate a legal process. The second realization was about the importance to these young women of the right to terminate a pregnancy. These are young women with goals and dreams and plans. They have assessed their ability to achieve all of their goals, including being a good parent, in making their decisions. It was only a short step to realizing two crucial facts that were later stated so eloquently by the Supreme Court in Planned Parenthood of Southeastern PA v. Casey (1992). The first is that “[t]he destiny of [a] woman must be shaped to a large extent on her own conception of her spiritual imperatives and her place in society.” The second is that “[t]he ability of women to participate equally in the economic and social life of the Nation has been facilitated by their ability to control their reproductive lives.” Thus reproductive rights became a major focus of my work and volunteer time.

But at the same time I was discovering something else. While I was representing teens in court for judicial authorization for an abortion, I was also representing poor pregnant and parenting teens and young mothers struggling to keep and raise their children. These young women also have dreams and goals and plans and want to be good parents. They are faced, however, with a lack of resources including decent housing, education, job skills, parenting skills, and medical care. Intervention and assistance offered by social welfare agencies, all trying to do their best, is often hampered by the same lack of resources at a statewide level. A dearth of foster homes or other supportive living situations that can take a teen and her child, inpatient substance abuse treatment facilities where a mother can remain with her children, decent paying jobs with decent affordable child care, leave many young mothers unable to raise their children as well as they would like – or at all. These and other resources must be developed and appropriately funded to truly allow women and families the right to parent.
Thus reproductive choice is no longer the sum of what I hope for and work for. Reproductive justice is what we need. Reproductive justice will allow women the choice to terminate a pregnancy, but also the choice to parent with the access to the resources they desire to be a good parent. In short, reproductive justice is needed to create a just world in which all families can shape their own destiny.

*Jamie Sabino* is co-chair of the Women’s Bar Association Judicial Consent for Minors Lawyers Panel, which arranges for lawyers to accompany minors seeking a judicial by-pass of parental consent for an abortion, and a past Board member at Planned Parenthood League of Massachusetts.
As we mark the 35th anniversary of the landmark decision on Roe v. Wade, we realize a generation has not known the restrictions on choice that existed before January 22, 1973.

I became involved in the controversy as a member of the Board of Directors of the Crittenton Hastings House in the late sixties. The Crittenton had provided comprehensive housing, medical, social and educational services to pregnant young women and girls since very early in the 1900’s. Initially, most of the women were in their early twenties. They were frequently estranged from their families because of the pregnancy, seeking shelter, a place to learn a skill that would support them and their baby, or placing the baby up for adoption in order that they could resume their life as best they could.

By the early 1970’s the age of the women seeking services was more often in the mid-teens. Most of them were planning on keeping their babies and needed secondary educational services as well as other services. The Board was alarmed at the number of college age women that were traveling to New York, where abortion was legalized. They were traveling by bus, procedure done, back the same day, and were not having any follow-up services. They were in danger of great health risks. Crittenton had always had a Maternity Hospital license: when it was built it was considered the “latest in maternity hospitals”.

To meet these concerns, in the early 70’s the Board sought permission from the Massachusetts Department of Public Health to provide early termination services in its facility. Drs. Sumer Sturgis and Archie Abrams, both prominent OB/GYN physicians in the Boston area, aided the Crittenton in this pursuit. Board members knew that women of affluence had always been able to obtain these services by obtaining the signatures of three physicians stating that the procedure was necessary for the health of the woman, or the woman could afford to go out of country for the procedure. The Board felt that it was most important that all women be able to obtain a safe, legal procedure in a non-judgmental, supportive, safe environment: that true choice should be available no matter what the decision of the woman might be.

After a number of hearings before the Mass. Dept. of Public Health, no decisions were forthcoming. When the Roe v. Wade decision was made public, Crittenton was granted the first abortion clinic license in the state of Massachusetts.

My own feeling about abortion evolved over the years. Growing up in a small town in mid-America, where abortion was spoken of only in whispers; through my years at a large mid-western University just after World War II, where many of the male students were returning GI’s with raging hormones, mixing with girls just out of high school; viewing the sexual revolution of the 60’s and 70’s; being involved in the YWCA on an international level; and observing the dilemma that many young women and girls found themselves in, terminating under unsafe conditions or sometimes entering an incompatible marriage; or carrying the pregnancy to term, only then having to deal with the wrenching experience of giving up the baby for adoption; or abused women who were finally getting themselves together, supporting their children, only to find they were again pregnant and would have to depend upon their abuser – all these personal observations solidified my feeling that it is a woman’s right to choose – based upon her own situation at the time, her own values, religious or otherwise. She should have non-judgmental support, and safe services, regardless of her decision.

Later, I was a pro-choice Massachusetts state legislator for sixteen years.

I firmly believe that we must not let the freedom of choice be taken away. A woman must have the right to choose what is most appropriate for her at that point in her life. In my observation, the decision is never taken lightly by the woman involved.

Carol Cleven (R) is the former state representative from the 16th Middlesex district representing the citizens of Chelmsford. She is also a former Board member and Executive Director of the Crittenton Hastings House.
In Praise of the Man and Woman on the Street

by Kim and Nancy Faulkner

When the Supreme Court in its wisdom finally bestowed on women the lawful right to make personal medical choices about childbearing and abortion, the Planned Parenthood League of Massachusetts was operating solely as an education and referral agency. With the new law, Planned Parenthood initially worked to help other groups establish clinics to offer medical services in the Commonwealth. Before Roe v. Wade, women with private doctors and the financial wherewithal had been able to terminate problematic pregnancies in Massachusetts. Now, women from all walks of life were given the opportunity to make choices and consider safe and legal alternatives to childbearing.

After some years, PPLM set up its own first clinic in Worcester, and in 1987 established a full-service clinic on Beacon Street in Brookline. Not unexpectedly, protestors began to appear from Operation Rescue and other groups. In 1989, the first year that we recorded our own participation as escorts, supportive volunteers from Planned Parenthood and other pro-choice groups gathered to protest the protestors, all of which often resulted in raucous confrontations, even arrests. The noisy scenes were alarming to clinic patients and personnel alike. At that time, we volunteers armed ourselves with pro-choice signs stuck onto old tennis racquets. We felt free to argue with the protestors about their outrageous statements and their bullying tactics. Gradually, with leadership by an avid Planned Parenthood board member and volunteer, we were organized to steer patients safely past the men and women who yelled and insistently shoved pamphlets in their faces.

Since those early days, Planned Parenthood has maintained a lively corps of about 40 volunteer escorts who each sign up for a Saturday morning shift once a month. We don cobalt-blue pinnies that read “Planned Parenthood Escort” and make sure that patients can walk into the clinic despite the barrage of abusive shouting that continues from the “antis.” We have evolved into a non-confrontational, watchful group, silently monitoring the situation (having put aside feistiness and expression of outrage – while on duty, at any rate). We have all agreed to honor Planned Parenthood’s policy not to engage in discussion or rebuttal with the protestors, some of whom (especially before the new 35-foot buffer zone law took effect) often stood literally nose-to-nose to admonish us individually for our “evil work.”

Who would volunteer for this “evil work?” Many wonderful college undergraduates, men and women alike. Young lawyers, astrophysicists, musicians, publishers, former teachers, young people, and a couple of us septuagenarians. Many hundreds of Planned Parenthood volunteers have at one time or another escorted since those early and subsequently infamous days on Beacon Street. We know that perhaps only five percent of the patients truly need our help in entering the clinic on Commonwealth Avenue. Being shouted at and pounced upon by one or several loud people who look mean and violent, even rabid, surely can be intimidating. Our mandate remains the same: to provide a calm and kind welcome for patients and also to keep a check on the behavior of the protestors who never stop trying to misinform and intimidate.

Our small efforts as escorts, repeated weekend after weekend for almost twenty years, have helped make the opportunities provided by Roe v. Wade a reality for many individual women and families. To mark the 35th anniversary, we tip our hats to each and every one of Planned Parenthood’s volunteer escorts, an unheralded, stalwart group. Enduring those icy January winds at 7:30 a.m. on Commonwealth Avenue or standing resolutely in a late-morning August blaze of heat and glare in order to protect the reproductive rights of women, you have truly made all the difference in thousands of lives.

The first of Kim Faulkner’s many volunteer jobs in the realm of family planning began in 1941 when he was 11 and corralled by his family to stuff envelopes and lick stamps for Planned Parenthood’s unsuccessful referendum to repeal the Massachusetts laws forbidding birth control. In 1961, Nancy Faulkner began her volunteer work for Planned Parenthood by telephoning new parents listed in their town’s weekly newspaper and offering referral to a physician who would provide confidential doctor/patient information and material for birth control, then still illegal in the Commonwealth!
A Short Memoir of Massachusetts Abortion Litigation

by John H. Henn

Litigation has played an important role in the history of abortion rights in Massachusetts. While this litigation was, of course, conducted subsequent to the U.S. Supreme Court’s Roe v. Wade decision in 1973, its background history (and mine) go back further. A key precedent for Roe was the Supreme Court’s 1971 decision striking down a Massachusetts statute prohibiting the sale of contraceptives to unmarried persons. In 1969, the Massachusetts Supreme Judicial Court (“SJC”) had upheld that statute in a 4-3 decision. I was the law clerk for the judge who wrote the dissenting opinion, and worked on drafting it.

In 1974, the first abortion rights case came to Massachusetts: a husband (separated from his wife but not divorced) had just obtained a state court injunction to restrain his wife from having an abortion, which she had chosen to do. That seemed like an odd injunction even then (how would you enforce it? imprisonment?), and it was appealed to the Massachusetts Supreme Judicial Court. Since I was supposed to know something about injunction law, I was asked to work on the brief. Happily, not more than a year after Roe, our SJC reversed that injunction as contrary to the right of choice that resided in a woman. If the government could not veto a woman’s right to choose, then it could not create a third party veto.

In response to Roe, Massachusetts in 1974 passed an abortion regulation statute, one feature of which was the then novel idea of creating a kind of third party veto with respect to unmarried pregnant minors: namely a requirement that the minor obtain either her parents’ consent (both parents), or a judge’s consent. This issue – parental/judicial consent to minor’s abortion – would ultimately occupy my attention for the next twenty years.

The initial version of the statute was challenged by long-time birth control advocate Bill Baird, who interestingly enough was also a key figure in the contraception decision. That challenge was going awry when I was asked to become involved on behalf of an intervenor to be found: the search was brief, and Planned Parenthood intervened in the case. After some years of litigation, the case reached the Supreme Court, and in Bellotti v. Baird that initial parental/judicial consent statute was overturned. Unfortunately, the court also provided a kind of blueprint for a parental/judicial consent statute that would likely avoid the defects of Massachusetts’ first effort.

Thus, in 1981, Massachusetts passed a new statute following the Supreme Court’s guidance. That same year, our SJC held, in a case called Moe v. Secretary involving state Medicaid funding of abortion for Medicaid-eligible woman, that in some respects the Massachusetts constitution protected a woman’s right to choose more expansively than the Federal constitution, and that the Massachusetts constitution did not permit discrimination in Medicaid funding between pregnancy/child-birth services and abortion services. Unfortunately, soon thereafter, key members of the SJC majority in the 1981 case retired or died, and were replaced by appointees of former Governor Edward J. King, a vehement opponent of abortion rights.

Planned Parenthood then sued in Federal court, challenging not only the consent law, but two other provisions of the same statute: a 24 hour waiting period requirement for all women, and a requirement that the physician who would perform the abortion provide each woman with certain anti-abortion literature. We were successful in striking down the latter two requirements with a preliminary injunction, and those protections continue to this day due to a final consent decree agreed upon with the state attorney general. We did not obtain a preliminary injunction against the parental/judicial consent statute. Simultaneously, we sued in state court and also failed to get a preliminary injunction, but did obtain agreement on a set of procedures for the judicial consent hearings. Over the following decades these procedures have proven to make somewhat more manageable an inherently difficult situation for a minor (going to court and asking a judge for permission to obtain an abortion).

Fifteen years of litigation ensued – at a slow pace. The federal court prospects grew increasingly problematic, but Governor King was not reelected; the SJC slowly changed composition, and finally we prevailed in the SJC in part when that court, relying on the Massachusetts constitution, struck down the requirement of obtaining both parents consent (a requirement that had been held by the Supreme Court not to violate the Federal constitution).

In the meantime, I represented Planned Parenthood in a number of other cases (the organization had become an invariable key party in abortion-related litigation). We successfully challenged the misleading ads of an anti-abortion “phony clinic” in PPFA v. Problem Pregnancy of Worcester, Inc., and in the late eighties we won a lengthy legal battle to obtain permanent court injunctive relief to stop the clinic blockades and trespassing of “Operation Rescue.”
Since the Operation Rescue case, the choice community has been increasingly successful in passing legislation to protect the privacy and safety of patients and staff, most importantly with clinic buffer zone legislation, and in one key town where many physicians reside (Brookline), with a local by-law barring targeted residential picketing. This is a remarkable change from the pre-Roe environment in 1969, when a ban on selling contraceptives to unmarried persons in Massachusetts was upheld as constitutional by the Massachusetts SJC. These have been “interesting times,” and, however the relevant Chinese saying may be interpreted, I am happy to have lived through them.

*John Henn* has represented PPLM in all of its abortions rights litigation and related efforts since 1973.
In April of 1973 my husband left me, pleading that he had fallen in love with our upstairs tenant and wanted to spend his life with her. I was four months pregnant. Roe v. Wade had been decided three months earlier.

My obstetrician sent me to see a social worker to help me sort out my feelings and make my plans. She began every one of her questions or suggestions with, “if you want an abortion…”, until I finally shouted at her, “I DON’T want an abortion. “Well,” she observed, “That solves that problem.”

I had wanted this baby fiercely for some time, and my husband’s defection did nothing to diminish my desire. But that conversation with the social worker, and the knowledge that an abortion would have been legally available had I felt unable to proceed with the pregnancy, added depth and resonance to my desire. This was a most wanted child. I had the choice, and I chose to have a baby. My daughter told me recently, in a discussion about her father – who has never figured into her life except as an absence, a question mark – “Mom, when I was a kid and used to ask about my father, you always said, ‘You were a very wanted baby.’” So that knowledge has been central to her sense of herself.

At another point, a few years later, I did have an abortion. I was a single mother, working and pursuing a path to ordination in the Episcopal Church. The potential father was not someone I would have married; he would have been no better a candidate for fatherhood than my daughter’s absent father. The timing was wrong, the man was wrong, and I easily, though not happily, made the decision to terminate the pregnancy.

I have not the slightest regret about either of these decisions, nor the slightest guilt. I felt sorrow and loss at the time of my abortion, but less so than when I’d miscarried some years earlier. Both of my choices, I believe, were right for me and my circumstances: morally correct in their context, practical, and fruitful in their outcomes.

That is, both choices were choices for life: in the first instance, I chose for the life of the unborn child; in the second, I chose for my own vocational life, my economic stability, and my mental and emotional health and wholeness.

Shortly after my ordination to the priesthood, I was asked to speak at the National Abortion Federation’s annual meeting, on a Clergy Panel, with the theme of “Abortion as a Moral Choice.” I wondered skeptically who would attend such a panel, but to my surprise, the room was packed with people – abortion providers and other clinic workers. Our audience was so eager and grateful to hear their work affirmed, to hear religious authorities assuring them that God was on their side! I understood that I had a responsibility, indeed, a call, as a pro-choice religious professional, to speak out and to advocate publicly for women’s reproductive rights and health, and I have tried to be faithful to that call.

To talk theologically about women’s right to choose is to talk about justice, equality, health and wholeness, and respect for the full humanity and autonomy of every woman. Typically, as moral theologians, we discuss the value of potential life (the fetus) as against the value of lived life – the mature and relational life of a woman deciding her capacity to continue or terminate a pregnancy. And we believe that, in general, the value of that actual life outweighs the value of the potential.

I like to talk, as well, in terms of gift and of calling. I believe that all life is a gift – not only potential life, but life developing and ripening with its many challenges, complications, joys and sorrows. When we face difficult reproductive choices we balance many gifts, many goods, and to fail to recognize the gifts of our accomplished lives is to fail to recognize God’s ongoing blessing. I believe as well that God calls us all to particular vocations, and our decisions about whether and when to bear children are part of that larger pattern of our lives’ sacred meanings.

Rev. Anne Fowler is an outspoken champion of social justice. She chairs the Religious Coalition for Reproductive Choice and serves on the Board of Directors of NARAL Pro-Choice Massachusetts.
Is Roe Alive? When asked to write about Roe on the occasion of its thirty-fifth anniversary, my inclination was to decline. After all, one of the reasons I retired from the Planned Parenthood League of Massachusetts after twenty-five years at the helm was that I had virtually nothing left to say about Roe!

For twenty-five years I had written repeatedly about Roe’s transformational role in the lives of women—the staggeringly impressive health benefits; the relief from overwhelming anxiety about back-alley abortions; the sexual revolution that it, combined with the birth control pill, created in women’s lives; and the professional, economic, and social frontiers that were opened as women gained fundamental control over childbearing.

During this quarter century, as women reaped the benefits of the US Supreme Court’s historic decision, we witnessed the steady and irreparable demise of this landmark opinion. In the April 2007 Gonzales v. Carhart decision, the Supreme Court signaled that it will further dismantle the reproductive privacy rights originally established in 1965 in its groundbreaking Griswold contraceptive decision.

George Bush’s nominations of Chief Justice Roberts and Associate Justice Alito put Roe on the road to an eventual collapse of federal constitutional protections for abortion rights. Some states, including Massachusetts, will have the political will to protect these rights through state constitutional interpretations and legislative mandates.

Although I have much to say about what comes next, I have nothing new to say about Roe. Roe was revolutionary. Roe was necessary. Roe changed women’s lives. Roe was at the core of my personal beliefs and professional life. It was a bellwether for my political convictions and actions. It was central to my sense of independence and hope for the next generations of women. No longer! Roe is history; it is yesterday’s achievement. My generation, try as it might, failed to make Roe permanent.

Lest I be misinterpreted, the pro-choice movement will advocate and litigate using the principles of Roe until the cows come home. But we must acknowledge that the cows are coming home.

What next? Just as the Federal judiciary is retreating from Roe, international human rights courts are defining reproductive rights as human rights—delineating their centrality to life, health, equality, dignity, and bodily integrity. The affirmation of reproductive rights and access to reproductive health care as God given and emanating from one’s personhood is beginning to be affirmed in unlikely and previously unimaginable places. Though not yet a reality for hundreds of thousands of women, it is a beacon of progressive thinking and hope for humanity.

Many national and international organizations are committing resources to transforming the debate about abortion rights into a mandate that reproductive health be defined as an international human right. For example, the Center for Reproductive Rights is launching an initiative to change the way reproductive rights are taught in law schools throughout the US. Other initiatives are being undertaken to change from hopelessly misguided and immoral Bush administration policies, which negatively impact women’s reproductive rights and sexual health, to new policies which will affirm and support women’s lives and health.

Before the 2008 Iowa caucuses, I felt angry and depressed while watching the things I gave my life to broken. After the Iowa caucuses, I experienced new hope. The Presidential candidates doubled the participation in the Democratic caucuses and recruited thousands of new voters to support pro-choice candidates. In the Republican caucuses, Mike Huckabee—who is no better on the issue of a woman’s right to determine her own destiny, but who is more genuinely straight forward and honest about his convictions—soundly defeated Mitt Romney, who is notorious for flip-flopping on abortion. Perhaps you will conclude that this is not much upon which to base hope. But for me it feels like a welcome and lifesaving sea change.

Nicki Nichols Gamble is past President and CEO of the Planned Parenthood League of Massachusetts. She has chaired the boards of three prominent reproductive health and rights organizations.
A Troubling Silence

I must start out with a confession. From the late 1980s into the 1990s, I slept with a beeper on weekends. Others I know slept with lists of names. And yet others barely slept at all, awaking at 4 am to drive from one reproductive health clinic to another making sure that the radical right wing group “Operation Rescue” could not blockade the entrances.

When Operation Rescue was spotted, we sprang into action. NOW’s “phone tree” list (these were days long before internet organizing, blackberries and cell phones) of 4,000 names could be triggered by one call. Women and men – often well over a thousand – gave up precious early hours Saturday after Saturday to make sure clinics stayed open and women entering them knew they had support.

In those days, the battle for physical access to abortion services was vivid and pitched. These were tough but powerful times. Through our organizing, we were fortunate to find a community energized to make a difference, to do the right thing. It was the same community that worked inside the clinics, keeping them as safe as possible. It was the same community that filled well over a hundred buses, as well as charted planes and trains to get down to Washington, D. C. to participate in two NOW-sponsored national abortion rights demonstrations in 1989. And it was the same community that responded on the very day of the Supreme Court’s Webster decision by filling Boston’s Government Center. On that day, and on many others during the late 1980s and early 1990s, thousands of professionals, blue and pink collar workers, students and stay-at-home parents and grandparents responded to phone calls and leaflets, joining together to let our government know that we were committed to assuring that women have reproductive choice.

When we gathered, we did not ask politely for some access for some women to some services. Rather, we talked about the need for public funding for abortion services, for real access for young women and women in rural areas. We hoped to increase choice – not merely defend formalities.

But defend we did. And, in 1992, when the Supreme Court issued its decision in Planned Parenthood v. Casey, it seemed as though even the Court had taken note. In that case, the Court observed that denying the importance of abortion rights “would be simply to refuse to face the fact that for two decades of economic and social developments, people have organized intimate relationships and made choices that define their views of themselves and their places in society, in reliance on the availability of abortion in the event that contraception should fail. The ability of women to participate equally in the economic and social life of the Nation has been facilitated by their ability to control their reproductive lives.” The Court seemed to have heard us – but it went on to declare a standard for permissible regulation of abortion that would render it inaccessible to many. That decision confused our organizing – and emboldened our adversaries.

In the aftermath of Casey, the radical right has stepped up its attacks in more insidious ways, continuing to go after the right to abortion procedure by procedure, group by group. While reproductive rights activists have responded forcefully to devastating clinic violence, as a movement we have been backed into ideological corners.

Too often, we have sounded apologetic in asking to protect abortion. Yes, we agree that it should be rare. Yes, we say, it is unfortunate. But the reality is quite different: for women in need of abortion services, that medical care solves the heart-wrenching problem of an unintended or untenable pregnancy. It allows women basic control over our lives, the creation of our families and our futures. We must remember that civil rights have never been secured through apology and this is no different.

There is something else we must remember: personal stories change hearts and minds, and they make a real difference. We have stopped telling the stories – and we have allowed abortion to be defined not by us but by our adversaries.

I am troubled by our collective silence. Just think of what happened this year. The Supreme Court dealt a terrible blow to abortion rights. And, in this era of insta-organizing and blast communications, there was a remarkable quiet. No groundswell of protest in Boston’s Government Center. No announcement of a massive national demonstration. Nothing much.

It may be that people are wearied of the abortion fight, that there are many other issues commanding our collective attention or that we just organize differently these days. Or it may be that we are losing this battle for having ceded the terms of the
debate and for having not used modern tools to do what we know we must: tell our stories and remind people, in the real detail of women’s lives, why we, and our families, deserve no less than full reproductive choice.

*Ellen Zucker* was a leader in the National Organization for Women, serving as President of NOW’s Greater Boston chapter from 1990 – 1994 and on NOW’s national Board of Directors from 1994 – 1998. Ellen is an attorney and partner at the law firm of Burns & Levinson LLP in Boston. She also serves on the faculty of Suffolk Law School.
Despite abortion being the most debated, and contentious, issue in American politics, polling indicates that American public opinion on the issue hasn’t changed one iota in the aftermath of the Roe decision 35 years ago. The Gallup Poll of May 2007 is virtually identical to the Gallup Poll of January 1975: 26% of the American people support unrestricted abortion rights, 18% believe all abortion should be illegal, and 55% lie somewhere in the middle—they believe that abortion should be legal under certain, limited circumstances. Someone once said that the average member of this 55% group believes that abortion should be legal “for rape, for incest and for them.”

So, what do we do? Continue the same 35-year-old arguments? I think we should try something new.

The issue, I believe, that keeps many in the 55% group from supporting choice, and voting for choice, is one of morality and shame. Polls indicate that well over half the American people believe abortion immoral, and many of those who have had one are ashamed of the fact. The same used to be true of birth control. In 1915 when my grandmother, Margaret Sanger, was under indictment for violating the Comstock laws, friends sponsored a dinner to raise funds for her legal defense. In the audience were a hundred or more fairly well-off women, all of whom presumably had private doctors and used, or had used, birth control. Members of the audience were asked to raise their hands if they ever had. Only three women raised their hands. My grandmother’s 50 year crusade for birth control made it possible for women to raise their hands and not be ashamed. This is what we have failed to do with abortion.

I believe that we are going to preserve Roe and the legality of abortion only if we convince the 55% in the middle that the choice to have an abortion is, or can be, moral, and not just for them but for other women as well. To accomplish this, we have to pose and answer the fundamental question — why should we have reproductive freedom in the first place?

From a human biological standpoint, we have reproductive freedom because it, including abortion, allows for successful birth, reproduction and family formation. Women who make the decision to have sex or not, use contraception or not, or have an abortion or not are taking control of their biology. We are biological creatures, and most of us reproduce, and we do so better, safer, and more successfully when we take control of the process. In many ways it is a misnomer to say that doing this is a “reproductive right.” It is simply, and profoundly, human. To the extent that the pro-choice movement is trying to advance “reproductive rights,” I propose that we argue for reproductive “rights” in the context of human “reproduction.” If we can do this, then I believe that we will be talking in terms that every person can relate to, even those who call themselves “pro-life.”

Life does not exist without successful reproduction. I suggest we throw out the 35 year old irreconcilable conflict between life and choice. We can embrace life as the ultimate value, but on our terms, and define life to include its creation, its propagation, its nurturance and its survival.

But can’t we do this without abortion, without Roe, abortion opponents ask? The short answer is, No.

Abortion, like birth control and sexual abstinence, are tools for survival. Women who take control over their reproduction and plan, space and limit their children, will be healthier and live longer, as will their offspring, who will in turn have a better chance of reaching adulthood and in turn reproducing. Life circumstances can deteriorate after a woman becomes pregnant, and it may not be in her reproductive interest to give birth at that time and under those circumstances. She may have to save her energies for the children she already has or for those she will have in the future. Laws criminalizing abortion, which force childbirth at the wrong time and under the wrong circumstances in the name of human life, in fact hurt human life. Humans will make better choices about childbearing, whether made consciously or unconsciously, than governments ever will.

When we position ourselves as being truly pro-life and explain how reproductive freedom enhances the creation, propagation and nurturance of life, then I believe the American people will understand that being biologically pro-life compels one to be politically pro-choice.

**Alexander Sanger**, the grandson of Margaret Sanger, is the Chair of the International Planned Parenthood Council and the author of Beyond Choice: Reproductive Freedom in the 21st Century.
From Choice to Justice

by Marlene Gerber Fried

My history in abortion advocacy has been shaped by its beginnings. I entered the movement in 1977, as the backlash to Roe was gathering steam. It was the year Congress passed the Hyde Amendment, prohibiting federal Medicaid funding for abortion and effectively undermining the promise of Roe for poor women. I therefore approach this anniversary of legalized abortion with mixed feelings. I celebrate the fact that over the past 35 years, millions of women have gotten the abortions they need, without risk to their lives and health. But I am also angry because millions of other women have not. Roe left a gap between legality and access which opponents turned into a chasm, filled with legal restrictions, unnecessary and burdensome regulations and continued threats and violent attacks on clinics and providers. Thirty-five years after Roe, abortion is legal, but restricted, stigmatized and continually under attack, with women who are already vulnerable because of poverty, racism, and criminalization bearing the brunt.

My politics have also been shaped by the race and class dynamics within the abortion rights movement itself, with Hyde crystallizing those dynamics. Ignoring the fact that access to abortion was a central concern for women of color and all poor women, the pro-choice movement failed to make the restoration of public funding a priority. In contrast, women of color insisted that the needs of the most marginalized women be at the center of the struggle. They developed a broad and inclusive vision of reproductive freedom which has consistently inspired me.

Why We Need A New Approach

The mainstream abortion rights movement took “choice” as the dominant framing for its advocacy in the post-Roe period, and its focus was almost solely on defending safe and legal abortion. Among advocates, this has been a source of division and frustration for decades. Women of color and their allies argue that “choice” and a narrow abortion-only agenda does not reflect the diversity of women’s reproductive experiences or the range of issues which comprise reproductive freedom.

Underlying this critique is the understanding that women’s reproductive lives are, in large part, determined by their race and class. For example, women of color have faced population control policies aimed at preventing them from reproducing. Resisting efforts such as coercive sterilization which undermine their ability to have children has been central to their struggle for reproductive freedom. Access to safe, affordable abortion is only one side of the reproductive rights equation. Full reproductive freedom is the right of a woman to determine for herself if, when, and under what circumstances she will have a child. As the Hyde Amendment powerfully demonstrated, the ability to make reproductive choices rests on economic privilege. Given vast inequalities, individual decisions cannot be implemented without social supports such as housing, health care, and welfare benefits, all of which have been eroded by the Right. “Choice” does not resonate with women who must struggle to meet their basic survival needs. For these women, all too often, both motherhood and abortion are out of reach.

Creating a Reproductive Justice Movement

Today, advocates from diverse political perspectives agree that the “choice” approach is not a winning strategy and should be abandoned. However, there is no agreement on what should replace it. Women of color and their allies are building a reproductive justice movement which advocates for the multiple and intersecting needs of women in their communities. Unlike some of the other new framings, a reproductive justice politics does not see abortion as the center of reproductive freedom. At the same time, it doesn’t put abortion on the back burner, see it as too controversial, or abandon it as morally problematic. Rather, reproductive justice places abortion where it belongs – as part of women’s lives, human rights and social justice. I believe that the reproductive justice approach offers the best possibility for restoring what has been lost, meeting new attacks such as abortion bans and claims that abortion is bad for women, and gaining the full array of reproductive freedoms we never had. It is the most dynamic and inclusive vision for moving us forward.

Marlene Gerber Fried is a Professor at Hampshire College and Director of the Civil Liberties and Public Policy Program. She was founding president and serves on the board of the National Network of Abortion Funds.

For more on Reproductive Justice, Fried recommends the work of other contributors to the movement, including SisterSong (www.sistersong.net), Asian Communities for Reproductive Justice (www.reproductivejustice.org), and www.emerj.org.
Risking Women’s Health

by Kenneth C. Edelin MD

Thirty-two years ago a Suffolk County jury in Massachusetts found me guilty of manslaughter in the death of a fetus during the performance of a legal second-trimester abortion.

In that particular case, the abortion was carried out by hysterecmy, a major surgical procedure often described as a mini-caesarean section, after multiple attempts at saline infusion had failed. Both hysterecmy and saline infusion are techniques which are effective in terminating pregnancies, but both of them carry substantial risks for the pregnant woman. The best, safest procedure for my patient would have been one called dilation and evacuation, or D & E. Yet neither I nor anyone on the staff of Boston City Hospital at the time had the skill or experience to perform this procedure in the second trimester. So to carry out my patient's wishes, I had to expose her to increased risks to her health and life.

Last week, the US Supreme Court removed intact D & E -- a variant procedure now called “partial-birth abortion” by its opponents -- from the list of options that women and their doctors have to terminate a pregnancy after the first trimester. By upholding a federal ban on the procedure, the court has increased the risks to women who want to exercise their constitutionally guaranteed right to privacy to terminate a pregnancy.

There are numerous medical conditions which can complicate a pregnancy, jeopardizing a woman's health and life, and sometimes require a second trimester abortion. Many such conditions were enumerated in the New England Journal of Medicine in 2004, in an eloquent article written by Dr. Michael Greene and Dr. Jeffrey Ecker after President Bush signed the Partial-Birth Abortion Ban Act of 2003.

If the Bush administration and a conservative Supreme Court can ban one procedure, then it can ban other abortion procedures, thereby restricting women's access to safe and legal abortions. In the many difficult cases which require pregnancy termination, who is best equipped to make these choices? Who knows the woman's circumstances better than she does?

In its decision overturning the guilty verdict in my case, the Supreme Judicial Court of Massachusetts said, “We deal here with the professional judgments of a qualified physician acting under stress at the operating table. The Supreme Court has cautioned in the abortion cases against the undue trammeling of judgments of the individual attending physician.” In last week's decision, the Supreme Court has limited the judgment of physicians to act in the best interests of their patients.

During the last two presidential campaigns the abortion-rights movement warned that a Bush administration would appoint Supreme Court justices who would try to overturn Roe v. Wade. The court has now taken a step in that direction. Banning legal abortions would force desperate women to seek illegal abortions, to submit to dangerous procedures, often at great expense, and result in the deaths of many of them. This burden would fall disproportionately, as it did before Roe, on the poor women of our country. We must never return to those days of horror.

Dr. Kenneth C. Edelin is emeritus professor of obstetrics and gynecology at Boston University and the author of the book “Broken Justice: A True Story of Race, Sex, and Revenge in a Boston Courtroom.”

“Risking Women’s Health” was originally published in The Boston Globe, April 22, 2007. Reprinted with permission.
An Opportunity for Movement-Building
by Trina Jackson

No social justice movement has achieved its goals without the help and support of allies. As we find ourselves in a time of complicated, systemic, institutional oppression and power inequality, it is now more important than ever that we recognize the 35th anniversary of Roe v. Wade as an opportunity to be part of a broader movement for social justice and social change.

The time is now for abortion rights activists and leaders to see that our work is interconnected with other social change issues. In order for us to truly transform this society into one that supports a woman’s safe and healthy access to abortion, we must begin to build effective alliances with organizations from a diverse range of social justice movements. Abortion and reproductive rights leaders must continue to be vigilant about asking the hard questions, such as: “Who is not at the table that needs to be?”

Only recently has the abortion rights movement seen itself as part of a large coordinated effort to improve the status of women. The Reproductive Justice movement, spearheaded by many women of color-led organizations, like SisterSong, offers an important framework for movement-building because it recognizes women’s reproductive rights. For example, the conditions women have a right to manage their adequate information, services and be the parents of their children. The suggests ways that abortion rights alliances with organizations working racial justice, economic justice, prisoners rights, healthcare reform, we must be vigilant about asking the hard questions… Who is not at the table that needs to be?
movement-building because it autonomy as fundamental to human of reproductive justice demand that reproductive capacity; a right to resources while pregnant; and a right to different tenets of this framework organizations might began to build on related issues, such as HIV/AIDS, violence prevention, immigrant rights, and environmental justice.

Within the abortion rights movement, much work has been done to highlight the connections between a woman’s right of safe access to abortion and the dynamics of race and class. We can take this step further to actually work in solidarity with racial justice organizations, women of color-led organizations, and economic justice organizations. Only when the abortion rights movement can really look at itself and acknowledge and address how racism and classism operate within the abortion rights movement, can such alliances be truly effective and transformational.

Building a movement for transformational change requires leaders from our diverse social change networks to develop relationships, trust, and a common vision. It is time for the work to protect Roe v. Wade to be part of this larger movement for a just, sustainable and more equitable society.

Trina Jackson is a Boston-area social justice activist and leader of the Women of Color Coalition for Reproductive Justice.
Our working relationship was forged in the struggle to protect reproductive rights. Shortly after the decision of Roe v. Wade, we handled the first of many cases together, successfully challenging the refusal by Hale Hospital, a public hospital in Haverhill, Massachusetts, to permit its facilities to be used for abortions. Unfortunately, this was only the first of a spate of anti-abortion policies adopted in the months and years following the Supreme Court’s decision, all designed to limit the availability of safe, legal abortions.

Among the legislative enactments seeking to restrict abortions were the so-called “informed consent” provisions, which effectively required doctors to dissuade women from seeking termination of a pregnancy and mandated “waiting periods” inconsistent with necessary medical care, and parental consent requirements intended to limit the availability of abortions for minors. Other measures were intended to increase the cost of abortions, to exclude abortion from the procedures covered by insurance, to prevent abortions from being performed at free-standing clinics by requiring that the procedure, no matter how routine, be performed in a hospital. Some of the anti choice proposals had no chance of passage, but reflected a wider, decidedly anti-feminist agenda; one proposed resolution decried the declining birth rate and another proclaimed that “males are the naturally dominant force in the family and should have the deciding say in family controversies.” There were even efforts to reinstate criminal penalties, one calling for the death penalty for anyone who performed an abortion; another made it a crime to transport a minor across state lines to procure an abortion.

Arguably the most pernicious of these measures was the restriction on payment for abortions through state Medicaid plans. Adopted at the state and federal levels, these laws were intended to cut off abortion services for women who were dependent on the state for medical care, women who prior to Roe were most likely to endure an unwanted pregnancy or to seek unsafe non-medical abortions.

In Massachusetts, Governor Edward J. King, sporting the red rose of the Right to Life Movement, signed into law on June 13, 1979 the Doyle-Flynn bill which prohibited the use of state or any other public funds for abortions, even for victims of rape or incest. The only exception was where the procedure was “necessary to prevent the death of the mother” – a standard which applied to no other medical procedure and substituted a political judgment for medical standards. The act disregarded health concerns and rejected the “medically necessary” standard which governed the availability of all other medical services under Medicaid.

Working closely with the clinics and other providers, we were able to file suit in federal in U.S. District Court challenging the Doyle-Flynn bill on behalf of Medicaid-eligible women needing abortion services for medical reasons. The stories were gripping: The woman with cancer who needed chemotherapy, a therapy that would endanger the fetus; the woman with chronic lung disease where childbirth would accelerate the deterioration of her lung function; a woman with heart problems, or hypertension, whose body could not sustain the rigors of pregnancy.

But when the suit was filed, it was joined, to our dismay, with a second case that had been filed by abortion advocate Bill Baird and assigned to Chief Judge Andrew Caffrey. Although Judge Caffrey had ruled in our favor in the Hale Hospital case, he was known to be a devout Catholic whom we feared would not be sympathetic to our claims. And he was not. Our request for a preliminary injunction was promptly denied. We then took the case to the First Circuit Court of Appeals where, after an emergency hearing, we obtained an injunction pending appeal prohibiting the termination of funding for abortions under Massachusetts’ Medicaid program.

Although that appeal was ultimately unsuccessful, we were able, as a procedural matter, to keep the injunction in effect for nearly a year and a half. Then, even when it was available to the state to cut off funding, it held off on implementation of the law, awaiting the outcome of a federal court challenge to the Hyde Amendment, the federal restriction of the use of Medicaid funds for abortions. In June 1980, the United States Supreme Court, in a dramatic erosion of Roe, ruled in favor of the constitutionality of the Hyde Amendment in Harris v. McRae, opening the door to enforcement of the Doyle-Flynn restrictions.

In a reprise of our efforts two years earlier, we brought a second challenge to the state restrictions. But this time we went to the Massachusetts courts, and we relied solely on the Massachusetts constitution. The case, Moe v. Secretary of Administration and Finance, would be the first major test of abortion rights under Massachusetts law.
The Massachusetts Constitution predated the federal constitution. The Supreme Judicial Court of Massachusetts had parted company with the United States Supreme Court in a number of areas, interpreting its Constitution in ways that provided greater protection for individual rights than the United States Constitution. Moreover, the Court had an even more expansive view of a citizen's right to privacy with respect to medical decisions, recognizing a broad right to refuse medical treatment. And at a time when the federal ERA was faltering, Massachusetts amended the state constitution to add an Equal Rights Amendment, expressly guaranteeing the right to be free from gender discrimination.\(^1\)

Justice Benjamin Kaplan, sitting as a single justice, granted a preliminary injunction barring enforcement of the restrictions and reported the case to the full bench of the Supreme Judicial Court. The case had been fast tracked and would be argued when the court convened in September. We were then able to mobilize broad support for the case, securing help from women's organizations across the state. The newly formed Women's Bar Association coordinated an amicus brief on the application of the state equal rights amendment. There were briefs from medical organizations, physicians, professors who taught religion and constitutional law, abortion rights groups, the Boston Women's Health Book Collective, Inc. and other organizations promoting women's health.

The results of the suit are now history. It was successful beyond our wildest expectations. Justice Francis Quirico, considered by some to be one of the more conservative members of the court, wrote the decision. In an opinion adopting a view of privacy that is doctrinally stronger than Roe v. Wade, the court held that there was a right to choose abortion under the Massachusetts Constitution. There was no trimester limitation, no balancing of the rights of the fetus. The right at stake was the right to be free from “non consensual invasion of bodily integrity.” And while the Court did not expressly call the state's regulation an example of gender discrimination, it came close. Citing Larry Tribe, Harvard's preeminent constitutional law professor, it stated:

> If a man is the involuntary source of a child [because] he is forbidden, for example, to practice contraception, the violation of his personality is profound; the decision that one wants to engage in sexual intercourse but does not want to parent another human being may reflect the deepest of personal convictions. But if a woman is forced to bear a child not simply to provide an ovum but to carry the child to term the invasion is incalculably greater. Quite apart from the physical experience of pregnancy itself, an experience which of course has no analogue for the male, there is the attachment the experience creates, partly physiological and partly psychological, between mother and child. Thus it is difficult to imagine a clearer case of bodily intrusion, even if the original conception was in some sense voluntary.

While we have each worked on other cases that may be remembered and have continued our collaboration in other areas, we consider the Moe decision to be our most important and enduring contribution to the cause of individual rights.

**John Reinstein** is the ACLU of Massachusetts Legal Director. He and **Nancy Gertner**, then a cooperating attorney, represented the plaintiffs in Moe v. Secretary of Administration and Finance.

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\(^1\) A leader of the national movement supporting the federal ERA was adamantly opposed to linking abortion to the Massachusetts equal rights amendment and urged us to drop that claim. The federal ERA had garnered the support of women who were anti-choice, who believed that reproductive rights were one thing, discrimination another. Linking the two, she insisted, would endanger the federal movement. While we understood the argument, we held to our position. It was, we responded, an important and potentially winning claim which we could not abandon. Beyond that, we questioned the value of a guarantee of gender equality which did not recognize the link between gender discrimination and reproductive rights.
No Woman Can Call Herself Free
by Representative Ellen Story

Before I ran for office, I worked at a family planning agency. One of my jobs was to speak to classes about contraception. In the mid-1970’s, I remember being startled that the young college women I spoke to had so little knowledge of the history of the birth control movement and of abortion rights. They seemed to assume that abortion was legal and available now, and would always be. They could check that worry off their list.

It wasn’t only young college students that felt that way. Many of us in the reproductive rights field relaxed too much once the Supreme Court made its decision in 1973. The anti-choice people knew better; they began organizing immediately. They have not yet succeeded in overturning Roe v. Wade, but they have not even begun to give up. They were far more politically sophisticated than those of us who thought abortion should be legal.

It is useful for people interested in this field to read about old times. Margaret Sanger was astounding! There are fascinating and hard-to-believe stories from that period that we should know.

Our own state, Massachusetts, was the last state in the country to legalize contraception for married people. Until early August, 1966, it was ILLEGAL for married people to use contraception.

Married people did use contraception, of course, those with enough money to have a private physician. Those who did not could not buy any contraceptives in a drug store. Choosing whether to have safe sex was something that was bought, rather than something that was free.

And until 1972 it was illegal to teach “the techniques of conception control” in school. I knew an older woman who used to teach nursing students. She would dismiss the class, and then tell them that if any of them wanted to stay to learn about birth control, she would talk about it. She might have gotten fired if she had been discovered discussing contraception during the regular class time.

Yes, we have come a long way and there is much to celebrate. But we also have made mistakes and almost had to go back to the beginning. It is incumbent on all of us who care about women being equal partners in society – and not just baby-making devices – to pay attention to what the other side is doing, and to support candidates who support a woman’s right to choose. Margaret Sanger summed up exactly why choice is a central issue of freedom when she said that “no woman can call herself free who does not own and control her body. No woman can call herself free until she can choose consciously, whether she will or will not be a mother.” If you can imagine for just a few minutes what this country would be like if women couldn’t control their own fertility (as it is currently in many places around the globe), you get the picture.

Representative Ellen Story (D) represents the people of Amherst and Granby in the Massachusetts House of Representatives, where she has served since 1992.
Who is this group of placard-waving protesters that irritate me as I drive past them every Thursday on Maple Street in Springfield? I believe in freedom of speech and the right to protest, so I was curious why they were picketing a three story building in a restricted area for abortion protests.

Fifty cents got me into a parking lot and I made my inquiries. Thinking they had a new member for their cause, the protesters explained there was an abortion clinic on the third floor and they were drawing attention to it to embarrass and harass clients.

Two flights of stairs got me to a receptionist who rightly discerned that the reason for my visit was not to make an appointment for myself. Ten minutes of disavowing any protest intentions or ill will to clinic or clients earned me discussion time with the director. Another half hour gave me two meaningful pieces of knowledge that led to two new causes for me to pursue and fifteen years of advocacy.

First was the fact that almost all of the patients needed financial assistance, and most of these funds came from the Abortion Rights Fund of Western Massachusetts. When meeting with these folks, they informed me that they could not keep up with the need for grants and loans for prospective clients. Additionally, they could not afford a receptionist, advertising, or yellow page listings. My spouse and I decided to fully fund their shortfalls so all needy women could be served, a staff person hired, and listings published throughout western Mass. Today this fund is more than self-sufficient and offers assistance to other funds around the country.

The second cause taken up because of my inquiry was assuring the continuation of the picketed abortion clinic. It was difficult for the poor to reach; too small to serve additional clients that would need their services when the funding was increased and access information available; and the doctors were all in their seventies and close to retirement.

By joining the board of Planned Parenthood League of Massachusetts in Boston as their western Massachusetts member, it was possible to make them aware of the huge impact they could have in Springfield by building and staffing a facility or an area beyond their existing reach.

Meetings were arranged with the mayor, Health and Human Services Commissioner, minority leader of the Senate, publisher of the newspaper, police chief, fire chief, and other politicians and business leaders. The concept of a broad-scope health clinic serving many needs in addition to assuring the continued availability of abortion services was enthusiastically supported by the community, and Planned Parenthood gave serious consideration to the project. The best location was found, a totally professional facility built, and today Springfield is fortunate to have a state-of-the-art health program. Outreach has extended to local colleges, public schools, and the prestigious Baystate Health System, and includes sex education and collaborative efforts on many health-related programs.

Many new contributors have been supportive to Planned Parenthood. They are now an integrated member of the health services community of western Massachusetts. Springfield is no longer that remote city way out west.

My goodness, those five or six protesters brought a lot of benefit to many people in our area and to Planned Parenthood… Another positive result coming from “freedom of speech.”

**Lyman Wood** is a graduate of both Harvard College and Harvard Business School. He has held executive positions at a variety of Massachusetts companies, and has consulted with and served on the boards of numerous civic and non-profit organizations in Springfield and beyond. He is a Board member of the Planned Parenthood League of Massachusetts.
Just a Few Years Ago in Our Liberal State

Massachusetts is, as we are all by now accustomed to hearing, a very liberal state. That reputation, however, is actually fairly recent, particularly when it comes to issues of reproductive rights, or more accurately, women’s reproductive rights.

In point of fact, Massachusetts was an extremely conservative state in that area of life until the sea change that began in the early 60’s hit the Bay State. When I got married, back in the last century (the 20th century), my doctor was prohibited, by law, from prescribing birth control measures or devices for me. Because he was a conscientious doctor who thought the law was wrong, he did what a lot of his colleagues did in those days: he bought the supplies himself and simply gave them to his patients. And now that I think about it, he probably never billed my insurance company for it either. So he simply obeyed the letter of the law, by not writing a prescription, but continued to use his clinical judgment and served the interests of his patients by providing them with birth control supplies.

Heroes are still needed in this country to preserve the victories of the past fifty or sixty years, but even more work is necessary to bring to women around the globe the same basic rights that we have achieved here.

It is particularly ironic to think about the Massachusetts law when we recall that the scientists who developed the pill—most notably, Gregory Pincus from the Worcester Foundation for Experimental Biology, and John Rock, a noted gynecologist who specialized in fertility problems—were both Massachusetts-based, and yet the product of their work was illegal in the Commonwealth. Every attempt to repeal the law, including some support from a young legislator from Brookline named Mike Dukakis, failed, until the supporters of repeal put together a little war chest, hired a young Boston College graduate to lobby the bill full time, and the repeal legislation—for married women—finally passed in 1966.

The non-legislative activities that were going on in this same time frame, involving Bill Baird et al, will no doubt be described elsewhere, but, then, as now, the gradualists were always a little wary of the direct action players. But in the end, everyone’s contributions played a part, and the goal was achieved. As the lyric goes, “the times they were a-changing,” and the legalization of birth control as an issue was succeeded by the fight for abortion rights.

That very dramatic fight goes on today, as we celebrate Roe. As many are not aware, the right to abortion is one thing, but the payment for abortion coverage is another, and coverage by Medicaid did not resolve the issue for all sectors of the economy. In fact, it was not until 1996 when the section of the so-called Doyle-Flynn bill that prohibited the use of public dollars to cover any abortion except to prevent the death of the mother was finally repealed.

There have been many heroes in this long fight—too many to name in this brief article, but I am struck, as I conclude, with the thought that not only are heroes still needed in this country to preserve the victories of the past fifty or sixty years, but even more work is necessary, and a much harder mountain must be climbed, to bring to women around the globe the same basic rights that we have achieved here with such hard work. So the struggle goes on, and we need to be a part of it.

Dolores L. Mitchell has served as Executive Director of the Massachusetts Group Insurance Commission since 1987. A member of a number of state and national boards concerned with health care and quality issues, her accomplishments and all-around savvy are honored by the pro-choice Massachusetts Women’s Political Caucus’ naming of its Dolores Mitchell Achievement Award.
Rights Are Hard to Come By

by Norma Shapiro

Rights are often very hard to come by. But the long, proud history of the ACLU of Massachusetts and its partners in the Coalition for Choice records numerous hard-won victories in the fight for women to truly control their own destinies.

In 1920, the first case of the newly founded Civil Liberties Union of Massachusetts was the defense of Margaret Sanger’s right to speak about birth control on Boston Common. Without access to birth control, many women endured multiple unwanted pregnancies, lost sickly infants, raised huge families consigned to poverty, became worn down and sickly themselves, and even died prematurely. Though the lawsuit was won, the fight for reproductive freedom had only just begun. Women, who had just earned the right to vote, were still considered the property of their fathers, and then their husbands. The long story of freedom for women is, therefore, inextricably linked to freeing women to make their own decisions. And men, too, had to be convinced that women could make moral choices, and sometimes had to make those choices without consultation with a man.

When, at last, after countless women had died having illegal and unsafe abortions, in 1973, the Supreme Court decided Roe v. Wade, I was naïve enough to believe the battle had been won. Hah! The battle, in our 40% Catholic state, was about to heat up. In short order, the legislature passed a multi-faceted anti-choice law sponsored by Reps. Charlie Doyle and Ray Flynn. Then the Church lent its heft to a ballot initiative that would have amended the Massachusetts Constitution to outlaw abortion altogether. But pro-choice residents of the Commonwealth rose up, and the referendum was ultimately defeated in every Massachusetts city and town, save one. Through that vicious fight, the Coalition for Choice was formed.

Still, the battle for control of women’s bodies continued. And, we began to fight it on many fronts. One of the first was to recognize the way in which health insurance treated women differently from men—as if our bodies were not “normal.” Because insurance companies refused to provide comprehensive coverage on their own, coverage for each female body part or function had to be mandated by the legislature: pregnancy, pap smears, mammograms, contraceptives, emergency contraceptives, and even emergency contraceptives in hospitals for women who had been raped.

As lobbyists from the member organizations of the Coalition for Choice we worked on this legislation, and combated erosion of the right to choose. Over the years, legislators, such as Senator Lois Pines, and Representatives David Cohen, Susan Schur, Sally Kerans, Ellen Story, and Doug Petersen, took lead roles in devising strategy, while we developed data and lobbied legislators. With help from Representatives Cohen and Jim Marzilli, we used legislative rules to triumph, even when leadership was not with us. I will never forget standing in the House lobby and hearing David Cohen calling, “Mr. Speaker, Mr. Speaker,” over and over to pull off the House passage of the state-employee insurance coverage bill, and then running to the Senate where Senate President Birmingham devised a multi-issue package of bills that included ours, and took one vote on it all—to ensure that it would pass amidst bills in which many Senators had an interest. The stories from that time are legion.

It took more than 25 years to build a pro-choice majority in both chambers of the Great and General Court. Now we’re in better shape in Massachusetts, but national efforts are still extremely challenging. As each new U.S. Supreme Court decision whittles away our reproductive freedom on the federal level, we must ensure that Massachusetts does not succumb to propaganda that would further erode rights here. While, today, overwhelming majorities say they are pro-choice, the Coalition faces the constant challenge of explaining the truth behind the latest distortions used to attack reproductive rights. For instance, the wild web of falsehood woven around the so-called “partial-birth abortion” issue is an important lesson to us. Now, women have a medical procedure defined by law, not the best medical practice. This policy, too, should be overturned, and remains on our agenda.

Today, at the ACLU, and in the Coalition for Choice, we strategize to protect the women of Massachusetts from further erosion of rights. We are challenged to keep the rights we have, and even more challenged to expand them so we gain real reproductive freedom. We must all do what we can, and new voices must join those of the generation of women who remember, as I do, how awful it was before Roe v. Wade. It is good to celebrate the 35th Anniversary by remembering the struggle—but also to re-dedicate ourselves to the work ahead.

Norma Shapiro is the Legislative Director of the American Civil Liberties Union of Massachusetts and has represented the ACLU on the Massachusetts Coalition for Choice, and in the State House, for almost two decades.
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