

As delivered

FIRST LADY HILLARY RODHAM CLINTON
REMARKS TO THE SIXTH CONFERENCE OF
WIVES OF HEADS OF STATE AND OF GOVERNMENTS OF THE AMERICAS
LA PAZ, BOLIVIA
DECEMBER 3, 1996

President and Mrs. Sanchez de Lozada, First Ladies and special envoys representing the nations of the Western Hemisphere, and distinguished guests:

It is a great pleasure for me to be in La Paz and to join you for this annual conference. I particularly want to thank Mrs. Sanchez de Lozada for her leadership on behalf of women -- especially her work to promote safe motherhood, education, and to reduce domestic violence -- and for extending to all of us a warm welcome this week.

I know that, as in the past, this gathering will provide new insights and fresh inspiration as we work to expand opportunities for women, children, and families in North, Central, South America and the Caribbean region. I am also pleased to note that Vice President Gore will be in Santa Cruz in a few days representing the United States government at what promises to be a significant hemispheric meeting on sustainable development.

This is my first trip to Bolivia, but I have long felt a special connection to this country. Little Rock, the capital of my home state of Arkansas, is a sister-city of Santa Cruz in what is called the Eastern Bolivia-Arkansas partnership. This partnership has initiated cultural, professional and health exchanges that have benefitted the people in both of our countries. So I am especially delighted finally to be in Bolivia after all these years.

Many Bolivians have made their mark on my country. I am proud to say that President Clinton named a woman who was born and raised here in La Paz, Maria Otero, to be the Chair of the

Board of the Inter-American Foundation. That foundation funds grassroots development in the region, and Maria is with me today.

I'm also pleased to be here at a time of such hope and promise for women, children and families across the Americas and around the world. A few days ago, I returned from a trip with my husband to Australia, the Philippines and Thailand, and at each stop I had the chance to talk to diverse groups of women -- from government leaders to grassroots activists to teenage school girls. And I was reminded once again, no matter where we find ourselves in the world today, our aspirations and concerns are fundamentally the same.

Thanks in part to the agenda set at the United Nations Fourth World Conference on Women in Beijing, as well as the conferences of this group in Miami, and Asuncion and elsewhere, the status of women is improving in many countries.

In the Philippines last week, I had the opportunity along with Mrs. Frei to speak to 15,000 women and girls in Manila. Some had traveled for days by boat and car to celebrate the Beijing Agenda and just as we are doing today, they came together to renew their commitment to women's rights -- and to ensure that every woman and girl has access to the tools of opportunity: health care, education, jobs and credit, legal protections and the right to participate fully in the political life of their countries.

In the 15 months since Beijing, we have seen advances on every continent. In country after country, governments, non-governmental organizations, businesses and corporations, and individual citizens are beginning to recognize that elevating the status of women and girls in society is essential to progress and prosperity. That is the same whether we are talking about the East, the West, the North or the South; there is a growing appreciation of women's contributions inside and outside of the home - and a greater understanding that everyone in society benefits when women are allowed to claim the political, economic, social, and civic power they are due.

The Western Hemisphere is no exception. In Panama, the family code has been reformed, giving women more say in alimony, child support and child custody cases. The country's new Law 27

on Intra-Family Violence criminalizes certain forms of domestic violence. In Colombia, men and women now have equal weight in determining divorce. In El Salvador and Peru, new institutions have been established to address issues relating to women's development. In Guatemala, a national university has created scholarships for indigenous women to study political science.

Jamaica's Gold Street Program, which addresses teen violence and adolescent pregnancy, has become a model that the United States is using to confront the same issues in the city of Baltimore. In Brazil, women are now entitled to free breast and uterine exams. And in Chile, the government has committed itself to tackling AIDS and adolescent pregnancies and to expanding educational opportunities for girls. And here in Bolivia, as part of the President's plans, the Plan de Todos, special efforts are being made to reach out to the indigenous population.

From the northernmost reaches of Canada to the southern tip of South America, women are pushing governments to lift the veil of secrecy that for too long has concealed the tragic crime of domestic violence. I mentioned the legal advances in Panama. Another ground-breaking domestic violence law was passed in Ecuador, creating Family Courts that are empowered to separate an abusive spouse from the home. In Costa Rica, police officers receive special training on how to handle domestic violence cases. In my own country we recently launched a national hotline for victims of domestic violence which has already received 50,000 calls.

Looking across our region, we also see progress on the goals that this group outlined at our previous meetings. Those goals to eliminate measles from the hemisphere, reduce maternal mortality, and promote education reform are making progress. Since 1995, our region has witnessed a 63 percent decline in measles. We have seen the Partnership for the Revitalization of Education in the Americas launch new efforts to expand educational opportunities in six countries. And while the tragic problem of maternal mortality continues to haunt us, we know that progress will come if we focus more energy and resources on this issue.

It is clear that pioneering efforts are underway across the Americas to improve conditions for women and girls. Earlier

today in La Paz, I visited with Ximena, Banco Sol, the only commercial bank in the world and the largest that specializes in microenterprise right here. I spoke to women whose lives had been transformed because they had received a modest loan to start selling vegetables in the market, to start making skirts. Not only had they become economically self-sufficient, they had begun to lift their families out of poverty and improve the economies of their communities. We met one woman in the market who is caring for her six orphan grandchildren because of the loans that she had received. I have seen the same encouraging results at FINCA, a micro-lending enterprise that I visited in Managua, Nicaragua. I've visited a comparable enterprise in Santiago and I have seen it in my own country.

In La Paz today I also visited new and expectant mothers at a primary health care center run by an NGO, PROSALUD. The 28 PROSALUD clinics offer prenatal care and family planning services that have resulted in safer pregnancies and deliveries and, in some cases, have saved lives.

This is but one piece of the nationwide effort here in Bolivia to promote safe motherhood and family planning so that women and girls are educated about their own health and their own reproductive options.

Although the rate is far too high, Bolivia's success over the past five years at reducing maternal mortality offers a model for the world of how one nation has responded to a serious health crisis and galvanized the government, non-governmental organizations, and the medical communities. I wish to commend the President and the Vice President for their leadership in this very important effort.

It is worth noting that Bolivia undertook this campaign not only as a way to reduce maternal mortality, but also to reduce the increasing rate of abortion. Without access to family planning, women often turn in desperation to illegal, unsafe abortion procedures that account for half of all maternal deaths in this country. Deaths from abortion complications are responsible for from 30 to 70 percent of maternal mortality in our hemisphere, depending on the country.

Here, in Brazil, and in other places around the globe, I have seen examples of how investments in family planning improve maternal health and the well-being of families as well as reduce the number of abortions. The United States has supported family planning efforts, including Bolivia's. However, as you may know, some members of the United States Congress have voted to limit American support for family planning initiatives. My husband's Administration remains committed to encouraging a continuation of these investments, which represent a sensible, cost-effective and long-range strategy for improving women's health and for lowering the rate of abortion. And for my part, I will certainly remember and share the powerful stories I have heard around the world to explain why these programs are critical.

Education is also critical. It is inextricably tied to how women and children achieve progress. Children of illiterate mothers are twice as likely to die as those with mothers who are educated. So our efforts across the Western Hemisphere to educate girls and mothers will have a profound and concrete effect on women's health. The better educated a girl or woman is, the healthier she is. The healthier she is, the healthier her family is. And all of society stands to gain.

While some may dismiss the achievements of this conference and the conferences before or of the Beijing Agenda as merely "women's issues" that have no place on the front-burner of global politics, I believe that you here in Bolivia, and certainly your President and Vice President understand how they are part of sustainable development and progress. They represent a balancing of power that is just as crucial to the endurance of democracy as issues like trade, diplomacy and national security. Democracy, after all, requires the full participation of all citizens, including women.

And today, we can take heart knowing that democracy has replaced dictatorship around the world and virtually throughout our own hemisphere. Building and sustaining democracy has always required a balance of power, a balance of public power, private economic power, and the power of civic society, those formal and informal networks that bring people together. It is the balance of power that Bolivia has incorporated into its Popular Participation Law, and by doing so, insured the further success of democracy. Whether we succeed at achieving the balance of

power is particularly important for women who despite the strides we have made, still find their voices silenced and their potential stymied in too many parts of the world. In country after country -- from the most advanced democracies to those newly emerging, from the most dynamic free market economies to those struggling in the face of rapid global change -- women are still striving to define and attain their rightful place in government, the economy, the civil society and throughout their lives.

Women are seeking balance in their lives and in their societies, and I am heartened that civic education is on the agenda of this conference. Teaching people about democratic values and the importance of their participation in the political process is critical to sustaining democracy. When we look at what is happening in our hemisphere, when I look at what is happening in my own country, I see that the voices and votes of women can make a difference. If all of us believe in the God-given potential of each human being, then all of us should do what we can in our own ways and our own roles to further those voices and that potential.

For all of the challenges that confront us on the eve of this new century I am optimistic about our future. I am optimistic about our hemisphere and about our capacity to meet those challenges. And certainly, if there is one vision that should guide us, it is that of the young people who rely on us to leave them a world that encourages their dreams, nurtures their talents and respects their choices. That is really why we are gathered today -- most of us in this auditorium have made most of the choices we will make that will determine the course of our lives. It is up to us to determine how we provide the same opportunities for all of our sons and daughters.

Building a better future for children, women, men, and families in the Western Hemisphere is not just the opportunity of government, it is the responsibility of all of us. And I thank you very much for being part of meeting that responsibility and challenge.

FIRST LADY HILLARY RODHAM CLINTON
NATIONAL FAMILY PLANNING AND REPRODUCTIVE HEALTH ASSOCIATION
VIDEOTAPED REMARKS FOR SILVER ANNIVERSARY
FEBRUARY 27, 1996

Good evening. I wish I could be with all of you tonight to celebrate the Silver Anniversary of the National Family Planning and Reproductive Health Association. Through your work, NFPRHA [NIF-rah] is educating and empowering people to be the best parents possible. This starts with giving them the means and the encouragement to plan their pregnancies and better support their children.

I'm particularly pleased to join you for this special tribute to Justice Harry Blackmun, who is receiving the Silver Anniversary Award for Lifetime Achievement. Justice Blackmun's career has been about bettering people's lives, and about bettering our country in the process. Always wise, always humble, he never let his 24 years of service on the United States Supreme Court distance him from the experiences of his fellow Americans. And he never has lost his sense of humor -- no mean feat for someone who has lived in Washington that long.

Today, we all celebrate Justice Blackmun's legacy of courage, compassion, integrity and faith in our legal system to do right by our citizens. Justice Blackmun's imprint is on almost every major Supreme Court case of the past generation. I wish we had time to review all of his contributions and accomplishments. But let me just mention one: Justice Blackmun's leadership on the case known as *Roe v Wade*, which inspired a whole generation of law school students at the time, including me.

Justice Blackmun's opinions for the Court in *Roe* and *Doe* recognized not only the rights of American women, but also the professional obligations of America's doctors.

On behalf of the President and all Americans, I offer congratulations to Justice Blackmun and thanks for his example of wisdom, leadership, and dedication to our country.

I also would like to join all of you in recognizing two other Silver Anniversary Award winners -- Congressman Henry Waxman of California and Congressman John Porter of Illinois, both of whom are being honored for their leadership in the public policy arena.

No current member of Congress has done more to assure access to family planning services for low income women than my friend, Congressman Waxman. From the California legislature to the U. S. Congress, Henry Waxman has been a champion of family planning. He has led the charge to ensure that women are able to get needed services and to know about the options available to them.

Congressman Waxman has provided the leadership, tenacity and moral courage to ride out the storm on one of our nation's most emotional issues. As one of his friends once said, Henry's not a rock. He's a river. He keeps going until he changes the ground.

It is also fitting that tonight you honor Congressman Porter for his leadership in Congress, not only for his work on family planning issues but for his commitment to universal access to health care and medical research. Congressman Porter has fought hard to ensure that women get the counseling they need at federally funded family planning clinics. He understands that federal support for scientific research and discovery is what has made our health care system second to none. Dedication and courage are the hallmarks of Congressman Porter's tenure in Congress, and I am pleased to join in this tribute to him.

I wish NFPRHA [NIF-rah] and your member organizations continued success and courage and I congratulate the other honorees here this evening. Thank you, and happy anniversary.

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First Lady Hillary Rodham Clinton**Remarks to the World Health Organization Forum
on Women and Health Security**

*Beijing, China
September 5, 1995*

MRS. CLINTON: Thank you very much. Thank you Dr. Nakajima, Mrs. Mongella, all of the panelists, delegates to this important conference, and guests from all over the world. I am honored to be here this morning among women and men who are committed to improving the health of women and girls everywhere in our world.

I want to start by commending the World Health Organization for making women's health a top priority and for establishing the Global Commission on Women's Health.

I am also proud that in the preparatory meetings for this Fourth World Conference on Women, the United States took the lead with other countries in highlighting the importance of a comprehensive approach to women's health. That approach builds on actions taken at previous women's conferences and the recent conferences at Cairo and Copenhagen, whose goals to promote the health and well-being of all people were endorsed by 180 nations.

Cairo was particularly significant as governmental and non-governmental participants worked together to craft a Program for Action which, among other things, calls for universal access to good quality reproductive health care services, including safe, effective, voluntary family planning; greater access to education and health care; more responsibility on the part of men in sexual and reproductive health and childbearing; and reduction of wasteful resource consumption.

Here at this conference, improving girls and women's health is a priority of the draft Platform for Action. It includes such goals as: Access to universal primary health care for all people -- a goal not yet achieved in many countries, including my own. The promotion of breast feeding. The provision of safe drinking water and sanitation. Research in and attention to women's health issues, including: environmental hazards, prevention of HIV/AIDS and other sexually transmitted diseases, encouragement for adolescents to postpone sexual activity and childbearing, and discouragement of cultural traditions and customs that deny food and health care to girls and women.

Goals such as these illustrate a new commitment to the well-being of girls and women and a belief in their rights to live up to their own God-given potentials.

At long last, people and governments everywhere are beginning to understand that investing in the health of women and girls is as important to the prosperity of nations as investing in the development of open markets and trade. The health of women and girls cannot and must not be divorced from progress on other economic and social issues.

Scientists, doctors, nurses, community leaders and women themselves are working to improve and safeguard the health of women and families all over

the world. If we join together as a global community, we can lift up the health and dignity of all women and their families in the remaining years of the 20th century and on into the next millennium.

Yet, for all the promise the future holds, we also know that many barriers lie in our way. For too long, women have been denied access to health care, education, economic opportunities, legal protection and human rights -- all of which are used as building blocks for a healthy and productive life.

In too many places today, the health of women and families is compromised by inadequate, inaccessible and unaffordable medical care, lack of sanitation, unsafe drinking water, poor nutrition, insufficient research and education about women's health practices, and coercive and abusive sexual practices.

In too many places, the status of women's health is a picture of human suffering and pain. The faces in that picture are of girls and women who, but for the grace of God or the accident of birth, could be us or one of our sisters, mothers or daughters.

Today, at least fifteen percent of pregnant women suffer life threatening complications and more than one-half million women around the world die in childbirth. Most of those deaths could be prevented with basic primary, reproductive and emergency obstetric health care. In some places, there are 175,000 motherless children for every one million families. Many of those children don't survive. And of those who do, many are recruited into a life of exploitation on the streets of our world's cities, subjected daily to abuse, indignity, disease, and the specter of early death.

There must be a renewed commitment to improving maternal health. The World Health Organization launched in 1987 a Safe Motherhood Initiative to have maternal mortality by the year 2000. To reach that goal, more attention must be paid to emergency medical care as well as primary prenatal care. Providing emergency obstetric care is a relatively cheap way of saving lives -- and along with family planning services is among the most cost effective interventions in even the poorest of countries.

The commitment of the World Health Organization and its Global Commission on Women's Health to make childbearing and childbirth a safe and healthy period of every woman's life deserves action on the part of every nation represented here.

In addition, one hundred million women cannot obtain or are not using family planning services because they are poor, uneducated or lack access to care. Twenty million of these women will seek unsafe abortions -- some will die, some will be disabled for life. A growing number of unwanted pregnancies are occurring among young women, barely beyond childhood themselves. As we know, when children have children, the chance of schooling, jobs, and good health is reduced for both parent and child. And our progress as a human family takes another step back.

The Cairo document recognizes "the basic right of all couples and individuals to decide freely and responsibly the number, spacing and timing of their children and to have the information and means to do so." Women should have the right to health care that will enable them to go safely through pregnancy and childbirth and provide them with the best chance of having a healthy infant.

Women and men must also have the right to make those most intimate of all decisions free of discrimination, coercion and violence, particularly any

coercive practices that force women into abortions or sterilizations.

On these issues, the US supports the provisions in the Beijing Platform for Action that reaffirm consensus language that was agreed to at the Cairo Conference about a year ago. But I also want to emphasize what the Cairo document said on a particularly sensitive issue to many represented here. It declared that "in no case should abortion be promoted as a method of family planning" -- and that too should be reaffirmed loudly and clearly. The Platform asks governments "to strengthen their commitment to women's health, to deal with the health impact of unsafe abortion as a major public health concern and to reduce the recourse to abortion through expanded and improved family planning services."

As Mrs. Mongella reminded us, violence is also a health issue. It is about time we recognized it as such and began to move against it wherever it occurs. Violence against women remains a leading cause of death among girls and women between the ages of 14 and 44 -- violence from ethnic and religious conflicts, crime in the streets and brutality in the home. For women who survive the violence, what often awaits them is a life of unrelenting physical and emotional pain that destroys their capacity for mothering, homemaking or working and can lead to substance abuse, and even suicide.

Violence against girls and women goes beyond the beatings, rape, killings and forced prostitution that arise from poverty, wars and domestic conflicts. Every day, more than 5,000 young girls are forced to endure the brutal practice of genital mutilation. The procedure is painful and life-threatening. It is degrading. And it is a violation of the physical integrity of a woman's body, leaving a lifetime of physical and emotional scars.

HIV, AIDS, and sexually transmitted diseases threaten more and more women -- and you will hear more about that poignantly and personally later. Experts predict that by the end of this decade more than half of the people in the world with HIV will be women. AIDS, which threatens whole families and regions, demands the strongest possible response. Governments and the international community must address head-on the growing number of women who are being infected -- and that means refusing to deny the extent of the problem and beginning to deal with it in order to start solving it and preventing it wherever we can.

More than 700,000 women worldwide face breast cancer each year -- and over 300,000 die of it. It's the leading cause of death for women in their prime in the developed world. In the time I speak to you today, 25 women around the world will die of breast cancer. In my own country, it is hard to find a family, an office, or a neighborhood that has not been touched by this disease. My own mother-in-law struggled against breast cancer for four years before losing her battle. That is another disease that all of us must join forces together to combat.

Tobacco use is the number one preventable cause of death. Some might think that it doesn't rank up there with the other serious problems that will be discussed, AIDS/HIV -- and of course it does not have the extraordinarily painful image and effects that other threats to health do -- but it is a killer and it causes great anguish among those who are struck down. Ninety percent of women who smoke began to smoke as adolescents -- leading to high rates of heart disease, cancer, and chronic lung disease later in life -- that are not only a burden to the individual and the family -- but to the health care system that are trying cope with diseases such as AIDS and breast cancer.

As the World Health Organization points out, we also need to recognize and

effectively address the fact that women are far more likely to be exposed to work-related and environmental health hazards. Policies to alleviate and eliminate such health hazards associated with work in the home and in the workplace also demand action.

Research indicates further that certain communicable diseases affect women in greater numbers. Tuberculosis, for example, is responsible for the deaths of one million women each year and those in their early and reproductive years are most vulnerable.

When health care systems around the world don't work for women; when our mothers, daughters, sisters, friends and co-workers are denied access to quality care because they are poor, do not have health insurance, or simply because they are women, it is not just their health that is put at risk. It is the health of their families and communities as well.

Like many nations, the United States brings to this conference a serious commitment to improving women's health. We bring with us a series of initiatives which represent the first steps to carrying out this Conference's Platform for Action.

We are continuing to work for health care reform to ensure that every citizen has access to affordable, quality care.

We are proposing a comprehensive and coordinated plan to reduce smoking by children and adolescents by 50 percent.

We are working to address the many factors that contribute to teenage pregnancy, our most serious social problem, by encouraging abstinence and personal responsibility on the part of young men and women; improving access to health care and family planning services; and supporting health education in our schools.

We are pursuing a public policy agenda on HIV/AIDS that is specific to women, adolescents, and children.

We are continuing to fund and conduct contraceptive research and development.

We are addressing the health needs of women through initiatives such as:

- The National Action Plan on Breast Cancer -- a public, private partnership working with all agencies of government, the media, scientific organizations, advocacy groups and industry to advance breast health and eradicate breast cancer as a threat to the lives of American women.
- An Expansion of the National Breast and Cervical Cancer Early Detection Program -- we hope will ensure that women who need regular screening and detection services have access to them, and that those services meet quality standards.
- The inclusion of women in clinical trials for research and testing of drugs or other interventions that probe specific differences between men and women in patterns of disease and reactions to therapy.
- The specific health needs of older women will be addressed through educational campaigns about osteoporosis, cancer and other diseases.

- And the United States is conducting the largest clinical research study ever undertaken to examine the major causes of death, disability and frailty in post-menopausal women.

We come prepared to be partners working together on behalf of women's health security -- which must be a priority of all people and governments working together. Without good health, a woman's God-given potential can never be realized. And without healthy women, the world's potential can never be realized.

So I hope that through this conference we renew our commitment to join together to ensure that every little boy and girl that comes into our world is healthy and wanted; that every young woman has the education and economic opportunity to live a healthy life; and that every woman has access to the health care she needs throughout her life to fulfill her potential in her family, her work, and her community.

If we care about the futures of our daughters, our sons, and the generations that will follow them, we can do nothing less.

I want to thank so many of you in this room for the work you do everyday to bring better health to women, men, children, and families throughout world. Thank you for helping governments and citizens understand that we cannot talk about equality and social development without also talking about health care.

Most of all, thank you for being part of this historic and vital discussion. It holds promise for our future, if we act and continue to work together. I was pleased to find this declaration on women's health and health security and to see in it goals with measurable targets. That is what we must commit ourselves to. Rhetoric alone, recognition of the problems alone, will not save another girl child, will not prevent the disease that cuts down too many women in their prime, will not ease the passage of women in their older years who have worked so hard all their lives. It is only by combining the rhetoric and recognition with a commitment to specific actions that will bring about the changes we want to see. I commend and thank you for being part of that effort. Thank you very much.

United Nations Fourth World Conference on Women

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THE WHITE HOUSE

Office of the Press Secretary

For Immediate Release
September 5, 1995

First Lady Hillary Rodham Clinton Remarks to the United Nations Fourth World Conference on Women Beijing, China

MRS. CLINTON: Thank you very much Gertrude Mongella, for your dedicated work that has brought us to this point.

Distinguished delegates and guests, I would like to thank the Secretary General of the United Nations for inviting me to be part of this important United Nations Fourth World Conference on Women. This is truly a celebration -- a celebration of the contributions women make in every aspect of life: in the home, on the job, in the community, as mothers, wives, sisters, daughters, learners, workers, citizens and leaders.

It is also a coming together, much the way women come together every day in every country.

We come together in fields and in factories. In village markets and supermarkets. In living rooms and board rooms.

Whether it is while playing with our children in the park, or washing clothes in a river, or taking a break at the office water cooler, we come together and talk about our aspirations and concerns. And time and again, our talk turns to our children and our families.

However different we may appear, there is far more that unites us than divides us. We share a common future. And we are here to find common ground so that we may help bring new dignity and respect to women and girls all over the world -- and in so doing, bring new strength and stability to families as well.

By gathering in Beijing, we are focusing world attention on issues that matter most in the lives of women and their families: access to education, health care, jobs, and credit, the chance to enjoy basic legal and human rights and to participate fully in the political life of their countries.

There are some who question the reason for this conference. Let them listen to the voices of women in their homes, neighborhoods, and workplaces.

There are some who wonder whether the lives of women and girls matter to economic and political progress around the globe. ... Let them look at the women gathered here and at Hairou... the homemakers, nurses, teachers, lawyers, policymakers, and women who run their own businesses.

It is conferences like this that compel governments and peoples everywhere to listen, look and face the world's most pressing problems.

Wasn't it after the women's conference in Nairobi ten years ago that the world focused for the first time on the crisis of domestic violence?

Earlier today, I participated in a World Health Organization forum. In that forum we talked about ways that where government officials, NGOs, and individual citizens are working on ways to address the health problems of women and girls.

Tomorrow, I will attend a gathering of the United Nations Development Fund for Women. There, the discussion will focus on local -- and highly successful -- programs that give hard-working women access to credit so they can improve their own lives and the lives of their families.

What we are learning around the world is that, if women are healthy and educated, their families will flourish. If women are free from violence, their families will flourish. If women have a chance to work and earn as full and equal partners in society, their families will flourish.

And when families flourish, communities and nations will flourish.

That is why every woman, every man, every child, every family, and every nation on our planet does have a stake in the discussion that takes place here.

Over the past 25 years, I have worked persistently on issues relating to women, children and families. Over the past two-and-a-half years, I have had the opportunity to learn more about the challenges facing women in my own country and around the world.

I have met new mothers in Indonesia, who come together regularly in their village to discuss nutrition, family planning, and baby care.

I have met working parents in Denmark who talk about the comfort they feel in knowing that their children can be cared for in creative, safe, and nurturing after-school centers.

I have met women in South Africa who helped lead the struggle to end apartheid and are now helping build a new democracy.

I have met with the leading women of my own hemisphere who are working every day to promote literacy and better health care for the children in their countries.

I have met women in India and Bangladesh who are taking out small loans to buy milk cows, rickshaws, thread and other materials to create a livelihood for themselves and their families.

I have met doctors and nurses in Belarus and Ukraine who are trying to keep children alive in the aftermath of Chernobyl.

The great challenge of this conference is to give voice to women everywhere whose experiences go unnoticed, whose words go unheard.

Women comprise more than half the world's population. Women are 70% percent of the world's poor, and two-thirds of those who are not taught to read and write.

Women are the primary caretakers for most of the world's children and elderly. Yet much of the work we do is not valued -- not by economists, not by historians, not by popular culture, not by government leaders.

At this very moment, as we sit here, women around the world are giving birth, raising children, cooking meals, washing clothes, cleaning houses, planting crops, working on assembly lines, running companies, and running countries.

Women also are dying from diseases that should have been prevented or treated; they are watching their children succumb to malnutrition caused by poverty and economic deprivation; they are being denied the right to go to school by their own fathers and brothers; they are being forced into prostitution, and they are being barred from the bank lending office and banned from the ballot box.

Those of us who have the opportunity to be here have the responsibility to speak for those who could not.

As an American, I want to speak up for women in my own country -- women who are raising children on the minimum wage, women who can't afford health care or child care, women whose lives are threatened by violence, including violence in their own homes.

I want to speak up for mothers who are fighting for good schools, safe neighborhoods, clean air and clean airwaves...

...for older women, some of them widows, who have raised their families and now find that their skills and life experiences are not valued in the workplace... for women who are working all night as nurses, hotel clerks, and fast food chefs so that they can be at home during the day with their kids... and for women everywhere who simply don't have time to do everything they are called upon to do each day.

Speaking to you today, I speak for them, just as each of us speaks for women around the world who are denied the chance to go to school, or see a doctor, or own property, or have a say about the direction of their lives, simply because they are women.

The truth is that most women around the world work both inside and outside the home, usually by necessity.

We need to understand that there is no one formula for how women should lead their lives.

That is why we must respect the choices that each woman makes for herself and her family. Every woman deserves the chance to realize her God-given potential.

We also must recognize that women will never gain full dignity until their human rights are respected and protected.

Our goals for this conference, to strengthen families and societies by empowering women to take greater control over their own destinies, cannot be fully achieved unless all governments -- here and around the world -- accept their responsibility to protect and promote internationally recognized human rights.

The international community has long acknowledged -- and recently affirmed at Vienna -- that both women and men are entitled to a range of protections and personal freedoms, from the right of personal security to the right to determine freely the number and spacing of the children they bear.

No one should be forced to remain silent for fear of religious or political persecution, arrest, abuse or torture.

Tragically, women are most often the ones whose human rights are violated.

Even in the late 20th century, the rape of women continues to be used as an instrument of armed conflict. Women and children make up a large majority of the world's refugees. And when women are excluded from the political process, they become even more vulnerable to abuse.

I believe that, on the eve of a new millennium, it is time to break our silence. It is time for us to say here in Beijing, and the world to hear, that it is no longer acceptable to discuss women's rights as separate from human rights.

These abuses have continued because, for too long, the history of women has been a history of silence. Even today, there are those who are trying to silence our words.

The voices of this conference and of the women at Hairou must be heard loud and clear:

It is a violation of human rights when babies are denied food, or drowned, or suffocated, or their spines broken, simply because they are born girls.

It is a violation of human rights when women and girls are sold into the slavery of prostitution.

It is a violation of human rights when women are doused with gasoline, set on fire and burned to death because their marriage dowries are deemed too small.

It is a violation of human rights when individual women are raped in their own communities and when thousands of women are subjected to rape as a tactic or prize of war.

It is a violation of human rights when a leading cause of death worldwide among women ages 14 to 44 is the violence they are subjected to in their own homes by their own relatives.

It is a violation of human rights when young girls are brutalized by the painful and degrading practice of genital mutilation.

It is a violation of human rights when women are denied the right to plan their own families, and that includes being forced to have abortions or being sterilized against their will.

If there is one message that echoes forth from this conference, let it be that human rights are women's rights.... And women's rights are human rights, once and for all.

Let us not forget that among those rights are the right to speak freely. And the right to be heard.

Women must enjoy the right to participate fully in the social and political lives of their countries if we want freedom and democracy to thrive and endure.

It is indefensible that many women in non-governmental organizations who wished to participate in this conference have not been able to attend -- or have been prohibited from fully taking part.

Let me be clear. Freedom means the right of people to assemble, organize, and debate openly. It means respecting the views of those who may disagree with the views of their governments. It means not taking citizens away from their loved ones and jailing them, mistreating them, or denying them their freedom or dignity because of the peaceful expression of their ideas and opinions.

In my country, we recently celebrated the 75th anniversary of women's suffrage. It took 150 years after the signing of our Declaration of Independence for women to win the right to vote.

It took 72 years of organized struggle on the part of many courageous women and men.

It was one of America's most divisive philosophical wars. But it was also a bloodless war. Suffrage was achieved without a shot fired.

We have also been reminded, in V-J Day observances last weekend, of the good that comes when men and women join together to combat the forces of tyranny and build a better world.

We have seen peace prevail in most places for a half century. We have avoided another world war.

But we have not solved older, deeply-rooted problems that continue to diminish the potential of half the world's population.

Now it is time to act on behalf of women everywhere.

If we take bold steps to better the lives of women, we will be taking bold steps to better the lives of children and families too.

Families rely on mothers and wives for emotional support and care; families rely on women for labor in the home; and increasingly, families rely on women for income needed to raise healthy children and care for other relatives.

As long as discrimination and inequities remain so commonplace around everywhere in the world -- as long as girls and women are valued less, fed less, fed last, overworked, underpaid, not schooled and

subjected to violence in and out of their homes -- the potential of the human family to create a peaceful, prosperous world will not be realized.

Let this conference be our -- and the world's -- call to action.

Let us heed the call so that we can create a world in which every woman is treated with respect and dignity, every boy and girl is loved and cared for equally, and every family has the hope of a strong and stable future.

That is the work before you, that is the work before all of us, who have a vision of the world we want to see for our children and our grandchildren. The time is now. We must move beyond rhetoric, we must move beyond recognition of problems, to working together, to have the common efforts to build that common ground we hope to see.

God's blessings on you, your work and all who will benefit from it. Godspeed and thank you very much.

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THE WHITE HOUSE AT WORK

Thursday, January 22, 1998

INCREASING SUPPORT FOR FAMILY PLANNING

I will continue to do everything I can to make sure that every child in America is a wanted child, raised in a loving, strong family. Ultimately, that is the idea the anniversary of Roe v. Wade celebrates.

President Bill Clinton
January 22, 1998

Today, marks the 25th anniversary of Roe v. Wade, the landmark Supreme Court decision that affirmed every woman's right to choose whether and when to have a child. President Clinton is committed to ensuring this right, and in doing so, to protecting two of our nation's most deeply-held values, personal privacy and family responsibility.

Prevention and Family Planning. During the last five years, the Administration has worked hard to reduce the need for abortions and to prevent unintended pregnancy by making comprehensive family planning and sex education programs more widely available. The President's FY 1999 budget calls for:

- **Increased Funding for Title X.** The proposal will increase Title X Family Planning grants by \$15 million -- a 46% increase since FY1992.
- **Medicaid and Other Services.** The proposal will provide almost \$500 million in federal funds to Medicaid to support family planning services. Additionally, the Maternal & Child Health Block Grant, the Social Services Block Grant, and the Preventive Health Block Grant will provide \$100 million to state and local communities for family planning services.
- **Prevention Education and Research.** The proposal will provide about \$200 million for the National Institutes of Health's research on infertility, contraception, and related matters, and CDC's programs to educate teenagers about sexual development and abstinence. Additionally, Health and Human Service's teen pregnancy prevention and related youth programs will continue to engage the Girl Power! education initiative in sustained efforts to promote pregnancy prevention among girls 9- to 14-years-old.

A Comprehensive Approach to Family Planning. Under the President's proposal nearly 5 million clients each year at more than 4,700 family planning clinics nationwide, would have access to a comprehensive set of family planning services including contraceptive services, pregnancy testing, sexually transmitted disease screening and treatment, and education and outreach.

Supporting International Family Planning. The Administration is strongly committed to international family planning efforts. The President has blocked several Congressional attempts to prohibit funding for international family planning groups that use their own funding to lobby on behalf of abortion rights or perform abortions. Under the President's Budget, bilateral assistance provided through AID and assistance to the United Nations Population Fund

will grow to \$425 million in FY 1999, a 32% increase over FY 1992.

The White House Briefing Room
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Fact Sheet V

Promoting Reproductive Health Services for Women

"Certain choices are too personal for politics." **President Clinton and Vice President Gore**

The President is committed to ensuring that all women have access to reproductive health and family planning services, that all women are able to determine the number and spacing of their children, and that abortion is safe, legal and rare.

Reversed the Gag Rule

During his first week in office, President Clinton reversed the previous administration's attempts to prevent federally funded family planning clinics from providing full information on options for resolving unintended pregnancies. A notice of proposed rule making for permanent reversal has been issued.

Supports Reproductive Health and Family Planning

Under President Clinton, the annual budget for the Title X Family Planning Program has increased from \$173.4 million to \$193.3 million. This program is the primary federal mechanism for direct provision of reproductive health and family planning services to low-income women. It is estimated that subsidized family planning services, such as those provided through Title X, prevent more than 1 million unintended pregnancies and 500,000 abortions each year. In addition, the President reversed the ban, instituted in 1987 by the Reagan Administration, on privately funded abortion services in U.S. military hospitals; and repealed the Mexico City policy, established in 1984 banning U.S. funding support to international organizations that include abortion services in their reproductive health and family planning programs. In 1994, at the International Conference on Population and Development in Cairo, the United States agreed with more than 150 nations to promote reproductive health for all women and to address the threat to women's health from unsafe abortion.

Establishing Clinic Safety

President Clinton signed the Freedom of Access to Clinic Entrances Act to fight the escalating violence against women and doctors at women's health clinics.

Moved Forward with Reproductive Research

President Clinton ordered that the ban on mifepristone, a drug that terminates pregnancy without surgery, be revisited. Currently, the drug is undergoing clinical trials in the U.S.

Establishing Services for Victims of Rape and Incest

Under President Clinton, the Department of Health and Human Services implemented a congressionally ordered change to Medicaid to include abortion services for women whose pregnancies result from rape or incest, in addition to saving the life of the woman.

Office of Women's Initiatives and Outreach. Phone: 202 456-7300; Fax: 202 456-7311

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THE WHITE HOUSE

Office of the Press Secretary

For Immediate Release

September 5, 1995

**FIRST LADY HILLARY RODHAM CLINTON
REMARKS TO THE WORLD HEALTH ORGANIZATION FORUM
ON WOMEN AND HEALTH SECURITY
BEIJING, CHINA**

MRS. CLINTON: Thank you very much. Thank you Dr. Nakajima, Mrs. Mongella, all of the panelists, delegates to this important conference, and guests from all over the world. I am honored to be here this morning among women and men who are committed to improving the health of women and girls everywhere in our world.

I want to start by commending the World Health Organization for making women's health a top priority and for establishing the Global Commission on Women's Health.

I am also proud that in the preparatory meetings for this Fourth World Conference on Women, the United States took the lead with other countries in highlighting the importance of a comprehensive approach to women's health. That approach builds on actions taken at previous women's conferences and the recent conferences at Cairo and Copenhagen, whose goals to promote the health and well-being of all people were endorsed by 180 nations.

Cairo was particularly significant as governmental and non-governmental participants worked together to craft a Program for Action which, among other things, calls for universal access to good quality reproductive health care services, including safe, effective, voluntary family planning; greater access to education and health care; more responsibility on the part of men in sexual and reproductive health and childbearing; and reduction of wasteful resource consumption.

Here at this conference, improving girls and women's health is a priority of the draft Platform for Action. It includes such goals as: Access to universal primary health care for all people -- a goal not yet achieved in many countries, including my own. The promotion of breast feeding. The provision of safe drinking water and sanitation. Research in and attention to women's health issues, including: environmental hazards, prevention of HIV/AIDS and other sexually transmitted diseases, encouragement for adolescents to postpone sexual activity and childbearing, and discouragement of cultural traditions and customs that deny food and health care to girls and women.

Goals such as these illustrate a new commitment to the well-being of girls and women and a belief in their rights to live up to their own God-given potentials.

At long last, people and governments everywhere are beginning to understand that investing in the health of women and girls is as important to the prosperity of nations as investing in the development of open markets and trade. The health of women and girls cannot and must not be divorced from progress on other economic and social issues.

Scientists, doctors, nurses, community leaders and women themselves are working to improve and safeguard the health of women and families all over the world. If we join together as a global community, we can lift up the health and dignity of all women and their families in the remaining years of the 20th century and on into the next millennium.

Yet, for all the promise the future holds, we also know that many barriers lie in our way. For too long, women have been denied access to health care, education, economic opportunities, legal protection and human rights -- all of which are used as building blocks for a healthy and productive life.

In too many places today, the health of women and families is compromised by inadequate, inaccessible and unaffordable medical care, lack of sanitation, unsafe drinking water, poor nutrition, insufficient research and education about women's health practices, and coercive and abusive sexual practices.

In too many places, the status of women's health is a picture of human suffering and pain. The faces in that picture are of girls and women who, but for the grace of God or the accident of birth, could be us or one of our sisters, mothers or daughters.

Today, at least fifteen percent of pregnant women suffer life threatening complications and more than one-half million women around the world die in childbirth. Most of those deaths could be prevented with basic primary, reproductive and emergency obstetric health care. In some places, there are 175,000 motherless children for every one million families. Many of those children don't survive. And of those who do, many are recruited into a life of exploitation on the streets of our world's cities, subjected daily to abuse, indignity, disease, and the specter of early death.

There must be a renewed commitment to improving maternal health. The World Health Organization launched in 1987 a Safe Motherhood Initiative to have maternal mortality by the year 2000. To reach that goal, more attention must be paid to emergency medical care as well as primary prenatal care.

Providing emergency obstetric care is a relatively cheap way of saving lives -- and along with family planning services is among the most cost effective interventions in even the poorest of countries.

The commitment of the World Health Organization and its Global Commission on Women's Health to make childbearing and childbirth a safe and healthy period of every woman's life deserves action on the part of every nation represented here.

In addition, one hundred million women cannot obtain or are not using family planning services because they are poor, uneducated or lack access to care. Twenty million of these women will seek unsafe abortions -- some will die, some will be disabled for life. A growing number of unwanted pregnancies are occurring among young women, barely beyond childhood themselves. As we know, when children have children, the chance of schooling, jobs, and good health is reduced for both parent and child. And our progress as a human family takes another step back.

The Cairo document recognizes "the basic right of all couples and individuals to decide freely and responsibly the number, spacing and timing of their children and to have the information and means to do so." Women should have the right to health care that will enable them to go safely through pregnancy and childbirth and provide them with the best chance of having a healthy infant.

Women and men must also have the right to make those most intimate of all decisions free of discrimination, coercion and violence, particularly any coercive practices that force women into abortions or sterilizations.

On these issues, the US supports the provisions in the Beijing Platform for Action that reaffirm consensus language that was agreed to at the Cairo Conference about a year ago. But I also want to emphasize what the Cairo document said on a particularly sensitive issue to many represented here. It declared that "in no case should abortion be promoted as a method of family planning" -- and that too should be reaffirmed loudly and clearly. The Platform asks governments "to strengthen their commitment to women's health, to deal with the health impact of unsafe abortion as a major public health concern and to reduce the recourse to abortion through expanded and improved family planning services."

As Mrs. Mongella reminded us, violence is also a health issue. It is about time we recognized it as such and began to move against it wherever it occurs. Violence against women remains a leading cause of death among girls and women between the ages of 14 and 44 -- violence from ethnic and religious conflicts, crime in the streets and brutality in the home. For

women who survive the violence, what often awaits them is a life of unrelenting physical and emotional pain that destroys their capacity for mothering, homemaking or working and can lead to substance abuse, and even suicide.

Violence against girls and women goes beyond the beatings, rape, killings and forced prostitution that arise from poverty, wars and domestic conflicts. Every day, more than 5,000 young girls are forced to endure the brutal practice of genital mutilation. The procedure is painful and life-threatening. It is degrading. And it is a violation of the physical integrity of a woman's body, leaving a lifetime of physical and emotional scars.

HIV, AIDS, and sexually transmitted diseases threaten more and more women -- and you will hear more about that poignantly and personally later. Experts predict that by the end of this decade more than half of the people in the world with HIV will be women. AIDS, which threatens whole families and regions, demands the strongest possible response. Governments and the international community must address head-on the growing number of women who are being infected -- and that means refusing to deny the extent of the problem and beginning to deal with it in order to start solving it and preventing it wherever we can.

More than 700,000 women worldwide face breast cancer each year -- and over 300,000 die of it. It's the leading cause of death for women in their prime in the developed world. In the time I speak to you today, 25 women around the world will die of breast cancer. In my own country, it is hard to find a family, an office, or a neighborhood that has not been touched by this disease. My own mother-in-law struggled against breast cancer for four years before losing her battle. That is another disease that all of us must join forces together to combat.

Tobacco use is the number one preventable cause of death. Some might think that it doesn't rank up there with the other serious problems that will be discussed, AIDS/HIV -- and of course it does not have the extraordinarily painful image and effects that other threats to health do -- but it is a killer and it causes great anguish among those who are struck down. Ninety percent of women who smoke began to smoke as adolescents -- leading to high rates of heart disease, cancer, and chronic lung disease later in life -- that are not only a burden to the individual and the family -- but to the health care system that are trying to cope with diseases such as AIDS and breast cancer.

As the World Health Organization points out, we also need to recognize and effectively address the fact that women are far more likely to be exposed to work-related and environmental health hazards. Policies to alleviate and eliminate such health hazards associated with work in the home and in the workplace also demand action.

Research indicates further that certain communicable diseases affect women in greater numbers. Tuberculosis, for example, is responsible for the deaths of one million women each year and those in their early and reproductive years are most vulnerable.

When health care systems around the world don't work for women; when our mothers, daughters, sisters, friends and co-workers are denied access to quality care because they are poor, do not have health insurance, or simply because they are women, it is not just their health that is put at risk. It is the health of their families and communities as well.

Like many nations, the United States brings to this conference a serious commitment to improving women's health. We bring with us a series of initiatives which represent the first steps to carrying out this Conference's Platform for Action.

We are continuing to work for health care reform to ensure that every citizen has access to affordable, quality care.

We are proposing a comprehensive and coordinated plan to reduce smoking by children and adolescents by 50 percent.

We are working to address the many factors that contribute to teenage pregnancy, our most serious social problem, by encouraging abstinence and personal responsibility on the part of young men and women; improving access to health care and family planning services; and supporting health education in our schools.

We are pursuing a public policy agenda on HIV/AIDS that is specific to women, adolescents, and children.

We are continuing to fund and conduct contraceptive research and development.

We are addressing the health needs of women through initiatives such as:

- * The National Action Plan on Breast Cancer -- a public, private partnership working with all agencies of government, the media, scientific organizations, advocacy groups and industry to advance breast health and eradicate breast cancer as a threat to the lives of American women.

- * An Expansion of the National Breast and Cervical Cancer Early Detection Program -- we hope will ensure that women who need regular screening and detection services have access to them, and that those services meet quality standards.

- * The inclusion of women in clinical trials for research and testing of drugs or other interventions that probe specific differences between men and women in patterns of disease and reactions to therapy.

* The specific health needs of older women will be addressed through educational campaigns about osteoporosis, cancer and other diseases.

* And the United States is conducting the largest clinical research study ever undertaken to examine the major causes of death, disability and frailty in post-menopausal women.

We come prepared to be partners working together on behalf of women's health security -- which must be a priority of all people and governments working together. Without good health, a woman's God-given potential can never be realized. And without healthy women, the world's potential can never be realized.

So I hope that through this conference we renew our commitment to join together to ensure that every little boy and girl that comes into our world is healthy and wanted; that every young woman has the education and economic opportunity to live a healthy life; and that every woman has access to the health care she needs throughout her life to fulfill her potential in her family, her work, and her community.

If we care about the futures of our daughters, our sons, and the generations that will follow them, we can do nothing less.

I want to thank so many of you in this room for the work you do everyday to bring better health to women, men, children, and families throughout world. Thank you for helping governments and citizens understand that we cannot talk about equality and social development without also talking about health care.

Most of all, thank you for being part of this historic and vital discussion. It holds promise for our future, if we act and continue to work together. I was pleased to find this declaration on women's health and health security and to see in it goals with measurable targets. That is what we must commit ourselves to. Rhetoric alone, recognition of the problems alone, will not save another girl child, will not prevent the disease that cuts down too many women in their prime, will not ease the passage of women in their older years who have worked so hard all their lives. It is only by combining the rhetoric and recognition with a commitment to specific actions that will bring about the changes we want to see. I commend and thank you for being part of that effort. Thank you very much.

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First Lady Visit to Brasilia: Signing of Letters of Intent for U.S. Government supported reproductive health programs in two Northeast States

Background: Over the past 20 years USAID support has played an important and evolving role in the development of family planning in Brazil, with USAID funding (primarily through non-governmental organizations) serving as the cutting edge of efforts to broaden method mix and improve the quality of services as well as helping to legitimize family planning in Brazil, establish service delivery mechanisms and channel contraceptives to underserved groups. Since 1992, USAID reproductive health assistance has concentrated on the development of public sector programs in the two States of Bahia (site of previous FLOTUS visit) and Ceara in the Northeast which lag behind the rest of the country in terms of social indicators, including infant mortality, total fertility and contraceptive prevalence.

Significance: USAID's reproductive health strategy in Brazil for the period 1992-2000 is a phase-out strategy, focused on the two Northeast states of Bahia and Ceara. The success of this strategy depends on the assumption of financial and programmatic responsibility by the State level governments. To formalize the commitment of the State governments to support the program in the future, and to make explicit the role of USAID and its partners, Letters of Intent have been drafted and reviewed by both sides, and are ready for signature. The proposed event would be a signing ceremony of these two Letters of Intent with participation by The First Lady.

Since the USAID strategy seeks to improve the quality of existing family planning services and to ensure that a sustainable program exists in Ceara and Bahia by the year 2000, the program is expanding the range of family planning methods available, increasing exercise of informed choice, and democratizing information about reproductive health care. The First Lady can show her support for overall women's issues and access to a full range of family planning services, particularly for the poor women who utilize the public sector. The event could include important leaders of the women's movement, The First Lady Ruth Cardoso, the First Ladies of the State Governors, and government leaders. The event would be important in highlighting the commitment of the Government of Brazil to supporting integrated health programs for women.

Activity:

-Signing of Letters of Intent - Tuesday, October 14 from 12:00-12:30 p.m. in the US Embassy. With representation from the Brazilian Ministry of Health, official representatives of the Northeast states of Bahia and Ceara, (senators, deputies, health officials, and possibly State first ladies); representatives of USAID Cooperating Agencies; and prominent Brazilian women.

TALKING POINTS FOR THE FIRST LADY: Signing of Letters of Intent for Reproductive Health Services in Bahia and Ceará

- The movement for women's equality has become a strong and vocal presence in Brazil over the past three decades. During the transition to democracy in the 1980's, a large number of women's groups were created and began to call publicly for women's rights and equality
- Major concerns of the movement have been health and reproductive rights; violence against women; and women and employment
- Much progress has been made in all of these areas, but our focus today is on expanding rights and access to reproductive health services.
- During my previous trip to Brazil in late 1995, I saw the groundbreaking work which the Health Secretariat of Bahia is undertaking with assistance from USAID to make quality reproductive health information and services available to women. I understand that similar programs are underway in Ceará.
- I understand that these efforts are further reenforced by this Government's commitment to facilitate and expand the access of Brazilian women to more information, counselling and a wider range of family planning options.
- The Letters which I am witnessing today signify important advances for women's health and reproductive rights in the states of Ceará and Bahia, where there is significant unmet need for women's health services and information
- The commitment of the forward-looking leadership of these two States to the democratization of information and services for women and their reproductive rights is to be commended
- I am confident that these important programs will continue to be models of high quality reproductive health services beyond the year 2000

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Brazil: Population and Family Issues

Population growth in Brazil has slowed substantially, reflecting a rapid fertility decline that occurred between 1965 and 1990. The national total fertility rate is now estimated to be about 2.8 children per woman.

Contraceptive use is close to 70 percent. However, Brazilian women have limited options for controlling their fertility -- the pill and female sterilization account for over 90 percent of contraception. Few women obtain adequate information on how to use pills correctly; failure and discontinuation rates are high. Unplanned pregnancies and illegal abortion are widespread, and are particularly acute among adolescents.

For women who seek more reliable fertility control, the main alternative has been surgical sterilization. Many of these women might have opted for temporary methods had safe and reliable alternatives been available.

Northeastern Brazil, with about 30 percent of the country's total population, continues to lag behind the rest of the country. In 1991, the infant mortality rate in the northeast stood at 93.6 per 1,000 per year, with higher levels in rural areas. Maternal mortality is estimated at over 200 per 100,000 pregnancies. The total fertility rate in the region has declined, but in rural areas was nearly twice the national rate.

Brazil has no national family planning program as such, but rather a disjointed mix of access channels that led to high use levels but very poor service quality. Severe reproductive health problems have resulted.

NGO involvement in direct delivery of family planning services has been limited, though NGOs have played an important role in training and education. PAISM, a government-designed integrated women's health care program, aims to address many of these issues, but implementation has been slow and uneven. Donors, including USAID and UNFPA, are assisting poor northeastern states to accelerate implementation of PAISM.

Key Issues:

- o How to increase contraceptive method options and, in particular, reduce reliance on female sterilization. How to eliminate the practice of routine sterilization in conjunction with caesarean delivery, commonly done because of incentives in health insurance plans.

- o How to improve access to family planning information, reproductive health facilities and contraceptives in disadvantaged areas.

- o Whether and how to develop a more comprehensive and better coordinated national family planning program, in concert with NGOs and international organizations.

Brazil: Women's Issues

The movement for women's equality has become a strong and vocal presence in Brazilian society over the past three decades. During the transition to democracy in the 1980s, a large number of women's groups were created to call publicly for women's rights and equality. Currently over 8,000 women's groups are registered in Brazil. Despite lively debate on diverging positions, the groups have formed networks that address four priority areas: health and reproductive rights, violence against women, communication and women and the environment.

USAID has provided support to women's groups in Brazil, especially through travel and training grants to promote networks.

At the Cairo and Beijing conferences, the strength of the organized women's movement in Brazil was evident from the participation in the preparatory process and on the official delegation. The Brazilian delegation to the Beijing Conference raised the following key issues with regard to the situation of women in Brazil.

Key Issues:

- o Access to employment and salary levels are still different for men and women.
- o A majority of Brazilians working in the informal sector of the economy or considered under-employed are women.
- o The number of households headed by women has been increasing rapidly, especially among the poor.
- o Women have little access to power and decision-making positions.
- o Social and domestic violence are present in women's daily lives.
- o Even though men and women have equal access to education, the system segregates men and women by area of occupation.
- o Brazilian laws have not yet been revised to incorporate equal rights for men and women, as established by the 1988 constitution.
- o Gender inequality is aggravated by social-economic, racial and ethnic differences.

Country Profile

III. FAMILY PLANNING

BRAZIL

Percent of married women (15-49) practicing family planning:

1970 : 32 1986 : 66 :

: :

Contraceptive prevalence rate among married women of reproductive age (MWRA) by method:

1986

All methods: 65.8 percent Modern methods: 56 percent

Female sterilization: 26.9 Pill: 25.2

Male sterilization: 0.8 Injectable: 0.6

IUD: 1 Condom: 1.7

Female barrier: 0.5 NORPLANT:

MWRA per family planning staff member, :

MWRA per family planning service point, 1989 : 9.730

Government's family planning budget as percent of health budget, :

Source of contraceptive supplies and services among current users, :

Percent of current users relying on public programs:

Percent of current users relying on the private sector:

Percent of population with access to family planning services, :

	Total	Urban	Rural
IUD insertion:	1	2	
Pill:	90	100	80
injectable:	1	2	
Female sterilization:	50	80	30
Male sterilization:	3	5	
Condom:	95	95	95
Abortion:			

UNCLASSIFIED

Brazil: LUNCH - with Prominent Women

Context of the Event

At this breakfast meeting, you will meet prominent Brazilian women from all walks of life. Since the breakfast will take place on the Sunday morning of a holiday weekend, most of the participants will be from the Salvador area, but we will try to include a small sampling of American women leaders resident in Brazil. Although many of the participants share a special interest in women, children, and families, the group will include politicians, public sector technocrats, professionals, representatives from NGOS, educators, and writers with a broad range of interests.

We propose to hold the breakfast at the Meridien Hotel, which has experience and appropriate facilities in its business/convention center for hosting such events.

Invitations will be issued in your name, but the Ambassador's wife, Mrs Joan Levitsky, will be on hand to greet visitors and introduce you. After receiving the guests, Mrs. Levitsky will escort you to your table. At an appropriate time after all have been seated, she will introduce you and invite you to open the discussion, encouraging the informal give and take we hope the setting will engender. We anticipate the breakfast and ensuing discussion to last 60 - 90 minutes.

Your Objectives

- o To meet a range of outstanding Brazilian women;
- o To exchange ideas on problems of women, children and families; and
- o To express support for Brazil's progress as a democratic society and Brazil's current economic and social reform efforts.

Talking Points

- o I am pleased to meet with you today to exchange ideas and experiences in the areas in which both you and I have been active.
- o Brazil and the United States have much in common -- we are nations of people from many cultures: We seek to build democratic, prosperous, multiracial societies.
- o We have both coped well with some problems, but we face others that continue to defy our best efforts to solve -- problems of poverty, race and treatment of women.
- o I believe that these problems have solutions, and that we can, and must, work together to solve them.
- o I am particularly interested in seeing today in Salvador some of Brazil's best efforts to expand opportunities for education and health for women, children and families.

Brazil: Women's Health Hospital

Context of the Event

Infant and maternal mortality in Bahia, as in the rest of northeastern Brazil, are shockingly high for a country of Brazil's level of development. Unwanted pregnancy and illegal abortion are widespread. The State of Bahia's public health department, with technical assistance from USAID, is implementing a state-wide program of integrated women's health care to address these serious issues.

You will visit Joao Batista Carybe Hospital*, a public institution where the state health department of Bahia (SESAB) is implemented such a program. The Secretary of Health, Dr. Jose Maria Magalhaes, and the Director of Bahia's Women's Health Care Program, Dr. Balbina Pessoa, will accompany you on the visit. They will show you the facilities, and will emphasize SESAB's efforts to improve services for women.

Your Objectives

- o To see how the State of Bahia, with USAID support, is addressing critical problems of women's reproductive health through a progressive, integrated program.
- o To express USG support for women's health care programs, recognizing that access to family-planning, pre-natal, maternity, and cancer-screening services are critical elements of public health.

Talking Points

- o I recognize the serious nature of the problems affecting women's health in Brazil -- the lack of resources to provide quality services, the lack of access to family planning methods, and unwanted pregnancies, especially among adolescents. I wish to commend the State of Bahia for actively addressing these problems.
- o Programs that give women the means to make their own decisions and to control their own lives are an important part of public health.
- o We hope to continue our collaboration with you on women's health issues through USAID programs.
- o I hope that in the future, health care professionals like those who work here in the Women's Health Program will be able to report significant reductions in infant and maternal mortality here in Bahia.

* The Tysalla Balbina Maternity Hospital may be substituted, if desired.

Brazil: Cidade Mãe

Context of the Event

Cidade Mãe is a program of vocational training, counseling and life skills orientation for youth in Salvador, principally girls. The program was started and supported by Salvador's mayor, Mrs. Lidice da Mata. You will visit one of Cidade Mãe's community centers, where youth aged 10-17 spend their out-of-school hours. (School in Brazil is four hours per day.) Vocational training programs include appliance repair, cutting and sewing, handicrafts and gardening. The Mayor and Mrs. Juvelita Carvalho, Project Director, will escort you on your visit to the center, describe their program and their links with the community, including the community advisory board that is created at each site. A room at the center will be set up for a brief presentation by the Mayor and staff, to which you will make responding remarks.

Your Objectives

- o To meet women leaders who are actively addressing the problems of adolescents and young girls in Salvador's poor communities.
- o To express support for orientation, training and education for girls, including interventions with families and preventive programs on unwanted pregnancy, STD/AIDS, and drug abuse.
- o To emphasize USG concern for education of girls, as shown by the new Partnership for Education Revitalization in the Americas (PERA) initiative.

Talking Points

- o I am delighted to visit Cidade Mãe, and to see so many young women who are industrious, committed and producing such beautiful work.
- o I congratulate Mayor Lidice and the staff of the project on their efforts, which are showing such obviously good results.
- o I have drawn attention in the US and other countries to the need for education and training for girls. Our Government emphasizes these priorities in its international cooperation. PERA, a new initiative in this area, will address the needs of youth in Latin America and provide a network for us to share experiences, lessons learned and hopes for the future.

President Clinton And Vice President Gore: Standing Up For a Woman's Right to Choose

"I'm committed to keeping abortions safe, legal, and accessible -and to making it more rare...I will continue to do everything I can to make sure that every child in America is a wanted child, raised in a loving, strong family."

President Bill Clinton, January 22, 1998

Throughout his Presidency, President Clinton and Vice President Gore have worked hard to protect a woman's right to choose and to promote safe reproductive health services for women.

Provided Contraceptive Coverage to More than a Million Women. The FY99 Omnibus Appropriations Act contains an important policy breakthrough on reproductive choice. The final bill requires the 300 Federal Employees Health Benefits Plans (FEHBP) to cover contraceptive drugs and devices, providing coverage to approximately 1.2 million women of childbearing age. Until now, only 19% of federal health plans covered prescription contraceptives and 10% of the plans offered no contraceptive coverage at all. The Republican Leadership tried to remove this measure, but President Clinton and pro-choice members remained firm.

Increased Funding for Family Planning. In the FY99 Omnibus Appropriations Act, the President won an increase of \$12 million over FY98 levels for family planning services or Title X Family Planning grants. The House-version would have denied any additional funds.

Stopped the Coburn Amendment Which Would Have Prohibited the FDA from Approving RU-486. On January 22, 1993, President Clinton reversed the ban on the importation of Mifepristone or RU-486; RU-486 is currently under review by the Food and Drug Administration (FDA). Unfortunately, the FDA's scientific drug approval process became under assault in the 105th Congress. President Clinton threatened to veto a provision that would have prevented the FDA from using government funds to test, develop or approve drugs that may induce medical abortion, including RU-486. Because of the President's veto threat, Republicans backed down and decided not to attach this provision to any funding bill.

Defeated Parental Consent Restrictions on Contraceptives for Minors. The House voted to require minors to obtain parental consent prior to receiving any Title X family planning services (this has also been referred to as the Istook amendment). The President's veto threat helped to keep it out of the final bill.

Stopped the So-Called "Child Custody Protection" Act. Senior Clinton Administration Advisers recommended a veto of this bill which would have made it illegal to transport a minor across State lines for the purpose of avoiding parental consent or notification

laws. The Clinton Administration, as detailed in the Statement of Administration Policy, was very concerned that the bill did not protect close family members --including grandmothers, aunts and siblings --from criminal and civil liability. Family members could face criminal charges for aiding a relative in distress. The bill also did not protect persons that only provide information, counseling, referral or medical services to the minor from liability. Under a veto threat, the Senate failed to invoke cloture (or end debate) on the Child Custody Protection Act.

Upheld the Late Term Abortion Veto. This year, the House of Representatives voted to override President Clinton's veto of a bill banning certain late-term abortions, known by proponents of the ban as "partial birth abortions." While the House voted to override the President's action, the Senate sustained the veto by a vote of 36-64 --just three votes short of the required two-thirds majority needed to override the veto. President Clinton vetoed the measure in October 1997 because it did not contain an exception that protected the health or life of the woman.

Continued to Fight Restrictions on International Family Planning. The FY99 Omnibus Appropriations Act does not contain the so-called "Mexico City" policy, a provision that denies U.S. funds to international family planning organizations that use their own resources to perform abortions or lobby on abortion policy. The Mexico City restrictions were also included in the Foreign Affairs Reform and Restructuring Act. President Clinton vetoed this legislation because it contained these unacceptable restrictions.

January 15, 1999

THE REVEREND
MARTIN LUTHER KING, JR.

"Family Planning - A Special and Urgent Concern"

Upon Accepting

THE PLANNED PARENTHOODR FEDERATION OF AMERICA
MARGARET SANGER AWARD

May 5, 1966

Dr. King's speech is reprinted with the permission of the Joan Daves Agency, 21 West 26th Street, New York, New York 10010.

Cover photo of Dr. King by permission of AP/Wide World Photos.

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In 1966, Planned Parenthood Federation of America inaugurated the PPFA Margaret Sanger Award to honor the woman who founded America's family planning movement. The PPFA Margaret Sanger Award is given annually to individuals of distinction in recognition of excellence and leadership in furthering reproductive health and reproductive rights.

In its first year, the award was bestowed upon four men:

- Dr. Carl G. Hartman, for "his singular contribution to human knowledge of the reproductive processes."
- General William H. Draper, Jr., for "his singular contribution during the past decade to the mobilization of public awareness and government action to resolve the world population crisis."
- President Lyndon Baines Johnson, for "his vigorous and farsighted leadership in bringing the United States government to enunciate and implement an affirmative, effective population policy at home and abroad."
- The Reverend Martin Luther King, Jr., for "his courageous resistance to bigotry and his lifelong dedication to the advancement of social justice and human dignity."

Dr. King's award was presented on May 5, 1966. The citation read:
"This award is presented to the Reverend Martin Luther King, Jr., for his courageous resistance to bigotry and his lifelong dedication to the advancement of social justice and human dignity.

"Facing jail, abuse and physical danger, Dr. King's unceasing efforts -- in behalf of all Americans -- to win freedom for the Negro people parallel closely Mrs. Sanger's fight over the last half-century for the emancipation of women from the burdens of perpetual child-bearing and the emancipation of children from a future of poverty and hopelessness. Neither Mrs. Sanger nor Dr. King has hesitated to challenge unjust laws, cruel social customs and blind prejudice that hold people in ignorance and degradation. Our courts, our legislatures and -- most of all -- the human heart and mind have been the crucible in which they have forged a nobler history for all mankind.

"In the tradition of all great humanitarians who have seen that human life and progress are indeed indivisible, Dr. King has lent his eloquent voice to the cause of world-wide voluntary family planning.

"For Martin Luther King's unique qualities of understanding, compassion and bravery, and for his wise and unwavering leadership in securing for all people their basic human right to knowledge, dignity and opportunity that are the fount and principle of Margaret Sanger's life, this award is presented."

* * * * *

Mrs. Coretta Scott King delivered her husband's acceptance speech on his behalf.

Before reading Dr. King's speech, Mrs. King declared: "I am proud tonight to say a word in behalf of your mentor, and the person who symbolizes the ideas of this organization, Margaret Sanger. Because of her dedication, her deep convictions, and for her suffering for what she believed in, I would like to say that I am proud to be a woman tonight."

[photo credit for picture of Mrs. King] John Burwell

[photo caption: Mrs. Coretta Scott King accepts the PPFA Margaret Sanger Award from Cass Canfield, Chairman of the Executive Committee of the PPFA-World Population Emergency Campaign.]

Planned Parenthood is proud to reprint Dr. King's acceptance speech.

FAMILY PLANNING -- A SPECIAL AND URGENT CONCERN

by Rev. Martin Luther King, Jr.

Recently, the press has been filled with reports of sightings of flying saucers. While we need not give credence to these stories, they allow our imagination to speculate on how visitors from outer space would judge us. I am afraid they would be stupefied at our conduct. They would observe that for death planning we spend billions to create engines and strategies for war. They would also observe that we spend millions to prevent death by disease and other causes. Finally they would observe that we spend paltry sums for population planning, even though its spontaneous growth is an urgent threat to life on our planet. Our visitors from outer space could be forgiven if they reported home that our planet is inhabited by a race of insane men whose future is bleak and uncertain.

There is no human circumstance more tragic than the persisting existence of a harmful condition for which a remedy is readily available. Family planning, to relate population to world resources, is possible, practical and necessary. Unlike plagues of the dark ages or contemporary diseases we do not yet understand, the modern plague of overpopulation is soluble by means we have discovered and with resources we possess.

What is lacking is not sufficient knowledge of the solution but universal consciousness of the gravity of the problem and education of the billions who are its victims.

It is easier for a Negro to understand a social paradox because he has lived so long with evils that could be eradicated but were perpetuated by indifference or ignorance. The Negro finally had to devise unique methods to deal with his problem, and perhaps the measure of success he is realizing can be an inspiration to others coping with tenacious social problems.

In our struggle for equality we were confronted with the reality that many millions of people were essentially ignorant of our conditions or refused to face unpleasant truths. The hard-core bigot was merely one of our adversaries. The millions who were blind to our plight had to be compelled to face the social evil their indifference permitted to flourish.

After centuries of relative silence and enforced acceptance, we adapted a technique of exposing the problem by direct and dramatic methods. We had confidence that when we awakened the nation to the immorality and evil of inequality, there would be an upsurge of conscience followed by remedial action.

We knew that there were solutions and that the majority of the nation were ready for them. Yet we also knew that the existence of solutions would not automatically operate to alter conditions. We had to organize, not only arguments, but people in the millions for action. Finally we had to be prepared to accept all the consequences involved in dramatizing our grievances in the unique style we had devised.

There is a striking kinship between our movement and Margaret Sanger's early efforts. She, like we, saw the horrifying conditions of ghetto life. Like we, she knew that all of society is poisoned by cancerous slums. Like we, she was a direct actionist -- a nonviolent resister. She was willing to accept scorn and abuse until the truth she saw was revealed to the millions. At the turn of the century she went into the slums and set up a birth control clinic, and for this deed she went to jail because she was violating an unjust law. Yet the years have justified her actions. She launched a movement which is obeying a higher law to preserve human life under humane conditions. Margaret Sanger had to commit what was then called a crime in order to enrich humanity, and today we honor her courage and vision; for without them there would have been no beginning. **Our sure beginning in the struggle for equality by nonviolent direct action may not have been so resolute without the tradition established by Margaret Sanger and people like her.** Negroes have no mere academic nor ordinary interest in family planning. They have a special and urgent concern.

Recently the subject of Negro family life has received extensive attention. Unfortunately, studies have overemphasized the problem of the Negro male ego and almost entirely ignored the most serious element -- Negro migration. During the

past half century Negroes have migrated on a massive scale, transplanting millions from rural communities to crammed urban ghettos. In their migration, as with all migrants, they carried with them the folkways of the countryside into an inhospitable city slum. The size of family that may have been appropriate and tolerable on a manually cultivated farm was carried over to the jammed streets of the ghetto. In all respects Negroes were atomized, neglected and discriminated against. Yet, the worst omission was the absence of institutions to acclimate them to their new environment. Margaret Sanger, who offered an important institutional remedy, was unfortunately ignored by social and political leaders in this period. In consequence, Negro folkways in family size persisted. The problem was compounded when unrestrained exploitation and discrimination accentuated the bewilderment of the newcomer, and high rates of illegitimacy and fragile family relationships resulted.

For the Negro, therefore, intelligent guides of family planning are a profoundly important ingredient in his quest for security and a decent life. There are mountainous obstacles still separating Negroes from a normal existence. Yet one element in stabilizing his life would be an understanding of and easy access to the means to develop a family related in size to his community environment and to the income potential he can command.

This is not to suggest that the Negro will solve all his problems through Planned Parenthood. His problems are far more complex, encompassing economic security, education, freedom from discrimination, decent housing and access to culture. Yet if family planning is sensible it can facilitate or at least not be an obstacle to the solution of the many profound problems that plague him.

The Negro constitutes half the poor of the nation. Like all poor, Negro and white, they have many unwanted children. This is a cruel evil they urgently need to control. **There is scarcely anything more tragic in human life than a child who is not wanted.** That which should be a blessing becomes a curse for parent and child. There is nothing inherent in the Negro mentality which creates this condition. Their poverty causes it. When Negroes have been able to ascend economically, statistics reveal they plan their families with even greater care than whites. Negroes of higher economic and educational status actually have fewer children than white families in the same circumstances.

Some commentators point out that with present birth rates it will not be long before Negroes are a majority in many of the major cities of the nation. As a consequence, they can be expected to take political control, and many people are apprehensive at this prospect. Negroes do not seek political control by this means. They seek only what they are entitled to and do not wish for domination purchased at the cost of human misery. Negroes were once bred by slave owners to be sold as merchandise. They do not welcome any solution which involves population

breeding as a weapon. They are instinctively sympathetic to all who offer methods that will improve their lives and offer them fair opportunity to develop and advance as all other people in our society.

For these reasons we are natural allies of those who seek to inject any form of planning in our society that enriches life and guarantees the right to exist in freedom and dignity.

For these constructive movements we are prepared to give our energies and consistent support; **because in the need for family planning, Negro and white have a common bond; and together we can and should unite our strength for the wise preservation, not of races in general, but of the one race we all constitute -- the human race.**

* * * * *

Margaret Sanger was too ill to attend the award ceremony in May 1966. She died the following September. Mrs. Sanger would have been deeply honored and pleased to have heard such beautiful tributes from kindred heroes in the struggle for equality and civil rights, Dr. and Mrs. Martin Luther King, Jr.

About two weeks after the award ceremony, Dr. King wrote the following letter to Cass Canfield, president of the Planned Parenthood Executive Committee:

Dear Mr. Canfield:

Words are inadequate for me to say how honored I was to be the recipient of the Margaret Sanger Award. This award will remain among my most cherished possessions. While I cannot claim to be worthy of such a signal honor, I can assure you that I accept it with deep humility and sincere gratitude. Such a wonderful expression of support is of inestimable value for the continuance of my humble efforts.

Again let me say how much I regret that at the last minute urgent developments in the civil rights movement made it impossible for me to be in Washington to personally receive the award. My wife brought glowing echoes of the wonderful reception and impressiveness of the total occasion.

I am happy to be the recipient of the Margaret Sanger Award and I can assure you that this distinct honor will cause me to work even harder for a reign of justice and a rule of love all over our nation.

Sincerely yours,

Martin Luther King, Jr.

The Planned Parenthood Federation of America Margaret Sanger Award, sculpted by American artist Stanley Bleifeld, is presented annually to honor especially distinguished service promoting family planning and advancing the principles of social justice for which Mrs. Sanger fought.

Recipients

of the
Planned Parenthood Federation of America
Margaret Sanger Award

1966

General William H. Draper
Carl G. Hartman, M.D.
President Lyndon Baines Johnson
Rev. Martin Luther King, Jr.

1967

John D. Rockefeller III

1968

Hon. Ernest Gruening

1969

Lord Caradon

1970

Hon. Joseph D. Tydings

1971

Louis M. Hellman, M.D.

1972

Alan F. Guttmacher, M.D.

1973

Sarah Lewit
Christopher Teitze, M.D.

1974

Harriet F. Pilpel, Esq.

1975

Cass Canfield

1976

John Rock, M.D.

1977

Bernard Berelson

1978

Julia Henderson

Frederick S. Jaffe

Edris Rice Wray, M.D.

1979

Alfred E. Moran

Senator Robert Packwood

1980

Mary S. Calderone, M.D.

Sarah Weddington, Esq.

1981

Governor William G. Milliken

1982

Madame Jihan Sadat

1983

Katharine Hepburn

1984

Bishop Paul Moore

1985

Guadalupe de la Vega

Mechai Viravaidya

1986

Jeannie I. Rosoff

1987

Phil Donahue

1988

Ann Landers
Abigail Van Buren

1989

Henry Morgentaler, M.D.

1990

Mufaweza Khan

1991

Bella Abzug

1992

Faye Wattleton

1993

Richard Steele
Audrey Steele Burnand
Barbara Stelle Williams

1994

Dr. Fred Sai

1995

Dr. Jane Hodgson

1996

Justice Harry A. Blackmun

1997

Dr. Louise Tyrer
Robin Chandler Duke

1998

Rev. Howard Moody

First Lady Hillary Rodham Clinton
People Magazine/Campaign to Prevent Teen Pregnancy Luncheon
New York City, NY
December 1, 1998

(First part of the speech was cut off.)

...life's work and that's (Belle Sawyer?) who served in my husband's first administration in the Office of Management and Budget. He has really pulled together this entire campaign: her commitment, her vision, and her economists' expertise. And, (Belle?), it could not have been done without you.

Then, of course, bringing Sara Brown in was a stroke of genius because she knew as much about teen pregnancy and infant mortality -- often two related subjects -- as anybody in the country .

I think you remember shortly after I moved in to the White House, Sara coming to see me and us sitting together and kind of running through all the ideas we could imagine about what we could do to address this and related issues. She brought to her leadership position not only dedication and understanding, but a real personal stake in it, being a mother of three teenage daughters. And so Sara has come with personal and professional credentials.

Sara told some of us recently that she had met with a group of teenage boys in Austin, Texas, and when it came time for questions, one of the young men raised his hand. And she thought it would be the kind of question she's heard from many people about what we can do about teen pregnancy, but instead he asked a very different question. He asked, "What's wrong with teen pregnancy?" And that was an important question for Sara to be asked and for him to ask because, for a lot of people coming out of different traditions and backgrounds, coming from families where maybe their own mother was a teen mother, it is sometimes difficult to make the case as forcefully as we would like that what might have been acceptable and even doable fifty years ago, is no longer really a possible option for most young people who need more education and more support and face far more temptations than were faced by generations a few decades back. So what's wrong with teenage pregnancy is really a question that each of us has to answer over and over and over again until we've reached everyone like that young man who really doesn't know.

From the very first days, the Campaign has worked to answer that question. When it first came together in late 1995, the President chaired a meeting at the White House where diverse leaders like (Ann Warren?), Whoopi Goldberg, David Hamburg, Sara Brown, and (Mel Sal..?) outlined their vision for this campaign. They saw it as

a real partnership between the public and the private sectors, between business and not-for-profits, between community groups and parents. And so they were already on target in thinking of the ways we could address and answer that young man's question.

In large measure, because of this partnership we are now at a turning point in the struggle against teen pregnancy. Teens are getting the message that teen pregnancy is a one-way ticket -- and not just to dreams deferred but to the ending of dreams. Fewer teens are now getting pregnant, fewer teens are giving birth, and fewer teens are having abortions. So we are being successful on all three fronts: fewer pregnancies, fewer births and fewer abortions. More teenagers are understanding their responsibility, working up the courage that it takes to say no, or being smart and responsible enough to use contraceptives. And perhaps the most important and best news of the last several years is that the birth rate for African American teenagers has dropped a full 21 percent. And that is an astonishing (inaudible). I want personally to commend the African American community across this country -- parents and church groups and community leaders, who all came together and demanded something better of their children and set higher expectations.

Now we know, though, that there are many young people for whom this is still a very real life challenge, and so we have a lot of work ahead of us. And we have some particular groups of people that we have to be concerned about. Young women become pregnant for a host of different reasons. Some don't understand why it's a bad idea, like the young man in Austin who asked the question. Some, though, are coerced by older boyfriends and men, and we need to protect these young girls better than we do now. Others are behind in school, are having problems at home and see this as a way out, see it as way that they can gain maturity, status and somebody to love them. So there is a complex of reasons that we have to address.

And we need to do everything we can using every strategy at our disposal to try to reach every single teenager. And the Administration working with the Campaign is doing just that. For example, under the new welfare reform law we're telling unmarried teen parents that they have to stay in school and live at home or with a responsible older adult in order to receive assistance, including the transition assistance and education assistance they need. There will be more second chance homes where girls can learn the skills to become good parents and avoid getting pregnant again. There will be more abstinence education programs. We are also supporting innovative teen pregnancy programs that reach about 30 percent of American communities and are designed specifically for the communities they address, such as the Administration's new "Girl Power" campaign we are working on with athletes, girl scouts, and others to help girls who often fall victim to the minefields of adolescence to stay healthy and stay confident and stay away from

the dangers of pregnancy. We are also working with young men, a very important part of this equation. I was pleased that the President's plan for after-school programs was successful in this last budget. It provided more than \$200 million to give young people safe and supervised places to go after school to keep them away from the crime and sexual activity that too often occurs between 3 and 8 p.m. on every single school day. But we still have four in 10 young women getting pregnant at least once in their teens, and our nation is still paying an annual cost of \$7 billion related to health and social and other kind of needs.

We also have a problem with Hispanic youngsters, and I was particularly pleased to notice on the guest list that we have representatives from our Hispanic American media. For the first time in history, Hispanic youngsters have the highest teenage birth rate in our nation. They are also now the group most likely to attempt suicide and most likely to leave high school -- a full 30 percent drop out and many never even enroll. So although we've made progress in the African American community, which has gotten so much attention in the last several years, we need now to put equal amounts of attention in the Hispanic American community. And again the reasons are very complex, especially among new immigrants and their children coming from countries very diverse in Central and South America. There are different messages that have to be used to reach these young people. But I think all of us should be very concerned about not only the high teenage birthrate but the high suicide attempt rate among Hispanic young people.

So we've got a lot to do ahead of us. But I think if we continue on the path the Campaign has charted; if we recognize that we're not going to reach young people by lecturing at them or handing them a brochure but need to be much more active in their communities, in their schools, in their churches; and if we are much more realistic in talking to them about their lives, then we know we can make a difference. And I've noticed in the media some of the ways you've done that to reach our teenagers, and I want to thank you. Some of you know that we usually scan magazines read by teenagers. You know, it's all about how girls look, what boys want, how you can make yourself more attractive and more appealing. The message is just a constant one of how the most important thing in the world is to find some boy who thinks that you're special and then have a relationship. But finally we are beginning to see some countervailing messages as well.

After the Real World episodes with Pedro Zamora, MTV says more children wrote, called and e-mailed them than ever before. For the first time they said they understood that AIDS could actually happen to them. When young people opened up Teen People a few months ago, there were some pictures of some really attractive, good looking teenagers who said they weren't going to engage in sexual activity and they were cool about it. And that sent a very positive message to the young women who read that magazine. When teenagers tuned in to the BET town hall meeting they could hear the voices of real teenagers who called in and told

them what it was like to be a teen mother. One 18-year-old called in -- she has three children -- and she described the struggle she faces every day. There is nothing romantic about it, it's not all dressing her children up in these cute little clothes and showing them off to her friends. It's getting them up in the morning, getting them clothed, getting them bathed, feeding them, putting a roof over their heads.

And thanks to Pat and others of you at ABC, when young people turn on One Life to Live right now, they'll meet Jessica, a young girl whose pregnancy led her to elope and disrupt the life of her entire family. One teenager apparently wrote in about this story line and said, "It's good to see someone on TV struggle with this situation and give the message that it is better to wait, and that if you do have sex to use protection." Now imagine what we could do if even more of the media began putting out messages like that, not just on an occasional basis but on a regular basis -- a daily, weekly, monthly basis. So that we could begin to rebuild children's understanding of what reality really is, what parenthood really is, what the demands and responsibilities are.

Through the work that I've done with teenage girls who become pregnant, going back now, I guess, about 25 years, I am always stunned at how these girls have in their minds this sort of white picket fence, happily-ever-after idea of what is going to happen to them. I've talked with girls who have, literally, only the clothes on their back and the diapers for their babies who've told me with a totally straight face and all this anticipation in their voice that their boyfriend really is going to come back from the army and marry them and they'll live happily ever after, or as soon as he gets a better job they'll be a family, or everything is going to work out just fine. Well, they need to understand that maybe in a blue moon somewhere sometime, that does happen, but the real story -- the real tragedy, the real struggles -- of these teenage moms is nothing that they want to dream about or aspire to.

So the more we can demonstrate the gritty reality of what happens to these young men and women who enter into early parenthood too soon, the more we are going to be sending a message of responsibility and of hope. That there is something worth waiting for, there is a future out there that they can have if they stay in school, they get educated, they obtain job skills so that eventually they will be able to support the children that they want so desperately to have.

I know that there has been a powerful video created that asks us to imagine a country where babies don't have babies, where children play outside instead of staying inside to take care of their own children, where no young person ever has to ask what's wrong with teen pregnancy. Well, you are helping us to imagine that country and imagine the lives that will be lived in that country, and the success you've already demonstrated gives me enormous hope that when we meet again next year and the year after and the years to come, we'll see even more progress,

and even more young men and women will have something to say "yes" to in their lives, and the messages they receive will reinforce a life of productivity and responsibility and true happiness as they get older and are able to take on the role of being a parent.

Thank you all very much.

REMARKS BY: DONNA E. SHALALA, SECRETARY OF HEALTH AND HUMAN SERVICES
PLACE: Planned Parenthood Federation, Nashville, Tennessee
DATE: November 15, 1996

Teen Pregnancy

Thank you very much Gloria for that gracious introduction.

Actually, last spring I had the pleasure of introducing Gloria at a reception welcoming her to Washington. I told the audience that evening that she had been described as "Texas tough and Wall Street smart." And then I pointed out that, in Washington, she would need both. Well, in the last five months -- she has done it.

Armed with the lessons she learned as a young mother and her years of experience working for Planned Parenthood, Gloria is continuing the visionary fight for our families that Margaret Sanger so courageously began.

In 1920, Margaret Sanger said, "We gather perfect fruit from perfect trees."

My friends at Planned Parenthood -- that's what you have always done. For more than 80 years you've worked hard, very hard, to bring forth perfect fruit. And you have won big for the families of America, in the courts, in the halls of Congress, and in the streets.

Because of you, we all have more than good families and good food to be thankful for this Thanksgiving. Eighty years ago, who would have thought that we would have a President and a Vice-President willing to fight courageously to protect reproductive freedom; fight courageously to protect the right of women and men to plan their families and control their futures; fight courageously for the Violence Against Women Act and the Freedom of Access to Clinic Entrances Act; and fight courageously to remove that awful Gag Rule that once violated the sacred doctor-patient relationship and put women's health in jeopardy.

Eighty years ago, who would have thought that women from around the world -- women of different religions and cultures -- would gather in Beijing to say that human rights equal women's rights, that all women should be able to control their reproductive future and live in dignity, free from violence and intimidation.

But let me remind you: Eighty years of achievement, eighty years of fighting and winning has brought us victories.

But not victory.

My friends, this fight -- our fight -- is not over!

Yes, we have a pro-choice President and we should be proud of that! We have a President who used, and will continue to use, his veto pen to stand up for family planning, women's health and reproductive freedom.

Because while the other side still has anti-choice majorities in both houses -- we must remember, they are not veto-proof majorities, and we will not let them take us back.

We've been down this road before.

When our opponents in the 104th Congress tried to completely eliminate Title X in the 1996 budget. We said no. When they tried to tell poor women who are victims -- let me repeat victims -- of rape and incest: You are on your own. We said no. And when they tried to take away Medicaid's historic guarantee of health care for millions of children, pregnant women and other vulnerable citizens. We said

no.

We said we are not going back.

We are not going back to the days when our ability to control our own bodies depended on the size of our wallets.

We are not going back to the fear, pain, injury and death of back alley abortions. We are not going back to the days when a tiny vocal minority could keep safe and effective drugs out of the hands of families. And we are not going back to second class citizenship -- to what the poet Sylvia Plath called the "boot in the face."

We saw -- the world saw -- the terrible tragedies in Pensacola and Brookline.

But out of view of the TV cameras, many of you -- and your staffs -- put your lives on the line every day for the fundamental right of families to control their own health. Our Administration applauds your courage and we will always stand with you.

How?

By making it clear that Title X has nothing to do with paying for abortions and everything to do with providing critical services like contraceptives, pap smears, breast exams, STD screening, and HIV testing. By making it clear that family planning saves millions of health care dollars, and means fewer abortions and more disease prevention. And by making it clear that we not only refuse to go back -- we are unapologetically moving forward.

We're moving forward with a strong message of abstinence and a strategy to prevent non-marital teen births that is paying off. According to preliminary data, births to teenagers 15 to 19 dropped in the U.S. for the fourth straight year. And the birth rate for unmarried women dropped between 1994 and 1995 for the first time in almost 20 years.

We're moving forward with a request for an increase in next year's Title X budget. We're moving forward by making it clear that international family planning is the right thing to do for families and for the world. We have long supported, and will continue to support, international family planning and sustainable development, and promote the goals of the 1994 International Conference on Population and Development in Cairo.

And we're moving forward by always -- always -- putting the health of families first. That means, as the President has said, keeping **abortion** safe, legal and rare. It means working to end once and for all the horror and sheer inhumanity of female genital mutilation.

It means making sure that every child that comes into this world is wanted, cared for, and loved. It means using the steady engine of research to expand and improve contraceptive choices for women and men. It means promoting adoptions through tax credits and federal support. It means ensuring that managed care becomes an opportunity, not an obstacle, to deliver low cost, high quality reproductive care. And it means fighting domestic violence with tougher penalties, more community policing and shelters, and now a toll-free national hotline that women can call anytime from anywhere.

With AIDS the fourth leading cause of death among women 26 to 44, putting the health of families first means more than developing a vaccine and getting promising new drugs to families in need, though we must do just that.

It also means investing \$100 million over the next four years in a new effort to develop a female microbicide, and helping pregnant women prevent the perinatal transmission of HIV to their infants. And that's exactly what we're doing.

And putting the health of families first means putting an end to the violence and harassment and intimidation that have plagued our clinics and the families they serve. The fact is, no women seeking

reproductive services, and no clinic worker, should ever have to face the kind of terrorist violence we saw in Pensacola and Brookline. Families should be able to make their most fundamental, most personal decisions in privacy.

That's what RU 486 and other new drug combinations will do -- give families the ability to take **abortion** out of the public spotlight.

This will be a fundamental change.

Think about it.

It could mean: No more traveling to another county -- or state -- to find **abortion** services. No more interference between a woman and her doctor. No more violence. No more fear. But, the battles we have waged are not just about family planning and health. They are about helping us build strong families.

Gloria, herself, has said that the real message the voters sent last week was that they want the President and Congress to "work together to promote strong healthy families."

I think Gloria is exactly right.

Protecting families is not a Republican or Democratic problem -- it's a problem for all of us. But, have you noticed - - it's a little hard not to -- how the opponents of family planning and reproductive freedom are always calling themselves "pro-family?"

The fact is: family planning is pro-family.

Family planning is family building, family preservation, and family success, and that is what our Administration is always fighting for in everything we do. Because, when we fight for Family and Medical Leave, we are pro-family.

When we protect the Earned Income Tax Credit that has pulled millions of working families out of poverty, we are pro-family.

When we raise the minimum wage to \$5.15 an hour -- giving full time minimum wage workers an \$1800 annual pay increase, we are pro-family.

When we invest more in Head Start, child care, education and the environment, we are pro-family.

And when we fight to move women from welfare to work, helping them get the child care, training and health care they need to achieve independence; and not only find jobs -- but keep them, we are pro-family.

Let me be clear: We are 100% committed to implementing the new welfare bill the right way -- and coming back to change those parts of the bill that have nothing to do with reforming welfare.

I know that Planned Parenthood has had a long commitment to welfare reform -- and I know that in a very personal way.

My friend Frankie Stein got her first Planned Parenthood job in 1968 under a Labor Department contract called "New Careers for the Poor." That contract gave courageous young women entry level jobs in Planned Parenthood medical centers, and helped pay for their education while they were working.

Everyone benefitted.

And that's what welfare reform must be all about -- about government joining with the private sector to strengthen our country by helping families make it on their own.

Because as you know better than anyone, government cannot do this job alone. All of us need to work

together -- parents, teachers, coaches, the media, religious organizations, government, Planned Parenthood affiliates and every other non-profit -- to fight for the health of families here and abroad.

I will never forget when I went to the International Women's Conference in Beijing in 1995. I was on my way to hear First Lady Hilary Rodham Clinton speak to NGOs in Hairou -- a speech that turned out to be one of the highlights of the conference.

I almost missed it.

There I was, standing drenched in the pouring rain, when we were confronted by Chinese guards determined to keep us out of the auditorium. Well, I don't think they were counting on a Wisconsin Badger. I've seen enough Wisconsin football victories to know how to throw a block.

When they pushed us, we pushed back.

And, we got in.

Those of us who have dedicated our lives to promoting family planning and protecting reproductive freedom have overcome far bigger obstacles. And we will again. But only if we join hands and push forward despite the setbacks, despite the obstacles. And, only if we reach out to men, especially young men, and help them understand that this is their fight too.

Let me close where I began.

Remember what Margaret Sanger said: We gather perfect fruit from perfect trees. That means we create heroes from heroes -- and courage from courage. And no one has shown greater courage than you. All of us stand on Margaret Sanger's shoulders, but families around the world stand on yours.

And I thank you.

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Facts in Brief

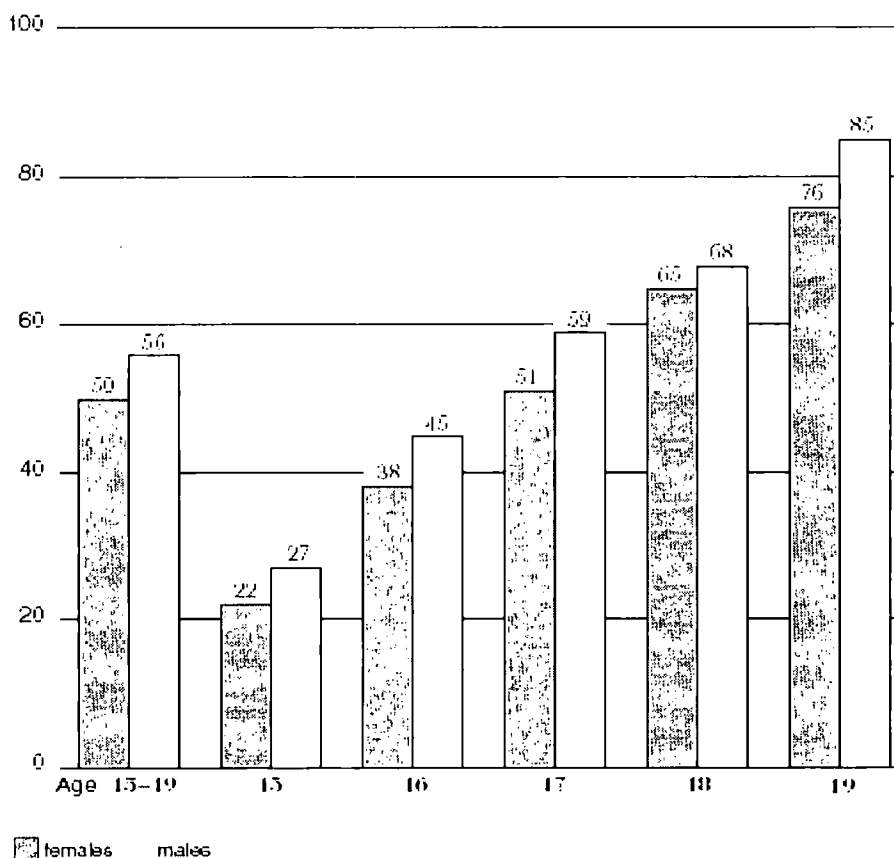
Teen Sex and Pregnancy

SEXUAL ACTIVITY

- Most very young teens have not had intercourse: 8 in 10 girls and 7 in 10 boys are virgins at age 15.
- The likelihood of teenagers having intercourse increases steadily with age; however, about 1 in 5 young people do not have intercourse while teenagers.
- Most young people begin having sex in their mid-to-late teens, about 8 years before they marry; over half of 17-year-olds have had intercourse.
- While 93% of teenage women report that their first intercourse was voluntary, one-quarter of these young women report that it was unwanted.
- The younger women are when they first have intercourse, the more likely they are to have had unwanted or nonvoluntary first sex—7 in 10 of those who had sex before age 13, for example.
- The majority (61%) of young women's first voluntary sexual partners are younger, the same age or no more than 2 years older; 27% are 3–4 years older and 12% are 5 or more years older.
- Most sexually active young men have female partners close to their age: 76% of the partners of 19-year-old men were either age 17 (33%) or 18 (43%); 13% were age 16, and 11% were ages 13–15.

Sex is rare among very young teenagers, but common in the later teenage years

% who have had sexual intercourse at different ages, 1995



Source: 1995 National Survey of Family Growth and 1995 National Survey of Adolescent Males.

CONTRACEPTIVE USE

- A sexually active teenager who doesn't use contraception has a 90% chance of pregnancy within one year.
- Teenage women's contraceptive use at first intercourse rose from 48% to 65% during the 1980s, almost entirely because of a doubling in condom use. By 1995, use at first intercourse reached 78%, with 2/3 of it condom use.
- 9 in 10 sexually active women and their partners use a contraceptive method, although not always consistently or correctly.
- About 1 in 6 teenage women practicing contraception combine two methods, primarily the condom with another method.
- The method teenage women most frequently use is the pill (44%) followed by the condom (38%). About 10% rely on the injectable, 4% on withdrawal and 3% on the implant.
- 1/3 of teenage women who rely on the condom use the method in combination with another method, usually the pill or withdrawal.

- Single teens who use contraceptives are less likely to become pregnant than are single women in their early 20s who practice contraception.

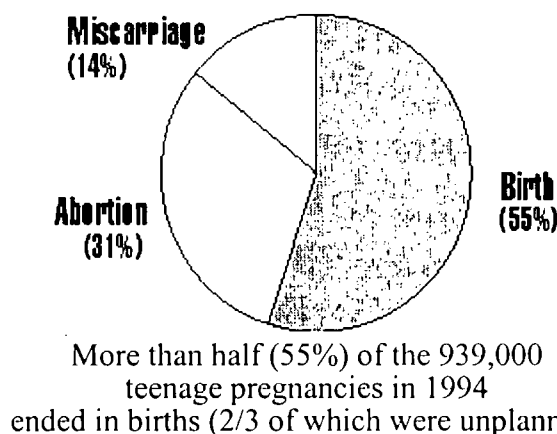
SEXUALLY TRANSMITTED DISEASES (STDs)

- Every year 3 million teens—about 1 in 4 sexually experienced teens—acquire an STD.
- In a single act of unprotected sex with an infected partner, a teenage woman has a 1% risk of acquiring HIV, a 30% risk of getting genital herpes and a 50% chance of contracting gonorrhea.
- Chlamydia is more common among teens than among older men and women; in some settings, 10–29% of sexually active teenage women and 10% of teenage men tested for STDs have been found to have chlamydia.
- Teens have higher rates of gonorrhea than do sexually active men and women aged 20–44.
- In some studies, up to 15% of sexually active teenage women have been found to be infected with the human papillomavirus (HPV), many with a strain of the virus linked to cervical cancer.
- Teenage women have a higher hospitalization rate than older women for acute pelvic inflammatory disease (PID), which is most often caused by untreated gonorrhea or chlamydia. PID can lead to infertility and ectopic pregnancy.

TEEN PREGNANCY

- Each year, almost one million teenage women—11% of all women aged 15–19 and 20% of those who have had sexual intercourse—become pregnant.
- 78% of teen pregnancies are unplanned, accounting for about 1/4 of all accidental pregnancies annually.
- 6 in 10 teen pregnancies occur among 18–19 year-olds.
- Teen pregnancy rates are much higher in the United States than in many other developed countries—twice as high as in England and Wales or Canada, and nine times as high as in the Netherlands or Japan.
- Among sexually experienced teens, about 8% of 14-year-olds, 18% of 15–17-year-olds and 22% of 18–19-year-olds become pregnant each year.

Teen Pregnancy Outcomes



CHILDBEARING

- 13% of all U.S. births are to teens.
- The fathers of babies born to teenage mothers are likely to be older than the women: About 1 in 5 births to unmarried minors are fathered by men 5 or more years older than the mother.
- 76% of births to teens occur outside of marriage.
- Teens now account for only 30% of all nonmarital births, down from 50% in 1970.
- 1/4 of teenage mothers have a second child within 2 years of their first.

TEEN MOTHERS AND THEIR CHILDREN

- Teens who give birth are much more likely to come from poor or low-income families (83%) than are teens who have abortions (61%) or teens in general (38%).
- In 1993, 3.8 million mothers aged 15–44 received welfare or Aid to Families with Dependent Children (AFDC); 55% of these women became mothers when they were teenagers. Only 5% were currently teenage mothers, and 83% of these—159,000—were aged 18–19; young teens, those aged 15–17 accounted for 32,000 of all mothers receiving AFDC.
- 7 in 10 teen mothers complete high school, but they are less likely than women who delay childbearing to go on to college.
- In part because most teen mothers come from disadvantaged backgrounds, 28% of them are poor in their 20s and early 30s; only 7% of women who first give birth after adolescence are poor at those ages.
- 1/3 of pregnant teens receive inadequate prenatal care; babies born to young mothers are more likely to be low birth weight, to have childhood health problems and to be hospitalized than are those born to older mothers.

ABORTION

- Nearly 4 in 10 teen pregnancies (excluding miscarriages) end in abortion. There were about

• • • 289,000 abortions among teens in 1994.

- Since 1980, abortion rates among sexually experienced teens have declined steadily, because fewer teens are becoming pregnant, and in recent years, fewer pregnant teens have chosen to have an abortion.
- The reasons most often given by teens for choosing to have an abortion are concern about how having a baby would change their lives, feeling that they are not mature enough to have a child and having financial problems.
- 29 states currently have mandatory parental involvement laws in effect for a minor seeking an abortion: AL, AR, DE, GA, ID, IN, IO, KS, KY, LA, MD, MA, MI, MN, MS, MO, NE, NC, ND, OH, PA, RI, SC, SD, UT, VA, WV, WI and WY.
- 61% of minors who have abortions do so with at least one parent's knowledge; 45% of parents are told by their daughter. The great majority of parents support their daughter's decision to have an abortion.

SOURCES OF DATA The data in this fact sheet are the most current available. Most of the data are from research conducted by The Alan Guttmacher Institute (AGI) and /or published in the peer-reviewed journal *Family Planning Perspectives* and the 1994 AGI report *Sex and America's Teenagers*. Additional sources include the Centers for Disease Control and Prevention and the National Center for Health Statistics.

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Facts in Brief

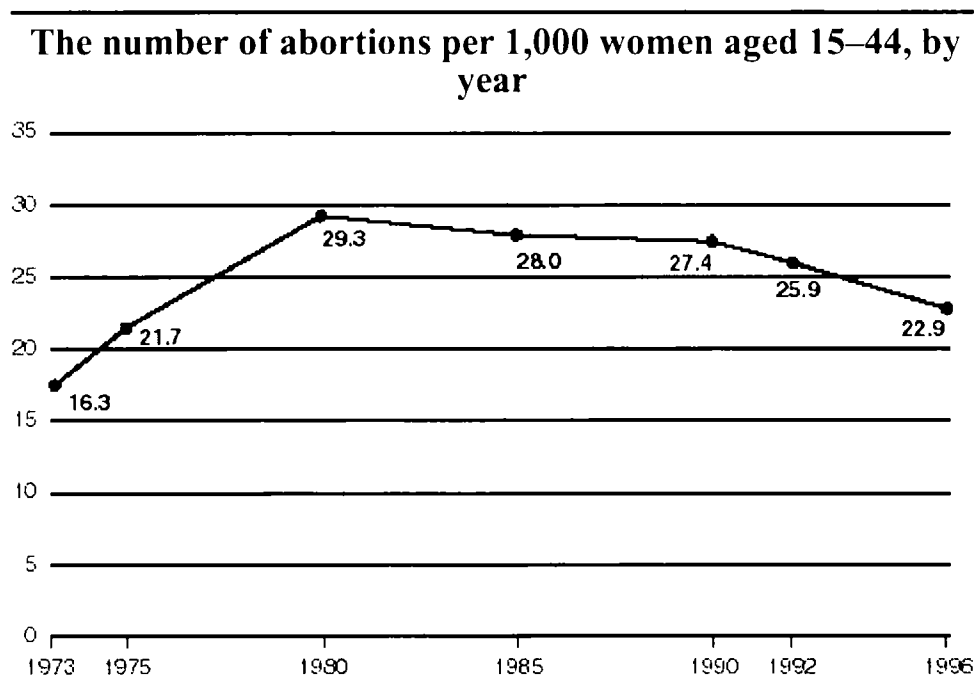
Induced Abortion

INCIDENCE OF ABORTION

- 49% of pregnancies among American women are unintended; 1/2 of these are terminated by abortion.
- In 1996, 1.37 million abortions took place, down from an estimated 1.61 million in 1990. From 1973 through 1996, more than 34 million legal abortions occurred.
- Each year, 2 out of every 100 women aged 15–44 have an abortion; 47% of them have had at least one previous abortion and 55% have had a previous birth.
- An estimated 43% of women will have at least 1 abortion by the time they are 45 years old.
- Each year, an estimated 50 million abortions occur worldwide. Of these, 30 million procedures are obtained legally, 20 million illegally.

WHO HAS ABORTIONS

- 52% of U.S. women obtaining abortions are younger than 25: Women aged 20–24 obtain 32% of all abortions, and teenagers obtain 20%.
- 2/3 of women having abortions intend to have children in the future.
- While white women obtain 60% of all abortions, their abortion rate is well below that of minority women. Black women are more than 3 times as likely as white women to have an abortion, and Hispanic women are roughly 2 times as likely.
- Women who report no religious affiliation are about 4 times as likely as women who report some affiliation to have an abortion.
- Catholic women are 29% more likely than Protestants to have an abortion, but are about as likely as all women nationally to do so.
- 2/3 of all abortions are obtained by never-married women.
- On average, women give at least 3 reasons for choosing abortion: 3/4 say that having a baby would interfere with work, school or other responsibilities; about 2/3 say they cannot afford a child; and 1/2 say they do not want to be a single parent or are having problems with their husband or partner.
- About 14,000 women have abortions each year because they became pregnant after rape or incest.



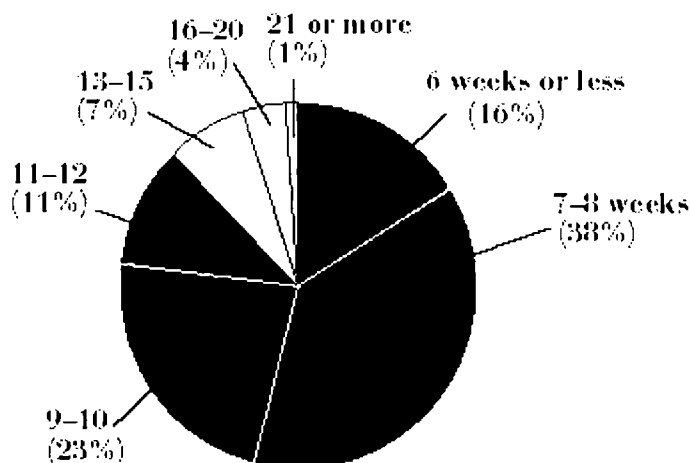
CONTRACEPTIVE USE

- 58% of women having abortions in the mid-1990s had used a contraceptive method during the month they became pregnant, compared with 51% in the late 1980s.
- 11% of women having abortions have never used a method of birth control; nonuse is greatest among those who are young, unmarried, poor, black, Hispanic or poorly educated.
- 9 in 10 women at risk of unintended pregnancy are using a contraceptive method.
- 49% of the 6.3 million pregnancies that occur each year are unplanned; 53% of these occur among the small portion of women at risk of unintended pregnancy who do not practice contraception.

PROVIDERS AND COVERAGE

- 93% of U.S. abortions are performed in clinics or doctors' offices.
- The number of abortion providers declined by 14% between 1992 and 1996 (from 2,380 to 2,042). 86% of all U.S. counties lacked an abortion provider in 1996. These counties were home to 32% of all 15–44-year-old women.
- 52% of all abortion facilities provide services only through the 12th week of pregnancy.
- In 1993, the cost of a nonhospital abortion at 10 weeks ranged from \$140 to more than \$1,700, and the average amount paid was \$296.
- 9 in 10 managed care plans routinely cover abortion or provide limited coverage.

When Women Have Abortions (in weeks)



Eighty-eight percent of abortions occur in the first 12 weeks of pregnancy.

SAFETY OF ABORTION

- The risk of abortion complications is minimal; less than 1% of all abortion patients experience a major complication, such as serious pelvic infection, hemorrhage requiring a blood transfusion or unintended major surgery.
- The risk of death associated with abortion increases with the length of pregnancy, from 1 death for every 530,000 abortions at 8 or fewer weeks to 1 per 17,000 at 16-20 weeks and 1 per 6,000 at 21 or more weeks.
- 1 death occurs in every 150,000 legal abortions, compared with 1 in every 34,000 in 1974.
- The risk of death associated with childbirth is about 10 times as high as that associated with abortion.
- The main reason women give for delaying abortion is that they had not recognized earlier that they were pregnant. Almost half of the women having abortions beyond 15 weeks of gestation say they were delayed because of problems in obtaining abortion services--either in affording the cost or in finding or getting to a provider.
- Teens are more likely than older women to delay having an abortion until after 16 weeks of pregnancy, when medical risks associated with abortion increase significantly.
- There is no evidence of childbearing problems among women who have had a vacuum aspiration abortion, the most common type, within the first 12 weeks of pregnancy.

LAW AND POLICY

- In the 1973 *Roe v. Wade* decision, the Supreme Court ruled that women, in consultation with their physician, have a constitutionally protected right to have an abortion in the early stages of pregnancy--that is, before viability--free from government interference.
- In 1992, the Court upheld the right to abortion in *Planned Parenthood v. Casey*. However, the ruling significantly weakened the legal protections previously afforded women and

physicians by giving states the right to enact restrictions that do not create an "undue burden" for women seeking abortion.

- The most common restrictions in effect are parental involvement requirements, mandatory counseling and waiting periods, and limitations on public funding.
- 30 states currently enforce parental consent or notification laws for minors seeking an abortion: AL, AR, CO, DE, GA, IA, ID, IN, KS, KY, LA, MA, MD, MI, MN, MO, MS, NC, ND, NE, OH, PA, RI, SC, SD, UT, VA, WI, WV, and WY. The Supreme Court ruled that in states that require parental involvement, minors must have the alternative of seeking a court order authorizing the procedure.
- 45% of minors who have abortions tell their parents, and 61% undergo the procedure with at least one parent's knowledge. The great majority of parents support their daughter's decision to have an abortion.

PUBLIC FUNDING

- The U.S. Congress has barred the use of federal Medicaid funds to pay for abortions, except when the woman's life would be endangered by a full-term pregnancy or in cases of rape or incest.
- About 14% of all abortions in the United States are paid for with public funds, virtually all of which are state funds. 16 states (CA, CT, HI, ID, IL, MA, MD, MN, MT, NJ, NM, NY, OR, VT, WA and WV) pay for abortions for some poor women.
- Without publicly funded family planning services, an estimated 1.3 million additional unplanned pregnancies would occur annually; approximately 632,300 would end in induced abortion--at least a 40% increase in the incidence of abortion.

The data in this fact sheet are the most current available. Most of the data are from research conducted by The Alan Guttmacher Institute and/or published in its peer-reviewed journal, *Family Planning Perspectives*. An additional source is the Centers for Disease Control and Prevention.

REFERENCES

1. Henshaw SK, Unintended pregnancy in the United States, *Family Planning Perspectives*, 1998, 30(1):24-29 & 46, p. 26.
2. Henshaw SK, Abortion incidence and services in the United States, 1995-1996, *Family Planning Perspectives*, 1998, 30(6):263-270 & 287, p. 265 and Table 1.
3. Ibid., p. 265 and Koonin LM et. al., Abortion surveillance--United States, 1995, *Morbidity and Mortality Weekly Report*, 1998, 47(SS-2): 31-68 adjusted by AGI.
4. Henshaw SK, Unintended pregnancy..., 1998, op. cit. (see reference 1), Table 4.
5. Singh S and Henshaw SK, Socio-cultural and political aspects of abortion from an anthropological perspective, paper presented at the annual meeting of the International Union for the Scientific Study of Population, Trivandrum, India, March 25-28, 1996.
6. Koonin LM et. al., 1998, op. cit. (see reference 3) adjusted by AGI.
7. Henshaw SK and Kost K, Abortion patients in 1994-1995: Characteristics and contraceptive use, *Family Planning Perspectives*, 1996, 28(4):140-147 & 158, Table 1.

Issues in Brief

Family Planning Improves Child Survival and Health

Babies who survive and children who enjoy good health are universal humanitarian goals. Strategies to advance these goals in developing countries include both direct investments in health and nutrition programs and the increased availability of family planning services. These two strategies complement each other, and should be viewed together. Especially in times of fiscal austerity and reduced international assistance, they should not be pitted against each other in competition for scarce funds.

The basic conditions necessary for newborns to survive and for children to flourish are no secret. The ideal would be for all babies to be born to mothers who are in good health, who have obtained adequate prenatal care and who have access to the health facilities necessary for a safe delivery. Also needed are sufficient breastfeeding, good nutrition after weaning, hygienic living conditions—especially clean water and modern sanitation—and medical care that includes immunization against childhood diseases.

But two other, related factors also contribute to improved child health and survival in developing countries. These are smaller families and the use of methods of contraception that allow couples to plan their families. When women can plan when and how many children to have, the number of "high-risk" pregnancies and births is reduced, and infant and child health and survival improve.

Because the conditions that enhance babies' health and chances of survival can be found in most of the developed world, the high infant mortality rates of the past have largely disappeared in the West. In France, Japan and the United States, for example, fewer than 10 babies die for every 1,000 live births. Thus, for most Americans, the death of a baby is a rare event.

Yet some older Americans can remember when infant deaths were as common in the United States as they are currently in many parts of the developing world (Chart A). In 1920, the U.S. infant mortality rate was as high as Nigeria's is today (87 infant deaths for every 1,000 live births; Table 1, column 1). In 1965, it still equaled the current rate of 25 deaths per 1,000 in Sri Lanka, and in inner-city communities particularly, the rate remains close to that level.

We have known for some time that better timing and spacing of pregnancies improves child health and survival. Large-scale studies in Western Europe and North America, published in the late 1970s and early 1980s, confirmed the beneficial effects that planned and timely childbearing have on child survival.¹ More recent evidence from developing countries also compellingly links improved child survival with smaller family size and well-timed pregnancies.²

This Issues in Brief will show how family planning can lead to significant improvements in the survival of newborns and the health of small children. Because women who use contraceptive methods can choose when to become pregnant, they are better prepared than women whose pregnancies are unexpected to seek care for themselves during pregnancy, and able to time their pregnancies to achieve the best situation for the infant.

High-Risk Pregnancies

Pregnancies may have a high risk of a poor or tragic outcome if they occur shortly after a birth, are among very young mothers or women past their childbearing prime, or are among women who have already had many births.³ In addition, high-risk pregnancies increase the mother's risk of dying in childbirth, and when the mother dies, her newborn's risk of dying during its first year of life is also increased.

The ways in which ill-timed pregnancies raise the mortality risks for babies are not fully understood. Most experts agree that the causes are primarily biological, even though social factors also play a role. A mother's age, the number of births she has already had and the spacing of those births all affect her health and her ability to carry a subsequent pregnancy safely to term.

Many high-risk pregnancies end in the birth of premature or very low birth weight babies, and such infants often fail to thrive, or lack the resilience needed to overcome the many threats to survival they may face during the first days and months of life. The early weaning that occurs if a mother quickly becomes pregnant again exposes the still-fragile infant to a number of infectious organisms through its intake of water and food rather than breastmilk.

In some instances, newborns face more than one risk-enhancing situation: Some older women giving birth have already had several children; some women with large families have had many pregnancies in rapid succession; and some adolescent mothers not only are physically immature, but are giving birth for the second or third time.

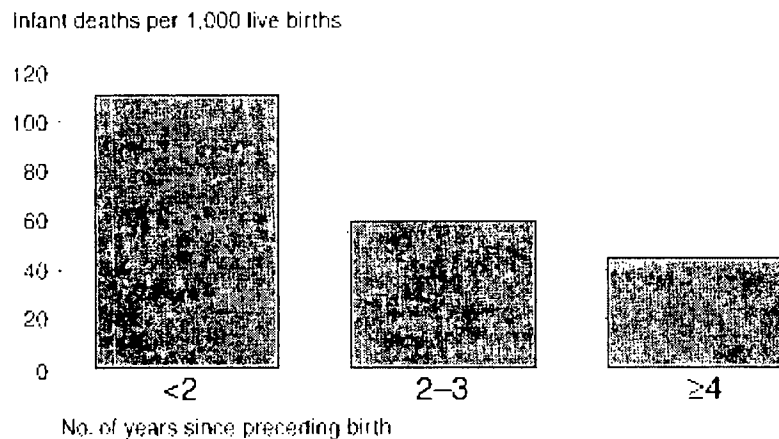
In addition, many women in the developing world whose pregnancies are high-risk for biological reasons also are at risk for social and economic reasons. They often are impoverished, and many live in unsanitary housing, are malnourished and have little education. And many women receive little or no medical care during pregnancy or when they give birth. For these reasons, disentangling the complex web of biological, social, economic and demographic factors that influence rates of child survival is difficult.

Closely Spaced Births

Babies born less than two years apart are much more likely to die than those born after a longer interval, as Chart B shows. This is a serious problem in developing countries where a substantial minority of births occur within less than 24 months of a previous one. Column 2 of Table 1 indicates that closely spaced births account for one in five of all births in Pakistan; one in six in the Dominican Republic, Madagascar, Niger, Tunisia, and Trinidad and Tobago; one in seven in Ecuador, Kenya, Mexico, the Philippines, Rwanda and Sri Lanka; and around one in 10 in another 16 of the 45 developing countries listed.

chart b Spacing Babies

Longer birth intervals reduce a baby's likelihood of dying.



Source: see reference 2; averages are based on 45 *Demographic and Health Surveys*.

Closely spaced births present a risk to the health of all three family members involved: the mother herself, who does not have sufficient time to regain her strength after delivery; the initial child, who often has to be weaned early; and the baby born subsequently, who is likely to be premature or low-birth-weight. If all births occurring within less than two years of each other could be more widely spaced, one in four infant deaths in developing countries might be prevented.⁴

Some traditional childbearing practices have helped to ensure lengthy intervals between births. In a number of societies, for example, women have breastfed for long durations. At the same time, cultural taboos often require a lactating woman to abstain from sexual relations. Both sexual abstinence and the lengthy duration of breastfeeding have served to lengthen the interval between successive pregnancies. But as these practices become less common than in the past, the incidence of closely spaced births is likely to increase.

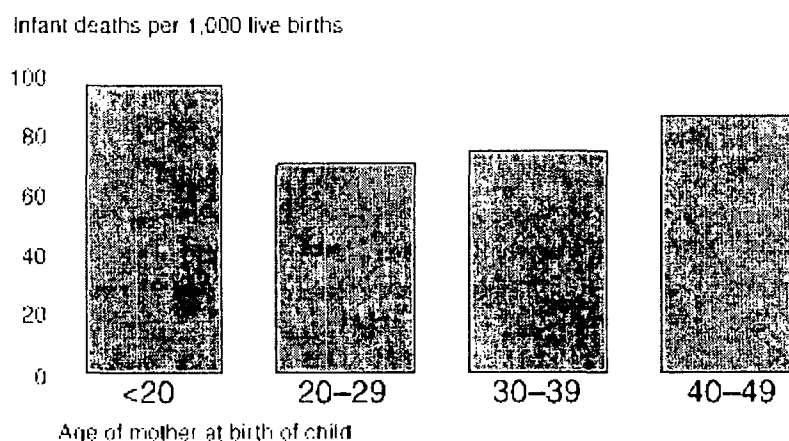
As populations everywhere become more urbanized, as commercial infant formulas become more accessible and as women of childbearing age work away from the home in increasing numbers, both the average length of time babies are breastfed and the once common practice of sexual abstinence after a recent birth are declining in many countries. If women who stop breastfeeding and resume sexual relations do not immediately start to practice some form of contraception, they will soon be at risk of becoming pregnant again.

Age of Mothers

Throughout the developing world, babies born to women younger than 20 are, on average, one-third more likely to die than infants born to women in their 20s and 30s (see Chart C). This is mostly because babies born to very young mothers are more likely to be premature, to be low-birth-weight and to suffer from complications at the time of delivery. And many adolescents do not know how to obtain or cannot afford good prenatal and delivery care. In addition, teenage births are likely to be first births, and first births always carry a higher risk than subsequent births.

chart c Age of Mothers

Infant deaths are fewest when women give birth in their 20s and 30s.



Source: G.T. Bicego and O.B. Ahmad, 1996 (reference 2), Chart B; averages are based on 40 Demographic and Health Surveys.

The link between early childbearing and lower rates of infant survival in developing countries has serious implications. One in five women aged 20–24 report having had their first child before their 18th birthday, and two out of five report doing so before they were 20.⁵ This high incidence of teenage childbearing is partly because even when adolescents want to prevent pregnancy, they often face special problems in obtaining the contraceptive products or services that would enable them to do so.

In addition, babies born to women older than 40 are at somewhat greater risk of dying in infancy than those whose mothers are in their 20s and 30s. To compound the problem, older women often have several children already, and babies born after the mother has already had a number of children are also more likely to die in infancy than babies whose mother has had only one or two previous births. Further, in the developing world, many older women with large families are in poor health: They often suffer from such problems as anemia, poor nutrition, cardiovascular disease or uterine prolapse.

For these reasons, helping older women avoid unwanted pregnancy improves child survival. Indeed, high levels of contraceptive sterilization in Latin America (mostly among women in their 30s or older who have had all the children they want⁶) is likely to be one reason for the overall lower infant death rates in Latin America compared with those of Asia and Sub-Saharan Africa (Table 1).

Unplanned Pregnancies

Many women in developing countries acknowledge—even after a new baby is born and part of the family—that they did not plan to have that child. The proportion of births that are reported as unplanned ranges from one-quarter to one-half in most countries (Table 1, column 3). This is troubling because there is some evidence—although it is mostly based on the experience of developed countries—of a link between whether parents wanted a child and its survival and well-being.⁷

In developed countries, women who plan to become pregnant and want a child tend to recognize that they are pregnant soon after conception. Partly because of this earlier awareness, they visit a doctor sooner and generally take better care of themselves during pregnancy than women with unwanted pregnancies. Women with wanted pregnancies are also likely to receive more consideration, support and care from family members. A review by the U.S. Institute of Medicine of the research on this topic concluded that "the child of an unwanted conception is at greater risk of weighing less than 2,500 grams at birth, of dying in its first year of life, of being abused, and of not receiving sufficient resources for

healthy development."⁸

In developing countries, there is less evidence that a baby's safe delivery and healthy growth is linked to whether the pregnancy was a wanted one. In addition, prenatal, maternal and child health services are often not widely available or are of poor quality, and poverty sharply limits how well a family can take care of infants and children who are in poor health.

Yet there is little reason to believe that the degree to which a baby is wanted would not have some effect on women's care of themselves during pregnancy and of their newborns subsequently. One study on Indonesia, Korea and the Philippines demonstrates that even after factors such as the parents' education and economic level and the availability of health clinics are taken into consideration, babies are more likely to suffer from acute respiratory infections and severe diarrhea if the pregnancy was unwanted than if it was wanted.⁹

Understanding the Danger

Most women understand the dangers of having children at closely spaced intervals, of having large numbers of children and of having children late in their reproductive years—the three major biological factors associated with high-risk pregnancies.

When married women in developing countries who already have four children are asked if they would like to have more, about eight out of 10 say no; so do half of women with fewer children.¹⁰

Even among women who say they want another child, the vast majority want to delay their next pregnancy. Their preferred interval between births is 3–5 years in all regions of the world.¹¹ If women were able to achieve the intervals they want between pregnancies, fewer babies would die in infancy.

But many women who say they want to stop having children altogether or to delay their next pregnancy are not using the contraceptive methods that would help them achieve these goals. In the countries of Sub-Saharan Africa, 57–98% of women who want no more children are not using an effective family planning method (Table 1, column 4). Nor are about half of women who want no more children in most countries of Asia and Latin America.

A Crucial Combination

Family planning services that help women avoid high-risk and unwanted pregnancies can contribute to improvements in infant and child health even in the poorest of countries. The impact of family planning is probably greatest when it helps women space births at healthy intervals, avoid having large numbers of children, and prevent unwanted pregnancies, especially in their later childbearing years.

Programs designed to encourage and enable women to avoid giving birth in their teenage years would also reduce infant mortality rates. However, this requires raising the average age at which most women marry or encouraging young women to postpone their first pregnancy—both difficult goals.

Nevertheless, the crucial contribution of social and economic development to better health should not be overlooked. The improved living conditions that contributed to a declining infant death rate in the United States have yet to reach many areas of the world. Millions of families in Africa, Asia and Latin America still lack clean water, decent housing, good medical services and sufficient food—basic elements needed to alleviate the causes from which most infants are dying: diarrhea, respiratory infections, malaria, measles and malnutrition.

If Americans want their tax dollars to go toward programs that would improve child health and survival in developing countries, such programs should focus on improving broad health services and economic conditions, as well as on making family planning services available to women who want and need them.

References

1. J. Fedrick and P. Adelstein, "Influence of Pregnancy Spacing on Outcome of Pregnancy," *British Medical Journal*, 4:753–756, 1973; M.R. Rosenzweig and T.P. Schultz, "Estimating a Household Production Function: Heterogeneity, the Demand for Health Inputs and Their Effects on Birth Weight,"

THE WHITE HOUSE AT WORK

Thursday, January 22, 1998

INCREASING SUPPORT FOR FAMILY PLANNING

I will continue to do everything I can to make sure that every child in America is a wanted child, raised in a loving, strong family. Ultimately, that is the idea the anniversary of Roe v. Wade celebrates.

President Bill Clinton
January 22, 1998

Today, marks the 25th anniversary of Roe v. Wade, the landmark Supreme Court decision that affirmed every woman's right to choose whether and when to have a child. President Clinton is committed to ensuring this right, and in doing so, to protecting two of our nation's most deeply-held values, personal privacy and family responsibility.

Prevention and Family Planning. During the last five years, the Administration has worked hard to reduce the need for abortions and to prevent unintended pregnancy by making comprehensive family planning and sex education programs more widely available. The President's FY 1999 budget calls for:

- **Increased Funding for Title X.** The proposal will increase Title X Family Planning grants by \$15 million -- a 46% increase since FY1992.
- **Medicaid and Other Services.** The proposal will provide almost \$500 million in federal funds to Medicaid to support family planning services. Additionally, the Maternal & Child Health Block Grant, the Social Services Block Grant, and the Preventive Health Block Grant will provide \$100 million to state and local communities for family planning services.
- **Prevention Education and Research.** The proposal will provide about \$200 million for the National Institutes of Health's research on infertility, contraception, and related matters, and CDC's programs to educate teenagers about sexual development and abstinence. Additionally, Health and Human Service's teen pregnancy prevention and related youth programs will continue to engage the Girl Power! education initiative in sustained efforts to promote pregnancy prevention among girls 9- to 14-years-old.

A Comprehensive Approach to Family Planning. Under the President's proposal nearly 5 million clients each year at more than 4,700 family planning clinics nationwide, would have access to a comprehensive set of family planning services including contraceptive services, pregnancy testing, sexually transmitted disease screening and treatment, and education and outreach.

Supporting International Family Planning. The Administration is strongly committed to international family planning efforts. The President has blocked several Congressional attempts to prohibit funding for international family planning groups that use their own funding to lobby on behalf of abortion rights or perform abortions. Under the President's Budget, bilateral assistance provided through AID and assistance to the United Nations Population Fund

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The Alan Guttmacher Institute

Research, Policy Analysis & Public Education

QUESTION OF THE WEEK

What are some of the most common reasons cited by women worldwide for having an abortion?

Answer:

The reason women most often give for having an abortion is that they had not planned to have any more children or had not planned a child so soon. Also common are employment or education, a lack of support from the child's father, desire to provide education for existing children, and an inability to afford additional children.

Source:

Bankole A, Singh S and Haas T. Reasons why women have induced abortions: evidence from 27 countries, *International Family Planning Perspectives*, 1998, 24(3):117-127 & 152.

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THE SPEECHES OF MARIO CUOMO

MORE
than
WORDS

RELIGIOUS BELIEF AND PUBLIC MORALITY:

A CATHOLIC GOVERNOR'S PERSPECTIVE*

SEPTEMBER 13, 1984

UNIVERSITY OF NOTRE DAME,

SOUTH BEND, INDIANA

Preparing the words I would deliver at the University of Notre Dame was more like writing an academic paper than writing a speech. It is the piece of work that took more of me than any other. As I noted in my introduction to this book, I labored over it for weeks. It produced one of the first full and candid debates of the difficult question as to the proper role of religious belief in the public forum, focused specifically on abortion and Catholics. I've been told it helped turn the discussion toward a more constructive phase. The truth is, since 1984, the discussion has been more reasonable, and whatever part in that development this speech had, the change relieves and gratifies me.

I would like to begin by drawing your attention to the title of this lecture: "Religious Belief and Public Morality: A Catholic Governor's Perspective." I was not invited to speak on "church and state" generally. Certainly not "Mondale versus Reagan." The subject assigned is difficult enough. I will not try to do more than I've been asked.

It's not easy to stay contained. Certainly, although everybody talks about a wall of separation between church and state, I've seen religious leaders scale that wall with all the dexterity of Olympic athletes. In fact, I've seen so many candidates in churches and synagogues that I think we should change Election Day from Tuesdays to Saturdays and Sundays.

*A paper prepared for delivery to the Department of Theology at the University of Notre Dame.

I am honored by this invitation, but the record shows that I am not the first governor of New York to appear at an event involving Notre Dame. One of my great predecessors, Al Smith, went to the Army-Notre Dame football game each time it was played in New York.

His fellow Catholics expected Smith to sit with Notre Dame, protocol required him to sit with Army because it was the home team. Protocol prevailed. But not without Smith noting the dual demands on his affections. "I'll take my seat with Army," he said, "but I commend my soul to Notre Dame!"

Today I'm happy to have no such problem: both my seat and my soul are with Notre Dame. And as long as Father McBrien doesn't invite me back to sit with him at the Notre Dame-St. John's basketball game, I'm confident my loyalties will remain undivided.

In a sense, it's a question of loyalty that Father McBrien has asked me here today to discuss. Specifically, must politics and religion in America divide our loyalties? Does the "separation between church and state" imply separation between religion and politics? Between morality and government? Are these different propositions? Even more specifically, what is the relationship of my Catholicism to my politics? Where does the one end and other begin? Or are the two divided at all? And if they're not, should they be?

Hard questions.

No wonder most of us in public life—at least until recently—preferred to stay away from them, heeding the biblical advice that if "hounded and pursued in one city," we should flee to another.

Now, however, I think that it is too late to flee. The questions are all around us, and answers are coming from every quarter. Some of them have been simplistic, most of them fragmentary, and a few, spoken with a purely political intent, demagogic.

There has been confusion and compounding of confusion, a blurring of the issue, entangling it in personalities and election strategies, instead of clarifying it for Catholics, as well as others.

Today I would like to try to help correct that.

I can offer you no final truths, complete and unchallengeable. But it's possible this one effort will provoke other efforts—both in support and contradiction of my position—that will help all of us

understand our differences and perhaps even discover some basic agreement.

In the end, I'm convinced we will all benefit if suspicion is replaced by discussion, innuendo by dialogue, if the emphasis in our debate turns from a search for talismanic criteria and neat but simplistic answers to an honest, more intelligent attempt at describing the role religion has in our public affairs, and the limits placed on that role.

And if we do it right—if we're not afraid of the truth even when the truth is complex—this debate, by clarification, can bring relief to untold numbers of confused, even anguished Catholics, as well as to many others who want only to make our already great democracy even stronger than it is.

I believe the recent discussion in my own state has already produced some clearer definition. In early summer, an impression was created in some quarters that official church spokespeople would ask Catholics to vote for or against specific candidates on the basis of their political position on the abortion issue. I was one of those given that impression. Thanks to the dialogue that ensued over the summer—only partially reported by the media—we learned that the impression was not accurate.

Confusion had presented an opportunity for clarification, and we seized it. Now all of us are saying one thing, in chorus, reiterating the statement of the National Conference of Catholic Bishops that they will not "take positions for or against political candidates" and that their stand on specific issues should not be perceived "as an expression of political partisanship."

Of course the bishops will teach—they must—more and more vigorously and more and more extensively. But they have said they will not use the power of their position, and the great respect it receives from all Catholics, to give an imprimatur to individual politicians or parties.

Not that they couldn't if they wished to—some religious leaders do; some are doing it at this very moment.

Not that it would be a sin if they did—God doesn't insist on political neutrality. But because it is the judgment of the bishops, and most of us Catholic laypeople, that it is not wise for prelates and politicians to be tied too closely together.

I think that getting this consensus was an extraordinarily useful achievement.

Now, with some trepidation, I take up your gracious invitation to continue the dialogue in the hope that it will lead to still further clarification.

Let me begin this part of the effort by underscoring the obvious. I do not speak as a theologian; I do not have that competence. I do not speak as a philosopher; to suggest that I could would be to set a new record for false pride. I don't presume to speak as a "good" person except in the ontological sense of that word. My principal credential is that I serve in a position that forces me to wrestle with the problems you've come here to study and debate.

I am by training a lawyer and by practice a politician. Both professions make me suspect in many quarters, including among some of my own coreligionists. Maybe there's no better illustration of the public perception of how politicians unite their faith and their profession than the story they tell in New York about "Fishhooks" McCarthy, a famous Democratic leader on the Lower East Side and right-hand man to Al Smith.

"Fishhooks," the story goes, was devout. So devout that every morning on his way to Tammany Hall to do his political work, he stopped into St. James Church on Oliver Street in downtown Manhattan, fell on his knees, and whispered the same simple prayer: "O, Lord, give me health and strength. We'll steal the rest."

"Fishhooks" notwithstanding, I speak here as a politician. And also as a Catholic, a layperson baptized and raised in the pre-Vatican II church, educated in Catholic schools, attached to the church first by birth, then by choice, now by love. An old-fashioned Catholic who sins, regrets, struggles, worries, gets confused, and most of the time feels better after confession.

The Catholic church is my spiritual home. My heart is there, and my hope.

There is, of course, more to being a Catholic than a sense of spiritual and emotional resonance. Catholicism is a religion of the

head as well as the heart, and to be a Catholic is to say, "I believe," to the essential core of dogmas that distinguishes our faith.

The acceptance of this faith requires a lifelong struggle to understand it more fully and to live it more truly, to translate truth into experience, to practice as well as to believe.

That's not easy: applying religious belief to everyday life often presents difficult challenges.

It's always been that way. It certainly is today. The America of the late twentieth century is a consumer society, filled with endless distractions, where faith is more often dismissed than challenged, where the ethnic and other loyalties that once fastened us to our religion seem to be weakening.

In addition to all the weaknesses, dilemmas, and temptations that impede every pilgrim's progress, the Catholic who holds political office in a pluralistic democracy—who is elected to serve Jews and Muslims, atheists and Protestants, as well as Catholics—bears special responsibility. He or she undertakes to help create conditions under which *all* can live with a maximum of dignity and with a reasonable degree of freedom, where everyone who chooses may hold beliefs different from specifically Catholic ones, sometimes contradictory to them, where the laws protect people's right to divorce, to use birth control, and even to choose abortion.

In fact, Catholic public officials take an oath to preserve the Constitution that guarantees this freedom. And they do so gladly. Not because they love what others do with their freedom, but because they realize that in guaranteeing freedom for all, they guarantee *our* right to be Catholics: *our* right to pray, to use the sacraments, to refuse birth control devices, to reject abortion, not to divorce and remarry if we believe it to be wrong.

The Catholic public official lives the political truth most Catholics through most of American history have accepted and insisted on: the truth that to assure our freedom we must allow others the same freedom, even if occasionally it produces conduct by them which we would hold to be sinful.

I protect my right to be a Catholic by preserving your right to believe as a Jew, a Protestant, or nonbeliever, or as anything else you choose.

We know that the price of seeking to force our beliefs on others is that they might someday force theirs on us.

This freedom is the fundamental strength of our unique experiment in gov-

ernment. In the complex interplay of forces and considerations that go into the making of our laws and policies, its preservation must be a pervasive and dominant concern.

But insistence on freedom is easier to accept as a general proposition than in its applications to specific situations. There are other valid general principles firmly embedded in our Constitution, which, operating at the same time, create interesting and occasionally troubling problems. Thus the same amendment of the Constitution that forbids the establishment of a state church affirms my legal right to argue that my religious belief would serve well as an article of our universal public morality. I may use the prescribed processes of government—the legislative and executive and judicial processes—to convince my fellow citizens, Jews and Protestants and Buddhists and nonbelievers, that what I propose is as beneficial for them as I believe it is for me, that it is not just parochial or narrowly sectarian but fulfills a human desire for order, peace, justice, kindness, love, any of the values most of us agree are desirable even apart from their specific religious base or context.

I am free to argue for a governmental policy for a nuclear freeze not just to avoid sin, but because I think my democracy should regard it as a desirable goal.

I can, if I wish, argue that the state should not fund the use of contraceptive devices not because the pope demands it, but because I think that the whole community—for the good of the whole community—should not sever sex from an openness to the creation of life.

And surely I can, if so inclined, demand some kind of law against abortion not because my bishops say it is wrong, but because I think that the whole community, regardless of its religious beliefs, should agree on the importance of protecting life—including life in the womb, which is at the very least potentially human and should not be extinguished casually.

No law prevents us from advocating any of these things: I am free to do so.

So are the bishops. And so is Reverend Falwell.

In fact, the Constitution guarantees my right to try. And theirs. And his.

But should I? Is it helpful? Is it essential to human dignity? Does it promote harmony and understanding? Or does it divide us so

fundamentally that it threatens our ability to function as a pluralistic community?

When should I argue to make my religious value your morality? My rule of conduct your limitation?

What are the rules and policies that should influence the exercise of this right to argue and promote?

I believe I have a salvific mission as a Catholic. Does that mean I am in conscience required to do everything I can as governor to translate *all* my religious values into the laws and regulations of the state of New York or the United States? Or be branded a hypocrite if I don't?

As a Catholic, I respect the teaching authority of the bishops.

But must I agree with everything in the bishops' pastoral letter on peace and fight to include it in party platforms?

And will I have to do the same for the forthcoming pastoral on economics even if I am an unrepentant supply-sider?

Must I, having heard the pope renew the church's ban on birth control devices, veto the funding of contraceptive programs for non-Catholics or dissenting Catholics in my state?

I accept the church's teaching on abortion. Must I insist you do? By law? By denying you Medicaid funding? By a constitutional amendment? If so, which one? Would that be the best way to avoid abortions or to prevent them?

These are only some of the questions for Catholics. People with other religious beliefs face similar problems.

Let me try some answers.

Almost all Americans accept some religious values as a part of our public life. We are a religious people, many of us descended from ancestors who came here expressly to live their religious faith free from coercion or repression. But we are also a people of many religions, with no established church, who hold different beliefs on many matters.

Our public morality, then—the moral standards we maintain for everyone, not just the ones we insist on in our private lives—depends on a consensus view of right and wrong. The values derived from religious belief will not—and should not—be accepted as part

of the public morality unless they are shared by the pluralistic community at large, by consensus.

That values happen to be religious values does not deny them acceptability as a part of this consensus. But it does not require their acceptability, either.

The agnostics who joined the civil rights struggle were not deterred because that crusade's values had been nurtured and sustained in black Christian churches. Those on the political left are not perturbed today by the religious basis of the clergy and laypeople who join them in the protest against the arms race and hunger and exploitation.

The arguments start when religious values are used to support positions which would impose on other people restrictions they find unacceptable. Some people *do* object to Catholic demands for an end to abortion, seeing it as a violation of the separation of church and state. And some others, while they have no compunction about invoking the authority of the Catholic bishops in regard to birth control and abortion, might reject out of hand their teaching on war and peace and social policy.

Ultimately, therefore, the question whether or not we admit religious values into our public affairs is too broad to yield a single answer. Yes, we create our public morality through consensus and in this country that consensus reflects to some extent religious values of a great majority of Americans. But no, all religiously based values don't have an a priori place in our public morality.

The community must decide if what is being proposed would be better left to private discretion than public policy; whether it restricts freedoms, and if so to what end, to whose benefit; whether it will produce a good or bad result; whether overall it will help the community or merely divide it.

The right answers to these questions can be elusive. Some of the wrong answers, on the other hand, are quite clear. For example, there are those who say there is a simple answer to *all* these questions; they say that by history and practice of our people we were intended to be—and should be—a Christian country in law.

But where would that leave the nonbelievers? And whose Christianity would be law, yours or mine?

This "Christian nation" argument should concern—even frighten—two groups: non-Christians and thinking Christians.

I believe it does.

I think it's already apparent that a good part of this nation understands—if only instinctively—that anything which seems to suggest that God favors a political party or the establishment of a state church is wrong and dangerous.

Way down deep the American people are afraid of an entangling relationship between formal religions—or whole bodies of religious belief—and government. Apart from constitutional law and religious doctrine, there is a sense that tells us it's wrong to presume to speak for God or to claim God's sanction of our particular legislation and his rejection of all other positions. Most of us are offended when we see religion being trivialized by its appearance in political throw-away pamphlets.

The American people need no course in philosophy or political science or church history to know that God should not be made into a celestial party chairman.

To most of us, the manipulative invoking of religion to advance a politician or a party is frightening and divisive. The American people will tolerate religious leaders taking positions for or against candidates, although I think the Catholic bishops are right in avoiding that position. But the American people are leery about large religious organizations, powerful churches, or synagogue groups engaging in such activities—again, not as a matter of law or doctrine, but because our innate wisdom and democratic instinct teaches us these things are dangerous.

Today there are a number of issues involving life and death that raise questions of public morality. They are also questions of concern to most religions. Pick up a newspaper and you are almost certain to find a bitter controversy over any one of them: Baby Jane Doe, the right to die, artificial insemination, embryos in vitro, abortion, birth control . . . not to mention nuclear war and the shadow it throws across all existence.

Some of these issues touch the most intimate recesses of our lives, our roles as someone's mother or child or husband; some affect women in a unique way. But they are also public questions, for all of us.

Put aside what God expects—assume, if you like, there is no God—then the greatest thing still left to us is life. Even a radically secular world must struggle with the questions of when life begins, under what circumstances it can be ended,

when it must be protected, by what authority, it, too, must decide what protection to extend to the helpless and the dying, to the aged and the unborn, to life in all its phases.

As a Catholic, I have accepted certain answers as the right ones for myself and my family, and because I have, they have influenced me in special ways, as Matilda's husband, as a father of five children, as a son who stood next to his own father's deathbed trying to decide if the tubes and needles no longer served a purpose.

As a governor, however, I am involved in defining policies that determine *other* people's rights in these same areas of life and death. Abortion is one of these issues, and while it is one issue among many, it is one of the most controversial and affects me in a special way as a Catholic public official.

So let me spend some time considering it.

I should start, I believe, by noting that the Catholic church's actions with respect to the interplay of religious values and public policy make clear that there is no inflexible moral principle which determines what our *political* conduct should be. For example, on divorce and birth control, without changing its moral teaching, the church abides by the civil law as it now stands, thereby accepting—without making much of a point of it—that in our pluralistic society we are not required to insist that *all* our religious values be the law of the land.

Abortion is treated differently.

Of course there are differences both in degree and quality between abortion and some of the other religious positions the church takes: abortion is a "matter of life and death," and degree counts. But the differences in approach reveal a truth, I think, that is not well enough perceived by Catholics and therefore still further complicates the process for us. That is, while we always owe our bishops' words respectful attention and careful consideration, the question whether to engage the political system in a struggle to have it adopt certain articles of our belief as part of public morality is not a matter of doctrine: it is a matter of prudential political judgment.

Recently, Michael Novak put it succinctly. "Religious judgment and political judgment are both needed," he wrote. "But they are not identical."

My church and my conscience require me to believe certain things about divorce, birth control, and abortion. My church does

not order me—under pain of sin or expulsion—to pursue my salvific mission according to a precisely defined political plan.

As a Catholic I accept the church's teaching authority. While in the past some Catholic theologians may appear to have disagreed on the morality of some abortions (it wasn't, I think, until 1869 that excommunication was attached to all abortions without distinction), and while some theologians still do, I accept the bishops' position that abortion is to be avoided.

As Catholics, my wife and I were enjoined never to use abortion to destroy the life we created. We thought church doctrine was clear on this. Life or fetal life in the womb should be protected, even if five of nine justices of the Supreme Court and my neighbor disagree with me. A fetus is different from an appendix or a set of tonsils. At the very least, even if the argument is made by some scientists or some theologians that in the early stages of fetal development we can't discern human life, the full potential of human life is indisputably there. That—to my less subtle mind—by itself should demand respect, caution, indeed . . . reverence.

But not everyone in our society agrees.

And those who don't—those who endorse legalized abortions—aren't a ruthless, callous alliance of anti-Christians determined to overthrow our moral standards. In many cases, the proponents of legal abortion are the very people who have worked with Catholics to realize the goals of social justice set out in papal encyclicals: the American Lutheran Church, the Central Conference of American Rabbis, the Presbyterian Church in the United States, B'nai B'rith Women, the Women of the Episcopal Church. These are just a few of the religious organizations that don't share the church's position on abortion.

Certainly, we should not be forced to mold Catholic morality to conform to disagreement by non-Catholics, however sincere or severe their disagreement. Our bishops should be teachers, not pollsters. They should not change what we Catholics believe in order to ease our consciences or please our friends or protect the church from criticism.

But if the breadth, intensity, and sincerity of opposition to church teaching shouldn't be allowed to shape our Catholic morality, it can't help but determine our ability—our realistic, political ability—to translate our Catholic morality into civil law, a law not for

the believers who don't need it but for the disbelievers who reject it.

And it is here, in our attempt to find a political answer to abortion—an answer beyond our private observance of Catholic morality—that we encounter controversy within and without the church over how and in what degree to press the case that our morality should be everybody else's, and to what effect.

I repeat, there is no church teaching that mandates the best political course for making our belief everyone's rule, for spreading this part of our Catholicism. There is neither an encyclical nor a catechism that spells out a political strategy for achieving legislative goals.

And so the Catholic trying to make moral and prudent judgments in the political realm must discern which, if any, of the actions one could take would be best.

This latitude of judgment is not something new in the church, not a development that has arisen only with the abortion issue. Take, for example, the question of slavery. It has been argued that the failure to endorse a legal ban on abortions is equivalent to refusing to support the cause of abolition before the Civil War. This analogy has been advanced by the bishops of my own state.

But the truth of the matter is few, if any, Catholic bishops spoke for abolition in the years before the Civil War. It wasn't, I believe, that the bishops endorsed the idea of some humans owning and exploiting other humans; Pope Gregory XVI, in 1840, had condemned the slave trade. Instead it was a practical political judgment that the bishops made. They weren't hypocrites; they were realists. At the time, Catholics were a small minority, mostly immigrants, despised by much of the population, often vilified and the object of sporadic violence. In the face of a public controversy that aroused tremendous passions and threatened to break the country apart, the bishops made a pragmatic decision. They believed their opinion would not change people's minds. Moreover, they knew that there were Southern Catholics, even some priests, who owned slaves. They concluded that under the circumstances arguing for a constitutional amendment against slavery would do more harm than good, so they were silent. As they have been, generally, in recent years, on the question of birth control. And as the church has been on even more controversial issues in the past, even ones that dealt with life and death.

What is relevant to this discussion is that the bishops were making judgments about translating Catholic teachings into public policy, not about the moral validity of the teachings. In so doing they grappled with the unique political complexities of their time. The decision they made to remain silent on a constitutional amendment to abolish slavery or on the repeal of the Fugitive Slave Law wasn't a mark of their moral indifference: it was a measured attempt to balance moral truths against political realities. Their decision reflected their sense of complexity, not their diffidence. As history reveals, Lincoln behaved with similar discretion.

The parallel I want to draw here is not between or among what we Catholics believe to be moral wrongs. It is in the Catholic response to those wrongs. Church teaching on slavery and abortion is clear. But in the application of those teachings—the exact way we translate them into action, the specific laws we propose, the exact legal sanctions we seek—there was and is no one, clear, absolute route that the church says, as a matter of doctrine, we must follow.

The bishops' pastoral letter, "The Challenge of Peace," speaks directly to this point. "We recognize," the bishops wrote, "that the Church's teaching authority does not carry the same force when it deals with technical solutions involving particular means as it does when it speaks of principles or ends. People may agree in abhorring an injustice, for instance, yet sincerely disagree as to what practical approach will achieve justice. Religious groups are entitled as others to their opinion in such cases, but they should not claim that their opinions are the only ones that people of good will may hold."

With regard to abortion, the American bishops have had to weigh Catholic moral teaching against the fact that we are a pluralistic country where our view is in the minority, acknowledging that what is ideally desirable isn't always feasible, that there can be different political approaches to abortion besides unyielding adherence to an absolute prohibition.

This is in the American-Catholic tradition of political realism. In supporting or opposing specific legislation the church in this country has never retreated into a moral fundamentalism that will settle for nothing less than total acceptance of its views.

Indeed, the bishops have already confronted the fact that an absolute ban on abortion doesn't have the support necessary to be placed in our Constitution. In 1981, they put aside earlier efforts to

describe a law they could accept and get passed, and supported the Hatch amendment instead.

Some Catholics felt the bishops had gone too far with that action, some not far enough. Such judgments were not a rejection of the bishops' teaching authority: the bishops even disagreed among themselves. Catholics are allowed to disagree on these technical political questions without having to confess.

Respectfully, and after careful consideration of the position and arguments of the bishops, I have concluded that the approach of a constitutional amendment is not the best way for us to seek to deal with abortion.

I believe that legal interdicting of all abortions by either the federal government or the individual states is not a plausible possibility and, even if it could be obtained, it wouldn't work. Given present attitudes, it would be Prohibition revisited, legislating what couldn't be enforced and in the process creating a disrespect for law in general. And as much as I admire the bishops' hope that a constitutional amendment against abortion would be the basis for a full, new bill of rights for mothers and children, I disagree that this would be the result.

I believe that, more likely, a constitutional prohibition would allow people to ignore the causes of many abortions instead of addressing them, much the way the death penalty is used to escape dealing more fundamentally and more rationally with the problem of violent crime.

Other legal options that have been proposed are, in my view, equally ineffective. The Hatch amendment, by returning the question of abortion to the states, would have given us a checkerboard of permissive and restrictive jurisdictions. In some cases people might have been forced to go elsewhere to have abortions and that might have eased a few consciences, but it wouldn't have done what the church wants to do—it wouldn't have created a deep-seated respect for life. Abortions would have gone on, millions of them.

Nor would a denial of Medicaid funding for abortion achieve our objectives. Given *Roe v. Wade*, it would be nothing more than an attempt to do indirectly what the law says cannot be done directly; worse, it would do it in a way that would burden only the already disadvantaged. Removing funding from the Medicaid program would not

prevent the rich and middle class from having abortions. It would not even assure that the disadvantaged wouldn't have them, it would only impose financial burdens on poor women who want abortions.

Apart from that unevenness, there is a more basic question. Medicaid is designed to deal with health and medical needs. But the arguments for the cutoff of Medicaid abortion funds are not related to those needs. They are moral arguments. If we assume health and medical needs exist, our personal view of morality ought not to be considered a relevant basis for discrimination.

We must keep in mind always that we are a nation of laws—when we like those laws and when we don't.

The Supreme Court has established a woman's constitutional right to abortion. The Congress has decided the federal government should not provide federal funding in the Medicaid program for abortion. That, of course, does not bind states in the allocation of their own state funds. Under the law, the individual states need not follow the federal lead, and in New York I believe we *cannot* follow that lead. The equal protection clause in New York's constitution has been interpreted by the courts as a standard of fairness that would preclude us from denying only the poor—indirectly, by a cutoff of funds—the practical use of the constitutional right given by *Roe v. Wade*.

In the end, even if after a long and divisive struggle we were able to remove all Medicaid funding for abortion and restore the law to what it was, if we could put most abortions out of our sight, return them to the back rooms where they were performed for so long, I don't believe our responsibility as Catholics would be any closer to being fulfilled than it is now, with abortion guaranteed by the law as a woman's right.

The hard truth is that abortion isn't a failure of government. No agency or department of government forces women to have abortions, but abortion goes on. Catholics, the statistics show, support the right to abortion in equal proportion to the rest of the population. Despite the teaching in our homes and schools and pulpits, despite the sermons and pleadings of parents and priests and prelates, despite all the effort it defining our opposition to the sin of abortion, collectively we Catholics apparently believe—and perhaps act—little differently from those who don't share our commitment.

Are we asking government to make criminal what we believe to be sinful because we ourselves can't stop committing the sin?

The failure here is not Caesar's. This failure is our failure, the failure of the entire people of God.

Nobody has expressed this better than a bishop in my own state, Joseph Sullivan, a man who works with the poor in New York City, is resolutely opposed to abortion, and argues, with his fellow bishops, for a change of law. "The major problem the church has is internal," the bishop said last month in reference to abortion. "How do we teach? As much as I think we're responsible for advocating public policy issues, our primary responsibility is to teach our own people. We haven't done that. We're asking politicians to do what we haven't done effectively ourselves."

I agree with the bishop. I think our moral and social mission as Catholics must begin with the wisdom contained in the words: "Physician, heal thyself." Unless we Catholics educate ourselves better to the values that define—and can ennoble—our lives, following those teachings better than we do now, unless we set an example that is clear and compelling, then we will never convince this society to change the civil laws to protect what we preach is precious human life.

Better than any law or rule or threat of punishment would be the moving strength of our own good example, demonstrating our lack of hypocrisy, proving the beauty and worth of our instruction.

We must work to find ways to avoid abortions without otherwise violating our faith. We should provide funds and opportunity for young women to bring their child to term, knowing both of them will be taken care of if that is necessary; we should teach our young men better than we do now their responsibilities in creating and caring for human life.

It is this duty of the church to teach through its practice of love that Pope John Paul II has proclaimed so magnificently to all peoples. "The Church," he wrote in *Redemptor Hominis* (1979), "which has no weapons at her disposal apart from those of the spirit, of the word and of love, cannot renounce her proclamation of 'the word . . . in season and out of season.' For this reason she does not cease to implore . . . everybody in the name of God and in the name of man: Do not kill! Do not prepare destruction and exter-

mination for each other! Think of your brothers and sisters who are suffering hunger and misery! Respect each other's dignity and freedom!"

The weapons of the word and of love are already available to us; we need no statute to provide them.

I am not implying that we should stand by and pretend indifference to whether a woman takes a pregnancy to its conclusion or aborts it. I believe we should in all cases try to teach a respect for life. And I believe with regard to abortion that, despite Roe v. Wade, we can, in practical ways. Here, in fact, it seems to me that all of us can agree.

Without lessening their insistence on a woman's right to an abortion, the people who call themselves "pro-choice" can support the development of government programs that present an impoverished mother with the full range of support she needs to bear and raise her children, to have a real choice. Without dropping their campaign to ban abortion, those who gather under the banner of "pro-life" can join in developing and enacting a legislative bill of rights for mothers and children, as the bishops have already proposed.

While we argue over abortion, the United States' infant mortality rate places us sixteenth among the nations of the world. Thousands of infants die each year because of inadequate medical care. Some are born with birth defects that, with proper treatment, could be prevented. Some are stunted in their physical and mental growth because of improper nutrition.

If we want to prove our regard for life in the womb, for the helpless infant, if we care about women having real choices in their lives and not being driven to abortions by a sense of helplessness and despair about the future of their child, then there is work enough for all of us. Lifetimes of it.

In New York, we have put in place a number of programs to begin this work, assisting women in giving birth to healthy babies. This year we doubled Medicaid funding to private-care physicians for prenatal and delivery services.

The state already spends 20 million dollars a year for prenatal care in outpatient clinics and for inpatient hospital care.

One program in particular we believe holds a great deal of promise. It's called New Avenues to Dignity, and it seeks to provide a teenage mother with the special services she needs to continue with her education, to train for a job, to become capable of standing

on her own, to provide for herself and the child she is bringing into the world.

My dissent, then, from the contention that we can have effective and enforceable legal prohibitions on abortion is by no means an argument for religious quietism, for accepting the world's wrongs because that is our fate as "the poor banished children of Eve."

Let me make another point. Abortion has a unique significance but not a preemptive significance. Apart from the question of the efficacy of using legal weapons to make people stop having abortions, we know our Christian responsibility doesn't end with any one law or amendment. That it doesn't end with abortion. Because it involves life and death, abortion will always be a central concern of Catholics. But so will nuclear weapons. And hunger and homelessness and joblessness, all the forces diminishing human life and threatening to destroy it. The "seamless garment" that Cardinal Bernardin has spoken of is a challenge to all Catholics in public office, conservatives as well as liberals.

We cannot justify our aspiration to goodness simply on the basis of the vigor of our demand for an elusive and questionable civil law declaring what we already know, that abortion is wrong.

Approval or rejection of legal restrictions on abortion should not be the exclusive litmus test of Catholic loyalty. We should understand that whether abortion is outlawed or not, our work has barely begun: the work of creating a society where the right to life doesn't end at the moment of birth, where an infant isn't helped into a world that doesn't care if it's fed properly, housed decently, educated adequately, where the blind or retarded child isn't condemned to exist rather than empowered to live.

The bishops stated this duty clearly in 1974, in their statement to the Senate subcommittee considering a proposed amendment to restrict abortions. They maintained such an amendment could not be seen as an end in itself. "We do not see a constitutional amendment as the final product of our commitment or of our legislative activity," they said. "It is instead the constitutional base on which to provide support and assistance to pregnant women and their unborn children. This would include nutritional, prenatal, child birth and post-natal

care for the mother, and also nutritional and pediatric care for the child through the first year of life. . . . We believe that all of these should be available as a matter of right to all pregnant women and their children."

The bishops reaffirmed that view in 1976, in 1980, and again this year when the United States Catholic Committee asked Catholics to judge candidates on a wide range of issues—on abortion, yes, but also on food policy, the arms race, human rights, education, social justice, and military expenditures.

The bishops have been consistently pro-life in the full meaning of that term, and I respect them for that.

The problems created by the matter of abortion are complex and confounding. Nothing is clearer to me than my inadequacy to find compelling solutions to all of their moral, legal, and social implications. I, and many others like me, are eager for enlightenment, eager to learn new and better ways to manifest respect for the deep reverence for life that is our religion and our instinct. I hope that his public attempt to describe the problems as I understand them will give impetus to the dialogue in the Catholic community and beyond, a dialogue which could show me a better wisdom than I've been able to find so far.

It would be tragic if we let that dialogue become a prolonged, divisive argument that destroys or impairs our ability to practice any part of the morality given us in the Sermon on the Mount, to touch, heal, and affirm the human life that surrounds us.

We Catholic citizens of the richest, most powerful nation that has ever existed are like the stewards made responsible over a great household: from those to whom so much has been given, much shall be required. It is worth repeating that ours is not a faith that encourages its believers to stand apart from the world, seeking their salvation alone, separate from the salvation of those around them.

We speak of ourselves as a body. We come together in worship as companions, in the ancient sense of that word, those who break bread together, and who are obliged by the commitment we share to help one another, everywhere, in all we do and, in the process, to help the whole human family. We see our mission to be "the completion of the work of creation."

This is difficult work today. It presents us with many hard choices.

The Catholic church has come of age in America. The ghetto walls are gone, our religion no longer a badge of irredeemable foreignness. This newfound status is both an opportunity and a temptation. If we choose, we can give in to the temptation to become more and more assimilated into the larger, blander culture, abandoning the practice of the specific values that made us different, worshiping whatever gods the marketplace has to sell while we seek to rationalize our own laxity by urging the political system to legislate on others a morality we no longer practice ourselves.

Or we can remember where we come from, the journey of two millennia, clinging to our personal faith, to its insistence on constancy and service and on hope. *We can live and practice the morality Christ gave us, maintaining his truth in this world, struggling to embody his love, practicing it especially where that love is most needed, among the poor and the weak and the dispossessed. Not just by trying to make laws for others to live by, but by living the laws already written for us by God, in our hearts and our minds.*

We can be fully Catholic, proudly, totally at ease with ourselves, a people in the world, transforming it, a light to this nation. Appealing to the best in our people, not the worst. Persuading, not coercing. Leading people to truth by love. And still, all the while, respecting and enjoying our unique pluralistic democracy. And we can do it even as politicians.

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December 19, 1998

Taylor Branch Notes on the 1999 State of the Union Address

For the President:

The theme of this address should be bold steps to restore and advance our sense of national purpose. Fasten and seal an outline of substance upon your entire presidency. Frame your challenges for the years ahead within your record of past achievement. Make contrast work to your advantage by holding up a public agenda of hope and wonder against a mood of pessimism. Summon the people to rise once again above corrosive gloom. This is what makes the flag wave.

Describe wonders in sharp relief: six years ago the deficit approached \$300b, and now it is gone. Remind us that red ink flowed unabated for thirty years running, and that many had all but given up as we patched and plugged against a seemingly overwhelming tide. This attitude is as important as the deed: few believed we could reduce the deficit significantly, but we wiped it out altogether. In a miracle reminiscent of Moses, we created a path of dry land through the Red Sea.

Similarly, many believed that we had slipped into economic decline, losing jobs and enduring chronic recession. Many had lost hope for the American future, but we have since created 14 million jobs, run the Dow to 9,000, lowered inflation, and restored confidence. Few believed that we could successfully and honorably move millions from welfare to work. In these areas and others—such as global peacekeeping, international trade, crime, and the environment—we have worked miracles, and we have restored the values, optimism, and capabilities of the United States, both at home and in the eyes of the world.

Your prescription for the future must build upon this record. I don't know exactly what you will propose in the areas being discussed—such as Social Security reform, education, the environment, health care—but I urge you to set daring, specific goals for the nation as a whole, not merely for the federal government.

Let me sketch the suggested approach in one policy area of lower priority in the polls: teenage smoking. Many observers tend to belittle this issue as a kids-will-be-kids example of regulatory overkill by anti-smoking zealots. This is wrongheaded, cynical, and irresponsible. State laws against selling cigarettes to young people are properly grounded in the democratic principle that minors are not yet self-governing and cannot take responsibility for the fateful decision to smoke. Therefore, youth smoking is an adult problem. Many people will bridle at this fundamental reality, but the facts are stark. As adult citizens, we still allow cigarettes to be sold vending machines, which are proven to be readily accessible even to 10-year-olds. And as for state and federal laws banning over-the-counter cigarette sales to minors, we are only beginning to redress a record of poor or negligible enforcement.

On teenage smoking, you can challenge the nation once again to turn embarrassment and outrage into an achievement that no one yet imagines. Remind us what it means for 3,400 young people averaging age 14 to become regular new smokers each day, and set a goal of cutting the daily toll of new underage smokers in half within two years. This is as bold as eliminating the deficit, but it can be done with steps such as the following. [1] Release the federal Medicaid portion of the tobacco settlement only to those states that flatly eliminate tobacco sales by vending machine. This may seem shocking, but it is reasonable to the point of being blatantly overdue, and it will have a drastic effect in reducing youth sales without significant inconvenience to adult smokers. [2] Work with state and local governments to devise the first effective programs to establish a new commercial reality for merchants, making it costly and taboo for them to sell cigarettes to minors over the counter. [3] Encourage newspapers, schools, business associations, and local governments to recognize those merchants who do not sell to minors and censure those who do. [4] Maintain but de-emphasize the current proposal to raise federal taxes on cigarette sales. While worthy, this is bad politics because it plays into the charge that Democrats have only one idea (new taxes) and one approach (federal programs) for every issue. It also

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THE WHITE HOUSE

Office of the Press Secretary

For Immediate Release

January 22, 1997

REMARKS BY THE FIRST LADY
AT NATIONAL ABORTION RIGHTS
ACTION LEAGUE LUNCHEON

MRS. CLINTON: I am pleased to be here with all of you. And I know that it took a little longer to get into the room than usual, but let me reassure you about the events of this morning. We do not know what the facts are, but law enforcement, as the President said this morning, is working hard to get the bottom of it, and it does not, at least so far as we know at this time, appear to be anything serious that should concern us.

I am very pleased to be here for a number of reasons. One is to join all of you in honoring Robin Chandler Duke. We will hear more about her as the program goes on. But I wanted to thank her publicly for her tireless work on behalf of family planning here at home and particularly internationally, on her advocacy of safe motherhood and other issues critical to women, children and families. She has always understood that these are not marginal concerns. They relate to political and economic progress, human rights, and peace and prosperity here in our country and around the world.

So I wanted to raise my voice with all of yours in commending her for all of her work in raising awareness about family planning and her many other contributions that she has already made and that I know she will continue to make into the future. (Applause.)

I also wanted to come and recognize and thank my friend, Nancy Rubin, for her energy, her wisdom and all of her efforts on behalf of causes relating to women and families. She is a clear and articulate voice for women's rights around the world and has worked to strengthen education, economic opportunities, legal protections and political rights, and has helped from one corner of the world to the next to bring women's issues to the forefront of international and national concerns. (Applause.)

And I know that I speak for all of us and for many others who are not here in thanking Kate Michelman for over a decade of service leading this organization and doing so much to promote and protect a women's right to choose. It has not been an easy mission. And she has

continued to speak up and speak out even in difficult times. And, Kate, we want to thank you for that. (Applause).

I'm delighted that the Vice President and Tipper Gore will be here shortly, representing the administration, and that both of them will address you. I literally am dropping in, wanting to be here today, but I have a previous engagement and have to be New York this evening, I think -- I lose track of where I am and where I'm going and where I'll be. (Laughter.)

But I wanted to lend my voice to the Vice President's and Tipper's and to all of yours in thanking you for your work. And particularly, I wanted to thank the members of Congress who are here and other elected officials for remaining steadfast in their support of a woman's right to choose.

This is never an easy issue, and anyone who thinks they have the ultimate truth on it is always going to be wrong. This is a very hard issue. And in the next years, I hope that we will be able to find ways of increasing dialogue, in working together with people of good faith who do not share extremism as their rallying cry, to try to understand how we can continue the progress that has been made in the last four years in decreasing the number of abortions, decreasing teen pregnancy, in working to give women opportunities to make the choices that are best for them and their families.

And I have no illusions about the difficulty of that. But I also have no illusions that there is any other route to take. This is an issue that will be with us because of the strong feelings. And I think that my husband's formulation of it years ago is still the right one, that abortion should be legal, safe and rare. We have worked hard in the last -- (applause) -- in the last four years to maintain legality and safety and to begin to put into place attitudes and values and policies that are beginning to work to make abortion rare.

But that will mean we also must speak out on behalf of family planning here and around the world -- (applause) -- on behalf of educational opportunities for young women and young men so they know they have better choices and that they should postpone childbearing or even confronting the issue of abortion. It means that we have to have good, comprehensive health care services available to all people in our country so that they have access to the same information that those of us who are fortunate do. (Applause.)

I was reminded on my way over here of several of the experiences that I have had in the last four years traveling on behalf of our country. I was in Brazil, a maternal hospital -- I wrote about it in my book and I talked about it. It stays in my mind because half the admissions were for the joy of giving birth, and half the admissions were for complications resulting from self-induced or back-alley abortions. And the Minister of Health in a public meeting with me said, we want to give poor women the same information and access to family planning that well-to-do women have always had in our country. (Applause.) That should be our goal not only here but also in our foreign policy.

I also had the rather unique experience within a year of traveling to China and speaking

out against policies of forced abortion and sterilization where the government made the choice for women, and traveling to Romania that under the previous communist regime had a policy of enforcing birth -- five children per woman. And I spoke with women who told me of every month being taken as part of their work units to local hospitals where they were forcefully examined to determine whether or not they were pregnant so they could then be monitored by the secret police to be sure they had the child.

Two extremes -- government, on the one hand, saying you cannot have children; government, on the other hand, saying you must have children. What we have tried to do in promoting choice is to say that this most difficult of all intimate choices for women and men must be made by the individual in the privacy of her consultation with her conscience, her God, her family, her physician -- (applause.)

Thank you for continuing to try to get that message across. Please join in helping us make these difficult decisions rarer. Help us support women in all their needs. Help us support families.

And I appreciate greatly the devotion and dedication that so many of you have given to this over the years, and look forward to working with you into the future. Thank you very much. (Applause.)

END

THE WHITE HOUSE

Office of the Press Secretary

For Immediate Release

March 7, 1997

PRESS CONFERENCE OF THE PRESIDENT

The East Room

2:02 P.M. EST

Q Mr. President, when you vetoed the ban on partial birth abortion, you said you did so to protect the lives of the mothers and because they were fairly rare. Well, it's since been revealed that there are approximately 5,000 of these so-called partial birth abortions performed every year, 90 percent of them in the fifth and sixth month. Would you now support a ban if it included provisions to protect the mother, but would ban the procedure also in the fifth and sixth month?

And one second unrelated question, did the White House discover if there were any other checks or money passed besides the \$50,000 to Maggie Williams?

THE PRESIDENT: That's fair. No, that's a fair question. As far as I know, that did not happen. As far as I know, any other checks that came in, we really didn't -- were things that came in the mail and were just routinely referred. And I don't even know if there were any of those or how many there were. But as far as I know, there was no other instance like the one involving Maggie.

Now, let me answer the other question as clearly as I can. The admission by the gentleman in question that he thought he was misrepresenting the facts to the Congress in the last debate has caused a lot of stir here. But I believe -- and I tried to be clear about this at the time -- I was under the impression that the facts are just as we all said they were, more or less what you've said. I don't know that we have exact numbers.

What I said before was, and let me restate it, I sought to get a bill I could sign that would ban this procedure when it was inappropriate, because there would be other avenues available if an abortion was otherwise legal. What I was concerned about again -- and you said 500, I think, so let's just take your number. We don't really know.

Q Actually, I think it's 5,000.

THE PRESIDENT: -- 5,000 total, of whom a small proportion, maybe 10 percent or so, are like those five women that I had in the White House. I will say again, they are my concern. They are my only concern. And I would remind you that three of those five women identified themselves to me as pro-life voters. And they were told that unless they had a procedure which would be banned under the law that I vetoed, after it was over, the babies they would be carrying would be dead and their bodies would never be able to have another baby. That is my only concern. I have made that as clear as I can.

So I can't answer the question that you asked me any clearer than that because I want to see the language of any proposed bill. I think you can make a very compelling case that for the small number of people I'm trying to protect, this is the biggest issue in their entire lives, and that for them my position is the pro-life position. And I believe that it would be a mistake for us to pass this bill one more time without taking care of those folks. When --because, as you just pointed out Mr. Miklaszewski, because anybody that's in the first two trimesters that has an elective procedure will still have access to another one in a different way after the bill passes.

So, in a funny way, this might not work to reduce the overall number of abortions at all. But in the end, what it could do is every year to take a few hundred women and wreck their lives and wreck the possibility that they could have further children. That's why I was working on this. And if we can solve this problem, I will happily sign this bill. This thing is a real -- it has hurt the American people, dealing with this. And I don't mean it's harmed physically; I mean, this has been a great emotional trauma for the American people trying to come to grips with this issue and deal with it. It's a deep thing out there around the country, and it goes way beyond the traditional pro-life/pro-choice fight or disagreement.

I would like to see us bring some harmony to this and put it behind us. But every time anybody mentions this I remember so vividly the faces of those five women and their life stories and what happened to them afterward. And a few hundred people a year, they don't have much votes or influence, but they're the people I'm concerned about and they're the people I'm going to try to protect right down to the end.

THE WHITE HOUSE

Office of the Press Secretary

For Immediate Release

December 13, 1996

PRESS CONFERENCE OF THE PRESIDENT

Room 450
Old Executive Office Building

2:00 P.M. EST

Q Mr. President, with Congress coming back into a new session, there seems to be indications they will take up two issues which are contentious which you have opposed in the past -- an amendment to balance the budget, a constitutional amendment to balance the budget. You caused some, I guess, concern a few weeks ago among some of your aides by suggesting you could live with a constitutional amendment to balance the budget. And secondly, legislation that would ban a late-term abortion procedure known as partial-birth abortions. Could you tell us exactly what kind of language you could accept on both of those issues that would allow you to go forward and support those matters?

THE PRESIDENT: Well, they're two different things there. First of all, what I said on the balanced budget thing, I don't think -- let me try to be clear here so I won't be misunderstood. I do not believe it is good policy or needed to have a constitutional amendment to balance the budget. I do believe that it's good policy for America to pass a balanced budget plan now and to implement it. And I believe I have some credibility on that because we've cut the deficit by more in four years than anybody has in a month of Sundays. So everybody knows that -- and my record as governor was that of a fiscal conservative.

So this is not about fiscal conservatism. It is about whether you can design a constitutional amendment which in difficult and very different times than the ones in which we now live won't do more harm than good. That's my only concern there.

And so the only thing -- what I was trying to say when I was asked about this before is, there have been changes in the composition of the Senate which at least apparently give them enough votes to pass this amendment. So what I was saying is I'm not for this, but if you're

going to do it, try to do it in a way that gives you enough flexibility to deal with the kinds of things that can happen. We're passing this constitutional amendment in a very different environment than some of the environments in which we've lived in the last 30 years. That's the only point I was trying to make on that.

Now, perhaps changes in the House will make it more difficult to pass in the House, but I just don't know. You know, the President cannot veto a constitutional amendment. It gets passed and sent out to the states. So that's the point I want to make on that.

On the partial birth abortion issue, I would very much -- I wanted to sign that legislation when I first heard about it; I thought I would sign it, since I am generally opposed to third-trimester abortions anyway, and signed legislation to restrict them in Arkansas.

The problem is, I will say again, there are a few hundred women every year who have personally agonizing situations, where their children are born or are about to be born with terrible deformities which will cause them to die either just before, during, or just after childbirth. And these women, among other things, cannot preserve the ability to have further children unless the enormous size of the baby's head is reduced before being extracted from their bodies. This is a very painful thing to discuss. I have met six of these women. I will say again, three of them were pro-life Catholics. One of them was a pro-life evangelical Christian. This is not a pro-life, pro-choice issue. To me this is a practical problem. I believe that people put in that situation ought not to have Congress tell them that they're never going to be able to have children again.

Now, I know there are just a few hundred of them, and I know that all the votes were on the other side. And I am well aware that there were several places in this country where major political headway was made against the Vice President and me and against some of our candidates for Congress and against others running for other things because of this issue, because it sounds so awful when you describe it -- that the politics is all on the other side. But one of the things the President is supposed to do is to look out for the few hundred against the many millions when the facts are not consistent with the rhetoric.

And I'm just telling you -- Hillary and I, we only had one child. And I just cannot look at a woman who's in a situation where the baby she is bearing against all her wishes and prayers is going to die anyway, and tell her that I am signing a law which will prevent her from ever having another child. I'm not going to do it.

Now, I pleaded and I pleaded and I pleaded last time with the Congress to adopt highly restrictive language on this procedure which would make it clear that there had to be a very serious health problem for the woman involved before it could be adopted, in addition to having her own life at stake -- a very serious health problem, like having the ability to have a child again. And they would not do it. And they would not do it, I believe, because it was great politics. But it's bad policy.

So if we will -- if we can have the right sort of language here -- I don't like this procedure, I don't think anybody ought to just, you know, show up eight months and two weeks

pregnant and say I just think I'd like to have an abortion and this is what I want to use. I think the states should have taken care of that. Eighty percent of the states have, but 20 percent haven't. But if they will help me with language here and do it in good faith, I will happily sign this bill.

But there are a few hundred people every year that are adversely affected by this, and I am the only person that's elected by all the people that feels, therefore, less pressure on this. I have to do what I think is right. I cannot take away from these women the right to bear further children. It would be wrong and I will not do it.

THE WHITE HOUSE

Office of the Press Secretary
(Milwaukee, Wisconsin)

For Immediate Release

May 23, 1996

PRESS CONFERENCE BY PRESIDENT CLINTON
AND GERMAN CHANCELLOR KOHL

City Hall
Milwaukee, Wisconsin

11:45 A.M. CDT

Q Mr. President, thank you. I want to give you an opportunity to respond to Senator Dole. The Senator in a speech today accused your administration of being "without direction or moral vision," citing specifically your veto of the partial birth abortion ban which he said, "pushed the limits of decency too far." Would you respond to that, sir? Thank you.

PRESIDENT CLINTON: What would Senator Dole say to those five women who stood up there with me -- they're five women of several hundred women every year who are told by their doctors that their baby, severely hydrocephalic, often without functioning brains, sometimes without even a brain in their skull, are going to die right before they're born or during birth or right afterward, and that the only way those women can avoid serious physical damage, including losing the ability to ever bear further children is to reduce the size of the skull, the head of the baby before it's too late?

What would he say to the fact that at least two of those five women who were with me made it clear that they were pro-life, Catholic Republicans? That one of those women said she got down on her knees and prayed to God to take her life and let her child live? I am always a little skeptical when politicians piously proclaim their morality. He has to answer to those women.

All I asked the Republicans in Congress to do was to pass an exception for women who would face severe physical damage. And their answer was, oh, you want to give them an exception so they can fit in their prom dress. That was the answer. Ads were run saying, this is what the President wants; they'll be able to drive a truck through this exception.

Well, I know that those 500 or 1,000 women, or however many there are a year -- they're not many of them -- they don't have an organized voice and they don't have much influence

at the election. And I know what appeal this partial birth abortion bill had because it appeals to me; I wanted to sign it. But the President is the only place in this system of ours where there is one person who can stand up for people with no voice, no power, who are going to be eviscerated.

And two of those five women had already had other children. One of those women had adopted another child and was physically able to take care of it. So before he or anybody else stands up and condemns the rest of us for our alleged lack of moral compass, he ought to say -- he's looking at those women and he said there was too much political support behind this, I did not want to be bothered by the facts, it's okay with me whatever -- if they rip your body to shreds and you could never have another baby even though the baby you were carrying couldn't live. Now, I fail to see why his moral position is superior to the one I took.

And, again, I'm telling you, why did this come up now in this way? Why wouldn't they accept that minor amendment? Why? Because they would rather have an issue than solve a problem. Some people live and breathe to divide the American people and keep them in a turmoil all the time. I work to calm the American people down, to lift their vision, to unite them and to move them into the future. And I think when it's all said and done, that's what the American people will want to do. (Applause.)

THE WHITE HOUSE

Office of the Press Secretary
(New York, New York)

For Immediate Release

September 21, 1998

PRESS BRIEFING BY
NATIONAL SECURITY ADVISOR SANDY BERGER

Marriott Eastside
New York, New York

3:09 P.M. EDT

Q Do you have any assurances the Republicans won't try to marry it with tax cuts so the President would agree to that amount of money? And on a separate money question, did the President bring up with Kofi Annan anything about the arrears, U.N. arrears?

MR. BERGER: Well, I would hope on the first question that they would not. We have a lot of embassies in the world, to take example, that are not as secure as one would like them to be. And what this supplemental does in part is to focus on those embassies and say, we need to do some things right away to protect our people who are working abroad. It identifies certain law enforcement and intelligence and other areas where we know if we have some more resources we can get some more results.

So I believe this is overwhelmingly in the national interest. I believe that the leadership of the Congress -- I've spoken to them myself on this; the President has spoken to the Majority Leader, the Speaker, as well as the Minority Leader of the House and Senator Daschle, some of the appropriators -- I believe there's a common view that we ought to act on this on the basis of the clear and compelling national interest.

On the arrears issue, it not surprisingly did come up. The President raised it with the Secretary General. The President said, as he has unfortunately in the past few years, that this remains a logjam on this issue; that we will continue to try our best to get this done. I sincerely hope that -- as you all know, this is entangled with an issue of an abortion issue. These are two extremely important issues on which there are strong feelings on both sides. And both are entitled to be debated and voted upon on their individual merits, and we are prepared to have a vote on Mexico City and we're prepared to have a vote on U.N. arrears and IMF money. But to make one hostage to the other is to do a great disservice, in my judgment, to an institution that is doing a great deal of good and which the American people overwhelmingly support -- that is, the United Nations.

THE WHITE HOUSE

Office of the Press Secretary

For Immediate Release

October 24, 1998

STATEMENT BY THE PRESIDENT

I am outraged by the murder of Dr. Barnett Slepian in his home last night in Amherst, NY. The Department of Justice is working with state and local authorities to find the person or persons responsible and bring them to justice. While we do not have all the facts of this case one thing is clear, this nation can not tolerate violence directed at those providing a constitutionally protected medical service.

No matter where we stand on the issue of abortion, all Americans must stand together in condemning this tragic and brutal act. We must protect the safety and freedom of all our citizens.

Hillary and I extend our thoughts and prayers to the family of Dr. Slepian.

30-30-30

THE WHITE HOUSE

Office of the Press Secretary

For Immediate Release

October 21, 1998

TO THE HOUSE OF REPRESENTATIVES:

I am returning herewith without my approval H.R. 1757, the "Foreign Affairs Reform and Restructuring Act of 1998".

I take this action for several reasons, most importantly, because the Congress has included in this legislation unacceptable restrictions on international family planning programs and threatened our leadership in the world community by tying our payment of dues to the United Nations and other international organizations to these unrelated family planning issues.

Current law, with which Administration policy is fully consistent, already prohibits the use of Federal funds to pay for abortion abroad and for lobbying on abortion issues. This bill would go beyond those limits. One provision would deny U.S. Government funding for family planning programs carried out by foreign nongovernmental organizations (NGOs) that use their own funds to perform abortions even though the overall result of these NGO family planning programs is to reduce the incidence of abortion. Although the bill allows the President to waive this restriction, use of the waiver would also cripple many programs by limiting annual spending for international family planning to \$356 million, \$44 million below the amount available for Fiscal Year 1998.

A second provision would attempt to restrict the free speech of foreign NGOs by prohibiting funding for those that use their own funds to engage in any activity intended to alter the laws of a foreign country either to promote or to deter abortion. The bill would even ban drafting and distributing material or public statements on abortion. The bill does not contain a waiver for this restriction.

These restrictions and the funding limit would severely jeopardize the ability of the United States to meet the growing demand for family planning and other critical health services in developing countries. By denying funding to organizations that offer a wide range of safe and effective family planning services, the bill would increase unwanted pregnancies and lead to more abortions than would otherwise be the case.

I am also deeply concerned that the Congress has effectively tied these unacceptable restrictions on international family planning to payment of legitimate U.S. arrears to the United Nations and other international organizations. A strong United Nations, with the United States playing a leadership role, is in our national interest. Payment of our dues to the United Nations is essential to our ability to lead. There are strongly held beliefs on both sides of the debate over international population policy. These issues ought to be considered separately on their own merits; they should not be permitted to hinder U.S. obligations to the world community.

The package authorizing arrears payments linked to UN reforms was the result of good-faith negotiations between my Administration and the Congress more than a year and a half ago. Unfortunately, due to the passage of time, some of these conditions are now outdated and are no longer achievable. In particular, the fact that the UN has concluded negotiations on assessment rates for the next 3 years has significantly decreased our ability to negotiate a limitation on the U.S. assessed

share of the UN regular budget below 22 percent. Furthermore, the increase in contested arrears during this period requires that the United States have additional flexibility in obtaining a contested arrears account. While many of the UN reform benchmarks in the package remain acceptable, significant revisions are required, and I look forward to working with the Congress next year to secure the payment of our arrears and an achievable package of UN reforms.

The Bill contains important and carefully negotiated authority to reorganize the foreign affairs agencies and other basic authorities for these agencies. Many of these provisions were supported by my Administration, and I am pleased that they have been included in the Omnibus Consolidated and Emergency Supplemental Appropriations Act for FY 1999.

For the foregoing reasons, I am compelled to return H.R. 1757 without my approval.

WILLIAM J. CLINTON

THE WHITE HOUSE,
October 21, 1998.

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THE WHITE HOUSE

Office of the Press Secretary

For Immediate Release

March 11, 1998

TEXT OF A LETTER TO SENATORS LOTT,
DASCHLE, HELMS, AND BIDEN

March 11, 1998

Dear :

I write to seek your support in obtaining Senate consent to the ratification of the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW). CEDAW is the most comprehensive and detailed international treaty developed to date relating to the rights of women. The United States actively participated in the drafting of CEDAW and signed the treaty in 1980. Although the Senate Foreign Relations Committee voted in favor of ratification in 1994, the Senate has not formally considered the treaty since that time.

The rights of women are an issue of global importance -- and one that is integral to our foreign policy. The success of any government depends ultimately on ensuring that all its citizens can participate fully in the decisions that affect their lives. Too many societies continue to shunt women to the sidelines, limiting their access to education, health care, and economic opportunity. Moreover, violence against women remains a widespread problem. I think you would agree that, as we enter the next century, we must address these issues. CEDAW provides us with an effective tool for doing so.

I believe that the ratification of CEDAW is critical to our efforts to advance the status of women throughout the world. To date, 161 countries have ratified CEDAW, including all our European allies and most of our important trading partners. The United States is one of the few countries that has not. This impedes our efforts to ensure that women everywhere are treated fairly and have the opportunity to achieve their full potential.

As you know, U.S. state and federal law already provides strong protections for women and is largely consistent with the provisions of CEDAW. In 1994, the Administration submitted a detailed analysis of the consequences of CEDAW ratification for U.S. law. All concerns at that time were addressed by the small number of reservations, understandings, and declarations upon which the Senate Foreign Relations Committee and the State Department agreed. These included an explicit understanding that the treaty does not create a right to an abortion.

Today, in celebration of International Women's Day, I am announcing that obtaining Senate advice and consent to the ratification of CEDAW is a top Administration priority during this session of Congress. I am also announcing my goal of having the full Senate act on CEDAW this year, which marks the 150th anniversary of the first women's rights convention at Seneca Falls, New York.

I would very much like to have your support in ratifying CEDAW and look forward to working with you on this very important issue.

Sincerely,

WILLIAM J. CLINTON

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THE WHITE HOUSE

Office of the Press Secretary

For Immediate Release

January 22, 1998

VIDEOTAPED REMARKS BY THE PRESIDENT
IN MESSAGE ON THE 25TH ANNIVERSARY OF ROE V. WADE

THE PRESIDENT: On January 22, we marked the 25th anniversary of Roe v. Wade, the landmark Supreme Court decision that affirmed very woman's right to choose whether and when to have a child, and in doing so, affirmed two of our nation's most deeply-held values, personal privacy and family responsibility.

Over the past 25 years, Roe v. Wade has had a major positive impact on the health and well-being of American women and their families. Safe, legal abortion has all but eliminated the dangerous, clandestine conditions that claim too many women's lives when the procedure was illegal.

I'm committed to keeping abortions safe, legal, and accessible -- and to making it more rare. Over the last five years we've led the way on policies to prevent unintended pregnancy by making comprehensive family planning and sex education programs more widely available. We've increased support for Title X family planning services every year in our budget. And I'll do so again this year.

I fought to continue funding for international family planning, bringing much needed health care to women all around the world. Here, at home, by working together with health care professionals, community groups, schools and family planning agencies, we've made real progress in reducing teen pregnancy. And I was proud to sign legislation to protect the rights Roe established by protecting women's clinics from violence. We have enforced that law to its full extent.

I will continue to do everything I can to make sure that every child in America is a wanted child, raised in a loving, strong family. Ultimately, that idea is the anniversary of Roe v. Wade celebrates.

Hillary and I join with all of you in commemorating his milestone and pledge ourselves anew to protecting the right to choose.

Thank you and God bless you.

-30-30-30-

THE WHITE HOUSE

Office of the Press Secretary

For Immediate Release

February 28, 1997

STATEMENT BY THE PRESIDENT

Today I am pleased to sign into law H.J. Res. 36, which approves a Presidential finding related to international population programs. Approval of this joint resolution permits the release on March 1 of funds previously appropriated for international population assistance programs administered by the U.S. Agency for International Development (USAID). In making these funds available without further delay we are assuring that these programs will continue to serve the many millions of women and men whose health and well-being -- and ability to plan their own futures -- depend on family planning services supported by USAID. Moreover, we are underscoring the indisputable fact that family planning reduces abortion -- as best evidenced by significant declines in abortion rates as family planning services are becoming available in Russia and Central and Eastern Europe.

The passage of this joint resolution at the opening of the 105th Congress is particularly gratifying as it signifies what we can accomplish by working together -- Democrats and Republicans. By agreeing to secure the timely release of these funds, we are assuring that the United States will continue to lead the world in providing voluntary family planning assistance. More importantly, we are helping the women of the world to prevent millions of unintended pregnancies, permit the healthy spacing of births, prevent the spread of sexually transmitted diseases, including HIV/AIDS, reduce recourse to abortion, and avert deaths from childbirth that often leave infants and their siblings motherless.

It is clear to me -- and I am delighted that a strong bipartisan group of legislators in the House and Senate has joined in affirming the view -- that family planning is a key element of our comprehensive strategy to improve women's health and station in life, and to increase child survival rates. By their votes, Members of Congress have shown their concern for the well-being of the poorest families around the globe.

WILLIAM J. CLINTON

THE WHITE HOUSE,
February 28, 1997.

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THE WHITE HOUSE

Office of the Press Secretary

For Immediate Release

January 31, 1997

Statement by the President on
USAID Funds for International Family Planning

In the next few weeks, Congress will face an important vote about the United States' support for voluntary family planning in developing countries.

The funds to continue our support have already been approved, as part of our Fiscal Year '97 budget. At issue is whether the money will be released on March 1, or whether it will be further delayed by four months, until July.

It is my determination that a delay will cause serious, irreversible and avoidable harm. In the balance are the lives and well-being of many thousands of women and children and American credibility as the leader in family planning programs around the world.

Opponents of this funding have tried to mischaracterize this upcoming vote and the work of United States Agency for International Development in family planning. So, let me be clear: The United States provides family planning support where it is wanted and needed. We are prohibited by law from ever funding abortion -- and we abide faithfully by that law. Indeed, the work we have funded in developing countries has been supportive of families, helping them to flourish. It has improved women's health and women's station in life. It has allowed generations of children to grow and be educated in safer and healthier environments. It has been instrumental in helping to prevent the spread of disease, including AIDS. And, make no mistake: It has prevented untold numbers of abortions and maternal deaths. This much is clear: In preventing abortions, maternal and child deaths, family planning has been proven effective.

If we delay support for family planning by even four months, denying safe and effective contraception to couples who depend on these programs, we will see a rise in unintended pregnancies and maternal deaths and a tragic recourse to unsafe and unsanitary methods to terminate those pregnancies.

I want to emphasize this vote should have nothing to do with partisan politics. In fact, right now, a bipartisan group of legislators in the House and the Senate are hard at work to pass this bill for the timely release of funds. And for a generation, through Administrations led by both parties, the United States has led the world in family planning programs. Studies show that our efforts, as part of an international strategy, have prevented more than 500 million unintended pregnancies.

Rapid population growth undermines economic and social development in poor countries. With our support for family planning, the scarce resources in developing countries -- from infrastructure and environment to nutrition and education -- can be better used to allow progress for their people.

Maintaining and building on this progress depends on our

being consistent in our actions and adhering to our values.

Cooperative international efforts to address rapid population growth serve American foreign policy interests in protecting the earth's environment, promoting human rights and improving basic standards of health. It enhances the social, economic and political status of women. It ensures global economic progress and strong markets for United States exports. It encourages international stability and it reduces pressures that lead to refugee flows and migration.

I appeal to the Members of Congress to examine the consequences of a delay, to weigh those against the benefits of fulfilling an urgent and continuing American commitment, and to vote for the March 1, 1997, unconditional release of these voluntary international family planning funds.

If Congress fails to take this simple action, we risk a cost to humanity that we will bear well into the next century.

Surely, we agree that we must do all we can to prevent unintended pregnancies and abortions. With passage of this bill, we can do that. The decision is now in the hands of the Congress.

-30-30-30-

THE WHITE HOUSE

Office of the Press Secretary

For Immediate Release

January 16, 1997

STATEMENT BY THE PRESIDENT

Our thoughts and prayers are with the law enforcement officers and other citizens injured this morning, and with their families.

The double bombing at a women's health clinic in Atlanta this morning was a vile and malevolent crime. Make no mistake: anyone who brings violence against a woman trying to exercise her constitutional rights is committing an act of terror. It is always wrong. And it should be punished severely.

Nobody has a right to use violence in America to advance their own convictions over the rights of others. It is precisely because we take the constitutional rights and individual liberties of all our people so seriously that I fought for and signed new legislation in 1994 to make it a federal crime to interfere with a woman exercising her constitutional right to visit a women's health center.

Federal investigators from the FBI, ATF, the Marshals, and the U.S. Attorney are on the ground in Atlanta, and working closely with local law enforcement. We will pursue this investigation aggressively and methodically. We will get to the bottom of this, and we will punish those responsible to the fullest extent the law provides.

-30-30-30-

THE WHITE HOUSE

Office of the Press Secretary

For Immediate Release

April 10, 1996

REMARKS BY THE PRESIDENT
ON HOUSE RESOLUTION 1833

The Roosevelt Room

5:22 P.M. EDT

THE PRESIDENT: Good afternoon. I have just met with five courageous women and their families, and I want to thank the Lines, the Stellas, the Watts, the Costellos, and the Ades all for meeting with me. They had to make a potentially life-saving, certainly health-saving, but still tragic decision to have the kind of abortion procedure that would be banned by HR 1833.

They represent a small, but extremely vulnerable group of women and families in this country, just a few hundred a year. Believe it or not, they represent different religious faiths, different political parties, different views on the question of abortion. They just have one thing in common: They all desperately wanted their children. They didn't want abortions. They made agonizing decisions only when it became clear that their babies would not survive, their own lives, their health, and in some cases, their capacity to have children in the future were in danger.

No one can tell the story better than them, and I want to call on one of them. But before I do, I want to say that this country is deeply indebted to them for being willing to speak out and to talk about the real facts, not the emotional arguments that, unfortunately, carried the day on this case.

So I'd like to ask Mary Dorothy Line to come up here and introduce herself and say whatever she'd like to say about why we're all here today.

MRS. LINE: My name is Mary Dorothy Line. My husband, Bill, and I are honored to be here today to speak for the many women and families who have also come forward to tell their stories in opposition to this terrible legislation.

Last April we were overjoyed to find out that I was pregnant with our first child. Nineteen weeks into my pregnancy, an ultrasound indicated that there was something wrong with our baby. The doctor diagnosed a condition called hydrocephalus. Every person's head contains fluid to protect and cushion the brain. But if there is too much fluid, the brain cannot develop.

As practicing Catholics, when we have problems and worries, we turn to prayer. As we waited to find out more from the doctors, our whole family prayed together. My husband and I were very scared, but we are strong people and believe that God would not give us a problem if we couldn't handle it. This was our baby. Everything would be fine. We never thought about abortion.

But the diagnosis was as bad as it could be. Our little boy had a very advanced textbook case of hydrocephaly. All the doctors told us there was no hope. We asked about in utero surgery, about shunts to remove the fluid, but there was absolutely nothing we could do. I cannot express the pain we still feel. This was our precious little baby, and he was being taken from us before we even had him.

This was not our choice, for not only was our son going to die, but the complications of the pregnancy put my health in danger, as well. If I carried to term, he might die in utero, and the resulting toxins could cause a hemorrhage and possibly a hysterectomy. The hydrocephaly also meant that a natural labor risked rupturing my cervix and my uterus.

Several specialists recommended that we terminate the pregnancy. I thank God every day that I had this safe medical option available to me, especially now that I am pregnant again and expecting a baby in September.

I pray every day, I really do, that this will never happen to anyone else. But it will. Those of us unfortunate enough to have to live this nightmare need a procedure that will give us hope for the future.

And I thank God for President Clinton; we all do here. the people who promoted this bill do not understand the real issues, but he does. It is about women's health, it's not about abortion, and certainly not choice. These decisions belong to families and their doctors, not the government. President Clinton listened to us and protected families like ours by vetoing legislation that would hurt so many people.

Thank you, Mr. President.

THE PRESIDENT: Thank you.

I'd like to ask Coreen Costello to come up and speak a little bit about her experience.

MRS. COSTELLO: My name is Coreen Costello, as you heard. I found out when I was seven months pregnant that my daughter was dying. She was dying inside my womb. The complications that she had posed severe health risks to me. One of the conditions she had was polyhydramnia, where the amniotic fluid puddles into the uterus.

I had over nine pounds of excess amniotic fluid. My daughter's body was rigid and it was stuck in a position that was as if she was doing a swan dive inside my womb. Her head and -- the back of her feet were touching the back of her head at the top my uterus. There was no way to deliver her.

My husband and I have always been extremely opposed to abortion. We consider ourselves very, very much pro-life, conservative Republicans. For us, terminating this pregnancy was not an option. For three weeks we attempted to turn my daughter so that I could deliver her vaginally and naturally. We had one hope, and that was that we would be able to hold our daughter alive for possibly an hour, maybe two.

Over the three weeks that we carried her we realized that that was not a possibility. She was dying and she would likely not survive any labor and there was no way I could deliver her. We had her baptized in utero. We named her Katherine Grace. We then realized that our only safe option was the procedure that is being

outlawed -- is being attempted to be outlawed.

I am so grateful because today I am standing here before you pregnant again with a healthy child. I have two children. I have my health. I don't know how to tell you how important that is. This was such a tragedy, such a personal family tragedy. Our daughter will always be a part of our lives. There will always be someone missing in our family, and that's Katherine Grace. But I am so grateful for the ability to be able to go on and enjoy the two children that I do have, to be with my husband, to be with my family, and to be here today.

And that's what this is about. This is not about choice. We made a very different choice than what we ended up having to have. This is not about abortion, and it's not about choice. It's a medical issue. And I am so grateful for President Clinton and his ability to hear our stories, because we have been telling them for a long time and a lot of people haven't listened. But this is the truth, and this is what happened to us. And as painful as it is, we are all here to share that with you.

Thank you.

THE PRESIDENT: Thank you.

I would also like to thank Jim and their children, and William.

Would you tell them what you told me in the office? Can you do it? This is Tammy Watts.

MRS. WATTS: Hi, my name is Tammy Watts. I live in Tempe, Arizona. I simply told our dear President that my story is not so different from everyone else's. I have the heartache, I have the same tragic story. I have the loss in my heart, as does my husband and the rest of my family and friends.

The fact is this: I would have given my life and traded placed with my daughter, Mackenzie. And in fact, with my pastor, that is exactly what I prayed for for the three days we tried desperately to find something that could cure her. You simply look for a magic wand and it's not there.

I am so thankful to our doctors, who were able to perform this very safe medical procedure, save our health, save our families. And I am particularly thankful to our President, without whom we would not be here. And he is a true blessing in all of our lives.

Thank you.

THE PRESIDENT: Thank you, Mitchell -- and those are the prints of your baby, right?

MS. WATTS: Yes, this is my daughter Mackenzie's handprints and footprints. This is something that is very special to us, and is something that we would not have if we did not have this very safe procedure.

THE PRESIDENT: Vikki, do you want to say anything?

MRS. STELLA: My name is Vikki Stella, and I'm from Chicago, Illinois. My story is basically the same thing. We're like a family now. And at 32 weeks I found out that my son wasn't growing properly, and when everything was all done and said and the

ultrasounds were in and I had the answer, I found out my son had nine major anomalies, one including no brain. It did not show up on the amnio because it was a closed neural tube defect, so those things don't show up. That's for genetic research.

And I miss my son. But the one part I want to stress is I needed this for health reasons. I'm a diabetic. Other procedures would not have been what I needed. I don't heal as well as other people, so other procedures just were not the answer. I could have gone on and maybe tried to give birth to a child that would not live.

I didn't make the decision for my child to die; God made the decision for my child to die. I had to make the decision to take him off life support.

THE PRESIDENT: Thank you. And you have a baby here.

MRS. STELLA: Yes, I have a little boy here.

THE PRESIDENT: You have a three-month-old little boy here.

MRS. STELLA: Nicholas.

THE PRESIDENT: Claudia, would you like to talk?

MRS. ADES: Much like everyone else -- we've all had similar circumstances -- I was six months pregnant, 26 weeks into my pregnancy and happier than I had ever been in my entire life when, in a routine ultrasound, we found out that there was something terribly wrong with our son. He had fluid in his brain that was keeping his brain from developing. He had a hole in his heart, a hole between the chambers of his heart so that there was no normal blood flow.

He had -- I won't go on with the details, but horrible, horrible anomalies, and he stood no chance of survival. It was something -- it was a chromosomal abnormality, called Trisomy-13. It was actually the same condition that Tammy Watts's baby had.

Again, like everyone else, we begged for a cardiologist or a neurosurgeon or someone that could fix my baby's brain or the hole in his heart. And when we got the news -- I say this for the people that say that we don't care and for the people who say we don't want our children, and for the people that say we have no spirit or no soul or no religion.

My husband and I are Jewish and we got the news on Rosh Hashana. And when we finally had the procedure, the third day of this grueling procedure, it was Yom Kippur, the holiest day of the Jewish year. And Yom Kippur is the day that you mourn those that have passed, and it's the day that you pray that God will inscribe them in the Book of Life.

We'll forever, and for the past four years and forever we will mourn our son. We are very -- since that pregnancy, unfortunately lost five more, but we are very blessed that in July we're going to adopt a baby and we're going to be parents, and we're going to have the child we so desperately wanted.

And we are all here, my husband, myself and all of the other people standing behind me, we are all here as we have been for months, fighting in Congress. I just actually came back with Mary Dorothy from Sacramento, where we were testifying, where it is now in the State of California. And we are all here for the women that

follow us, because all women deserve the finest medical care that exists. And we are the blessed ones and we want that for them.

And like everyone else, I just want to thank the President, because it's an enormous, enormous responsibility that he's taken. And we're all here to back him up -- it's so, so important what he's doing.

Thank you.

THE PRESIDENT: Thank you very much.

Thank you. Thank you, Richard. Thank you, Mitchell.

Ladies and gentlemen, I asked these families to come here today to make a point that I think every American needs to understand about this bill. This is not about the pro-choice/pro-life debate. This is not a bill that ever should have been injected into that.

This terrible problem affects a few hundred Americans every year who desperately want their children, are trying to build families, and are trying to strengthen their families. And they should not become pawns in a larger debate, even though it is a serious and legitimate debate of profound significance.

I hope that we can continue to reduce the number of abortions in America. When I was governor I signed a bill to restrict late-term abortions, consistent with the Supreme Court decision of Roe v. Wade, only cases where the life or health of the mother is at risk. When I asked the supporters of the bill here to try to take account of this, they said, well, if we have a health exception you know you could -- the doctor and the mother could say anything -- they can't fit in their prom dress, that's a health exception -- some terrible things like that.

And I said, no, no, no, I will accept language that says serious, adverse health consequences to the mother. Those three words. Everyone in the world will know what we're talking about. We're talking about these families. I implored them. I said, if you want to pass something on this procedure, let's make an exception for life and serious adverse health consequences so that we don't put these women in a position and these families in a position where they will lose all possibility of future child-bearing, or where the doctor can't say that they might die, but they could clearly be substantially injured forever.

And my pleas fell on deaf ears. The emotional power of the description of the procedure -- which I might add did not cover the procedure these women had and did not cover all the procedures banned by the law -- but the emotional power was so great that my plea just to take a decent account of these hundreds of families every year that are in this position fell on deaf ears. And, therefore, I had no choice but to veto the bill. I vetoed it just a few minutes ago before I met with these families.

I will say again, if the Congress really wants to act out of a sincere concern that some of these things are done, which are wrong, in casual ways, then if they will meet my standards to protect these families, they could pass a bill that I would sign tomorrow. But these people have no business being made into political pawns.

As I said, and as they said, they never had a choice. This affects staunchly pro-life families as well as people that are pro-choice. They never had a choice. And I cannot in good

conscience see their lives damaged and their potential to build good, strong families damaged.

We need more families in America like these folks. We need more parents in America like these folks. They are what America needs more of. And just because they happen to be in a tiny minority to bear a unique burden that God imposes on just a few people every year, we can't forget our obligation to protect their lives, their children, and their families' future.

That is what this veto is all about. And let me say again how profoundly grateful I am to them for coming here today and having the courage to tell their stories to the American people.

Thank you. Thank you all very much.

END

5:40 P.M. EDT