

**Testimony of Helen M. Alvaré**  
**Professor of Law**  
**George Mason University School of Law**  
**before the**  
**Subcommittee on the Constitution and Civil Justice**  
**House Judiciary Committee**  
**January 9, 2014**  
**Hearing on H.R. 7, No Taxpayer Funding for Abortion Act**

Thank you very much for this opportunity to testify. I propose to outline why it serves the interests of American women for the federal government once and for all to remove itself from the business of abortion funding.

Preliminarily, I would like to thank this subcommittee for holding such a hearing in this 41<sup>st</sup> year after the Supreme Court overturned the abortion laws of the 50 states. This bill shows the power of a dream of human rights that cannot be extinguished, no matter the amount of money or powers arrayed against it. Americans, including American women, have never made and will never make our peace with abortion. It is a feature of U.S. culture I hear admired in my work all over the world. Abortion is not a social good deserving of federal funding, let alone funding in the name of women's health or well-being.

In my remarks today, I will address the following points: First, that neither American lawmakers nor citizens, especially women, understand abortion as a public good meriting funding. And second, that abortion is not a part of any genuine "women's health" agenda according to the federal government's own statements.

On my first point: abortion is understood both by lawmakers and citizens to be different from all other projects, programs or procedures receiving federal funding. The federal budget is broadly devoted to national security, social safety nets, health care, veterans, federal retirement, safe food and drugs, the environment, and investments in education, scientific and medical research, and infrastructure.<sup>1</sup> These support and promote human life versus death, insecurity, and want. But abortion, in the words of our Supreme Court, is different. Even if the Court doesn't get its biology exactly right, it has said that "no other procedure involves the purposeful termination of potential human life."<sup>2</sup> Even Supreme Court Justices explicitly supporting legal abortion acknowledge abortion's uniquely problematic nature. Justices Stevens and Ginsburg in *Stenberg v. Carhart* wrote that both dismemberment abortions and partial birth abortions are "equally" "gruesome" and "brutal," and that neither one "is more akin to

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<sup>1</sup> Center for Budget and Policy Priorities, *Where Do Our Federal Tax Dollars Go?* at <http://www.cbpp.org/cms/?fa=view&id=1258>.

<sup>2</sup> *Harris v. McCrae*, 488 U.S. 297, 325 (1980).

infanticide than the other.”<sup>3</sup> Justice Kennedy’s majority opinion in the second partial birth abortion case, *Gonzales v. Carhart*, said abortion “extinguish[es] life”<sup>4</sup> and repeatedly wrote that abortion “kill[s]”.<sup>5</sup> Finally President Obama has opined that he wishes abortion to be “rare” and that it is a “tragic” matter.<sup>6</sup>

Lawmakers at the state level witness similarly to the nation’s refusal to make peace with abortion. According to the Guttmacher Institute, 205 restrictions on abortion were enacted in the States between 2011 and 2013, a record pace.<sup>7</sup>

And even the most strenuous supporters of legal abortion -- even a leader of the huge abortion provider Planned Parenthood -- acknowledge that there is a baby growing inside a pregnant woman such that abortion ends a life.<sup>8</sup> Having been an observer of the abortion debate for decades, I want to highlight how newly disturbing it is when supporters of legal abortion cease denying that abortion destroys a human life, while continuing to demand legal abortion and abortion funding. They do so in the name of women’s health and rights, which is the 800 lb. gorilla in the room every time abortion is legally debated, including here today. So let me turn to the matter of women’s beliefs and women’s health in relation to abortion.

First, it is no longer contestable that women embrace the pro-life label and positions as much or more than men, and that poor women are somewhat more pro-life than the wealthier. A terrific and quite detailed study issued by the Rand Corporation in cooperation with the Packard, Hewlett and Rockefeller Foundations<sup>9</sup> -- after calling abortion an “enduringly divisive issue” in the American political landscape<sup>10</sup> -- reported stable attitudes on abortion over decades. According to their crosstabs, females survey a few percentage points more pro-life than men – a figure within the margin of error, but persistent over decades and therefore significant.<sup>11</sup> Also the less educationally privileged are more pro-life than the privileged, sometimes by

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<sup>3</sup> 530 U.S. 914, 946 (2000).

<sup>4</sup> 550 U.S. 124, 128 (2007).

<sup>5</sup> 550 U.S. 124, 129, 136, 151, 152, 154.

<sup>6</sup> Sheryl Gay Stolberg, On Abortion, Obama Is Drawn Into Debate He Hoped to Avoid, *The New York Times*, May 14, 2009, at <http://www.nytimes.com/2009/05/15/us/politics/15abortion.html?>

<sup>7</sup> Guttmacher Institute Media Center, *More State Abortion Restrictions were Enacted in 2011-13 than in Entire Previous Decade*, Jan. 2, 2014 at <http://www.guttmacher.org/media/inthenews/2014/01/02/index.html>.

<sup>8</sup> See e.g. Faye Wattleton, *How to Talk to your Child about Sexuality* (New York: Doubleday Inc., 1986); Leslie Cannold, *The Abortion Myth: Feminism, Morality and the Hard Choices Women Make* (Connecticut: Wesleyan University Press, 1998), xvii-xviii.

<sup>9</sup> David M. Adamson, et al., *How Americans View World Population Issues: A Survey of Public Opinion* (A Rand Program, supported by the David and Lucille Packard, William and Flora Hewlett and Rockefeller Foundations: 2000); at [http://www.rand.org/content/dam/rand/pubs/monograph\\_reports/2007/MR1114.pdf](http://www.rand.org/content/dam/rand/pubs/monograph_reports/2007/MR1114.pdf).

<sup>10</sup> *Id.* at 54.

<sup>11</sup> *Id.* at 57.

margins of 33 or even 45%. And the poor are more pro-life than the wealthy by 16 to 25%.<sup>12</sup>

These differences persist on the question of abortion funding. To wit: a majority of the public opposes government funding for abortion; women oppose funding by a few percentage points more than men, the more educationally privileged support funding more than the less privileged; and the well-off support abortion funding for the poor more than the poor favor it for themselves,<sup>13</sup> this last a particularly unpleasant fact.

Investigations of what drives women's voting also fail to turn up any special female support for abortion<sup>14</sup> or abortion funding. Women vote on the economy, jobs, and general social welfare spending, along with their perception of which candidate really cares about the people she or he will serve.<sup>15</sup> If you glance at the League of Women voters website, you will find it highlighting voting rights, gun safety, campaign finance and the environment,<sup>16</sup> not abortion, not abortion funding.

Finally, when you look at federal sources and documents and experts engaging and promoting women's health, you notice two things. First, the federal government is decidedly uncurious about the role abortion plays respecting women's health. The Centers for Disease Control ("CDC") doesn't even require mandatory reporting by the states and consequently doesn't have complete or standardized data on abortion.<sup>17</sup> In 1989, Surgeon General Koop concluded after a complete review of then-existing material on the effect of abortion on women's health, that available studies were insufficient. He recommended that "consideration be given to going forward with an appropriate prospective

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<sup>12</sup> *Id.* at 58.

<sup>13</sup> *Id.* at 59-60.

<sup>14</sup> Karen Kauffmann, *Unconventional Wisdom: Facts and Myths about American Voters*, 106-107 (2008).

<sup>15</sup> Libby Copeland, Why Do Women Vote Differently Than Men? *Slate.com*, Jan. 4, 2012, at [http://www.slate.com/articles/double\\_x/doublex/2012/01/the\\_gender\\_gap\\_in\\_politics\\_why\\_do\\_women\\_vote\\_differently\\_than\\_men.html](http://www.slate.com/articles/double_x/doublex/2012/01/the_gender_gap_in_politics_why_do_women_vote_differently_than_men.html); Kira Sanbonmatsu, *The Quest for Women's Votes in 2012*, Scholars Strategy Network, Aug. 2012, at [http://www.scholarsstrategynetwork.org/sites/default/files/ssn\\_basic\\_facts\\_sanbonmatsu\\_on\\_the\\_gender\\_gap.pdf](http://www.scholarsstrategynetwork.org/sites/default/files/ssn_basic_facts_sanbonmatsu_on_the_gender_gap.pdf) (which also reported that "[h]ot-button reproductive issues like abortion do not drive the gender gap in voting because most men and women hold parallel attitudes on these issues.").

<sup>16</sup> <http://www.lwv.org/our-work> (visited week of Jan 1-8, 2014).

<sup>17</sup> Centers for Disease Control, *CDC's Abortion Surveillance System FAQs*, at [http://www.cdc.gov/reproductivehealth/Data\\_Stats/Abortion.htm](http://www.cdc.gov/reproductivehealth/Data_Stats/Abortion.htm) ("Are states required to report their abortion statistics to CDC? No, states and areas voluntarily report data to CDC for inclusion in its annual Abortion Surveillance Report. CDC's Division of Reproductive Health prepares surveillance reports as data become available. There is no national requirement for data submission or reporting.").

study.”<sup>18</sup> But the government has not undertaken such a project, to this day. I vividly recall during my membership on the National Advisory Child Health and Human Development Council in the early 2000s asking personally and repeatedly for even one question about abortion on long-term surveys about women’s health, only to be continually put off, despite abortion then and now, being performed upon women about 3300 times each day of the week. This lack of federal curiosity persists despite increasing evidence from well-regarded European studies – following hundreds of thousands of women for their entire lives<sup>19</sup> -- and a more recent meta-analysis in the *British Journal of Psychiatry* involving studies comprehending nearly 900,000 women, showing that abortion is associated with significantly increased post-abortion risk of several problematic mental health outcomes.<sup>20</sup>

Second on the matter of women’s health and abortion, in addition to the federal government’s having no firm idea about total numbers of abortions, or abortion’s impact on women’s health, and no real curiosity on the matter, it also appears that when the federal government *is* acting seriously on behalf of women’s health – via women’s health initiatives for example from the National Institutes of Health (“NIH”) or the White House, or the Department of Health and Human Services – that it does not raise the subject of any health “need” for abortion, let alone abortion funding. Take a look, for example, at recent, significant federal initiatives on women’s health, like NIH’s strategic plan for women’s health and sex differences research for 2010–2020,<sup>21</sup> or the Department of Health and Human Services’ Office on Women’s Health report entitled *A Lifetime of Good Health: Your Guide to Staying Healthy*,<sup>22</sup> or HHS’ websites for women and girls which it calls “comprehensive” regarding women’s or girls’ health,<sup>23</sup> or HHS’ Healthypeople 2020 initiative, providing “science-based, 10-year national objectives for improving the health of all

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<sup>18</sup> Letter from Surgeon General C. Everett Koop to President Ronald Reagan, Jan 9, 1989, reprinted at <http://www.priestsforlife.org/postabortion/89-01-09koop.htm>.

<sup>19</sup> See, e.g. David *et al.*, Postpartum and Postabortion Psychotic Reactions, 13 *Family Planning Perspectives* 88, 89(1981); Gissler *et al.*, Suicides after Pregnancy in Finland, 1987-94; Register Linkage Study, 313 *British Medical Journal*, 1996; 313: 1431-34.

<sup>20</sup> Priscilla K. Coleman, Abortion and mental health: quantitative synthesis and analysis of research published 1995–2009, 199 *The Brit. J. of Psychiatry* 180 (2011) (moderate to highly increased risk of mental health problems after abortion); Morgan *et al.*, Letters, 314 *British Medical Journal* 903 (1997). Another study supporting the former explanation was published by L.G. Peppers, “Grief and Elective Abortion: Implications for the Counselor,” in Kenneth J. Doka, ed., *Disenfranchised Grief: Recognizing Hidden Sorrow* (MD: Lexington Books 1989), 135 (Grief measurements of the same women pre- and post-abortion showed that significantly different groups of women suffered high grief reaction scores at the two points in time.).

<sup>21</sup> Office of Research on Women’s Health, National Institutes of Health, *Moving into the Future With New Dimensions and Strategies: A Vision for 2020 for Women’s Health Research* (2010) (NIH Publication 10-7606), at [http://orwh.od.nih.gov/research/strategicplan/ORWH\\_StrategicPlan2020\\_Vol1.pdf](http://orwh.od.nih.gov/research/strategicplan/ORWH_StrategicPlan2020_Vol1.pdf).

<sup>22</sup> U.S. Dept. of Health and Human Services’ Office on Women’s Health, *A Lifetime of Good Health: Your Guide to Staying Healthy*, at <http://womenshealth.gov/publications/our-publications/lifetime-good-health/lifetimegoodhealth-english.pdf>.

<sup>23</sup> *Id.* at 2; [www.womenshealth.gov](http://www.womenshealth.gov); [www.girlshealth.gov](http://www.girlshealth.gov).

Americans,”<sup>24</sup> or the White House Council on Women and Girls’ report *Women in America: Indicators of Social and Economic Well-Being*.<sup>25</sup> What do we find in these many lengthy and comprehensive compilations of women’s health needs, and actual health advice to American women from their federal government?

We find frank acknowledgement that a pregnant woman is carrying an “unborn baby” and reference to human life beginning at conception.<sup>26</sup> We find a lot of advice about what the CDC identifies as the leading threats to women’s health,<sup>27</sup> threats like heart disease, stroke, and cancer. We find advice and promises regarding future research upon diseases women suffer more or differently than men.<sup>28</sup> We find attention to the highlighted health problem of women’s infertility or difficulties carrying a pregnancy to term, as well as attention to avoiding substances during pregnancy that could “damage ... your baby.”<sup>29</sup>

In conclusion, the federal government has collected no dispositive data about the relationship between abortion and women’s health. When it addresses women’s health priorities, it rather offers advice to women about caring for their unborn child, and says nothing about abortion as health care. Credible studies indicate an association between abortion and mental distress for some women. There is no empirical basis therefore, upon which federal lawmakers can make the claim that women’s health is promoted by funding abortion. By themselves, these facts indicate how H.R. 7 serves American women. But there is another service for women H.R. 7 might well perform. Regular squabbles over federal funding for abortion across myriad pieces of legislation seem to have taken the place of an actual legislative agenda for women’s actual needs. Instead of debating policies supporting women’s care work, or work/family balance, policies addressing paid leave or social security benefits -- instead of debating ideas about enabling poor women especially to break the cycle of poverty and nonmarital childbearing -- Congress continually debates abortion funding. It is time once and for all to settle the matter of federal funding for abortion, and move on to a real women’s agenda.

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<sup>24</sup> [www.healthypeople.gov/2020/default.aspx](http://www.healthypeople.gov/2020/default.aspx).

<sup>25</sup> White House Council on Women and Girls, *Women in America: Indicators of Social and Economic Well-Being* (2011), at [www.whitehouse.gov/administration/eop/cwg/data-on-women#Population](http://www.whitehouse.gov/administration/eop/cwg/data-on-women#Population).

<sup>26</sup> U. S. Department of Health and Human Services, Office on Women’s Health, *A Lifetime of Good Health: Your Guide to Staying Healthy*, 35-36 (hereafter “Staying Healthy”), at <http://womenshealth.gov/publications/our-publications/lifetime-good-health/lifetimegoodhealth-english.pdf>.

<sup>27</sup> Centers for Disease Control, *Leading Causes of Death by Race/Ethnicity, All Females – United States 2010*, at [http://www.cdc.gov/women/lcod/2010/WomenRace\\_2010.pdf](http://www.cdc.gov/women/lcod/2010/WomenRace_2010.pdf).

<sup>28</sup> Office of Research on Women’s Health, National Institutes of Health, *Moving into the Future With New Dimensions and Strategies: A Vision for 2020 for Women’s Health Research* (2010), at [http://orwh.od.nih.gov/research/strategicplan/ORWH\\_StrategicPlan2020\\_Vol1.pdf](http://orwh.od.nih.gov/research/strategicplan/ORWH_StrategicPlan2020_Vol1.pdf).

<sup>29</sup> U.S. Dept. of Health and Human Services, *Staying Healthy*, at 34, 36.