



League of Women Voters of Minnesota Records

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ACTION MEMO #5
PLANNED PARENTHOOD OF MINNESOTA
December 6, 1973

from
Polly Shank, Chairman, Public Affairs Committee

IMMEDIATE ACTION NEEDED on SOCIAL SECURITY EXTENSION ACT of 1973.

Under Senator James Buckley's amendment to the Social Security Act, no Title XIX (Medicaid) funds may be used for abortion.

The Social Security Extension Act along with Senator Buckley's amendment has been referred to the Senate Finance Conference Committee where action is expected before adjournment for the Christmas Recess. The Honorable Senator Walter F. Mondale is a member of the Senate Finance Conference Committee.

ACTION TO TAKE:

Please telephone 1-202-224-3121 (ask for Senator Mondale or Dick Moe, his administrative assistant) or write:

The Honorable Walter F. Mondale
U.S. Senate
Washington, D.C. 20510

or send a personal opinion telegram, 15 words for \$1.25, by telephoning 1-800-325-5300.

SUGGESTIONS:

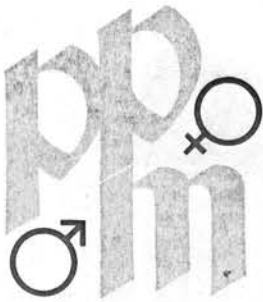
1. Senator Mondale is proud of his civil rights reputation. The Buckley Amendment seems to discriminate against the poor.
2. Should only the wealthy have access to abortion services?
3. The U.S. Supreme Court has declared that women have the RIGHT to obtain legal, safe abortion services.

* * * * *

"NOT SO GOOD" NEWS:

On Outcome of Subject of Action Memo #4

A portion of the Helm's Amendment to the Foreign Assistance Act has been included in the final bill now in the House and Senate for confirmation. The Amendment now reads "No Foreign Assistance Funds may be used for abortion as a method of family planning or used to motivate or coerce women to practice abortion." Our own Senator Hubert Humphrey was absent when the amendment was reinstated.



Planned Parenthood of Minnesota

Professional Plaza ■ 1562 University Avenue ■ St. Paul, Minnesota 55104 ■ (612) 646-9603

November 9, 1973

TO: Legislative Committee Chairmen of groups interested
in Family Planning and Population Growth

FROM: Polly Shank, Planned Parenthood of Minnesota Public Affairs
Committee Chairman

We know of your shared interest in Family Planning and Population with Planned Parenthood of Minnesota. Several of you have already worked in conjunction with us in promoting governmental action for our mutual concerns. National and state-wide cooperation is mutually rewarding and more necessary every day. We are finding those who oppose our public policies more active and better financed all the time. It behooves us to become more aware of each problem and to solve it cooperatively. We might even say "Together we stand, divided we fall."

So we are urging you to attend, or to send representatives to a luncheon meeting we are having in the Volunteer Room of Planned Parenthood of Minnesota offices - Midway Center, 1562 University Avenue, St. Paul, at 11:30 on November 20th. At this time we will:

1. Be up-dated on present legislative proposals now before subcommittees (i.e. Hearing on SF 1651, Schaaf's Family Planning Bill before the Senate Health Sub-Committee, November 14, Wednesday, 4-6 Room 118, State Capitol).
2. Cooperate with other community groups for good legislation on family planning and education. (We've also invited members from the legislative committees of ZPG, NOW, MORAL, Minnesota Public Health Association, Minnesota Council Family Relations, etc.)
3. Plan compilation of facts, statistics, key witnesses available for Legislative Session, 1974, etc.)
4. Ascertain legislative stand of local and state officials on issues of concern to us.

5. Plan who will work with the media, the state legislature, the Congress, etc. through the coming year.

Please let our office know (646-9603) how many from your organization we can count on for lunch. We look forward to meeting with you and sharing our concerns on November 20th.

NOV 29 1973

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PLEASE NOTE THE NEXT MEETING DATE: Wednesday, December 12th
at 11:30 at Planned Parenthood of Minnesota's Midway
Office - 1562 University, St. Paul. Hope to see you here!

B.Y.O.S. (Bring Your Own Sandwich)

PLANNED PARENTHOOD OF MINNESOTA
Public Affairs Committee Meeting
November 20, 1973
Minutes

Present: Polly Shank, Chairman
Helen France, PPM
Joan Foreman, St. Paul Public Health Center
Mike Meyer, PPM
Elizabeth Longfellow, PPM
Linda Vogel, St. Paul Public Health Center
Elin Malmquist Skinner, Religious Coalition for Abortion Rights
Billie Young, PPM
Elizabeth Reed, Minnesota Human Genetics League
Janet Gabor, PPM, MORAL
Polly Brown, PPM
Betty Benjamin, MORAL
Cisela Wildes, ZPG, Abortion Counseling Service
Russell W. Goodman, Minnesota Department of Public Welfare
Florence Hedeem, Minnesota Department of Public Welfare
Clare Markland, PPM
Judi Ylvisaker, G.O.P. Women for Political Effectiveness
Paul Farseth, MPHA
Virginia Watkins, NOW
Tom Webber, PPM
Carol Dorgan, PPM
John Cunico, PPM
Roberta Quinn, PPM

I. Opening Remarks

The meeting opened with a short discussion led by Polly Shank concerning the strength of the backlash of anti-abortion forces which is being carried over into other areas such as sex education, contraceptive research, services to minors, etc. The feeling of the group was that it is crucial that a movement in support of these issues be developed. It was also felt that it would be most effective for the Planned Parenthood Coalition to concentrate on the more general issues of family planning, sex education, etc., rather than abortion, as this is being effectively dealt with by other organizations.

II. Introductions of Organizations

The individuals present at the meeting gave a brief synopsis of their organization's goals and objectives in legislative matters.

III. Progress Report of Past Committee Involvement

Tom Webber offered a recap of the activities of PPM's Public Affairs Committee during the last year. In the past the committee has basically responded to specific legislative issues, including the challenge to the minor's law which gave minors the right to

contraceptive care without parent's knowledge, and State Senator Schaaf's proposed family planning legislation. On a national level, Action Memos were sent on such issues as the Helms amendment dealing with foreign aid restrictions in areas of family planning, and the Hogan petition which would bring the issue of abortion directly onto the floor of the House for discussion. The Title X research bill which funds the majority of family planning programs across the country was also supported. A proposed three year extension of this bill will also be an important issue in the coming year.

IV. Where to go from here?

A discussion of how to proceed in dealing with these issues ensued. It was decided that it is important that the coalition attempt to educate legislators in a constructive and ongoing fashion, rather than reacting only to specific, isolated issues. Several specific mechanisms for this were suggested including fact sheets, a breakfast for either legislators or their staff, etc.

A steering committee was chosen consisting of Cisela Wildes, Billie Young, Judy Silverman, Janet Gabor, Virginia Watkins and Polly Shank. This group will meet Tuesday, November 27th at 11:30 to outline the proposed structure of this coalition, the specific issues it wishes to address and appropriate mechanisms to be used to accomplish significant results.

Representatives from interested organizations will meet as a large group to discuss the steering committee's proposals, assign specific tasks and develop further plans on Wednesday, December 12th at 11:30 at Planned Parenthood of Minnesota's Midway office, 1562 University. It was also decided that this coalition will henceforth be known as PERC (Public Educational Research Committee).

V. Additional Point of Interest

Florence Hedeon announced that a MAPS print-out of biographical information on State legislators, including their affiliations with various groups, etc. will be available in a few weeks from:

John Hoyt
260 Coffey Hall
University of Minnesota
St. Paul, MN 55101

Write soon to ask for a copy if desired as available quantities are limited.

Minutes by
Robertta Quinn

DEC 19 1973

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MEETING NOTICE

The next meeting of the PERC group will be held January 10, 1974 at 11:30 at Planned Parenthood of Minnesota's Midway offices, 1562 University, St. Paul. At that time, the list of supporting organizations should be complete, the executive committee will be chosen and arrangements will be made to get the first mailing into the hands of the legislators as soon as possible.

B.Y.O.S. (Bring Your Own Sandwich)

PERC MEETING

December 12, 1973

Minutes

Present: Polly Shank, Planned Parenthood of Minnesota
Bonnie Zell, National Council of Jewish Women
Janet Gabor, Planned Parenthood of Minnesota
Linda Vogel, St. Paul Public Health Center
Joan Foreman, St. Paul Public Health Center
Elizabeth Reed, Minnesota Human Genetics League
Elin Malmquist Skinner, Religious Coalition for Abortion Rights
Mike Meyer, Planned Parenthood of Minnesota
Cisela Wildes, ZPG, Abortion Counseling Services
Virginia Watkins, National Organization for Women
Tom Webber, Planned Parenthood of Minnesota
Judy Freund, Minnesota State Medical Association
Selma Schwartz, Abortion Rights Council of Minnesota
Roberta Quinn, Planned Parenthood of Minnesota

I. Report of Steering Committee

Copies of a general statement of purpose developed by the steering committee for the PERC group were distributed and discussed. This statement reads as follows:

PERC OF MINNESOTA A Public Education and Research Committee
in the field of Family Planning

A coalition of organizations and agencies dealing with family planning and population

Many of us in Minnesota concerned about family planning and population problems are aware of the need to make available the experience and information which presently exists to state and local legislators and others in decision making positions.

The Public Education and Research Committee of Minnesota was formed to function as a conduit to:

1. Present accurate information on present activities within the field of family planning, human sexuality and related areas to:

Legislators
Administrators
Policy Makers

Through:

Fact sheets - issue oriented
Expert testimony at hearings, etc.

2. Interpret and analyze legislative and administrative programs in the field to:

Individuals
Organizations
Agencies involved in family planning and population programs

Through:

Memoranda, etc.

The consensus of the members present was that this statement is a good and workable goal for the coalition.

II. Organizational Support

The group felt that before proceeding with more specific plans it would be important to enlist the support of more organizations. Consequently, the following assignments for contacting individuals in organizations in order to obtain the organization's support were made:

American Association of University Women: Elin Malmquist Skinner
Abortion Counseling Service: Cisela Wildes
DFL Feminist Caucus: Jerri Rasmussen
Free Clinic Consortium: Judy Freund
G.O.P. Women for Political Effectiveness: Judy Ylvisaker
Meadowbrook Women's Clinic: Tom Webber
League of Women Voters: Billie Young
Minnesota Conference on Family Relations: Florence Hedeon
Abortion Rights Council of Minnesota (formerly MORAL): support obtained
Minnesota Public Health Association: Joan Foreman
Minnesota Women's Political Caucus: Elin Malmquist Skinner
National Council of Jewish Women: Bonnie Zell
Other Jewish Organizations: Bonnie Zell
National Organization for Women: support obtained
Parent-Teachers Association: Polly Shank
Religious Coalition for Abortion Rights: support obtained
University of Minnesota Family Planning Extension Center: Polly Shank
Sierra Club: Janet Gabor
Minnesota State Medical Association: Judy Freund
Minnesota Board of Social Services: Linda Vogel
YWCA: Polly Shank
YMCA: Polly Shank
Zero Population Growth: Cisela Wildes
Minnesota Council of Unmarried Parents: Tom Webber
St. Paul Bureau of Health: Joan Foreman
Department of Public Welfare: Joan Foreman and Linda Vogel
MEA: Tom Webber
MFT: Virginia Watkins
National Association of Negro Women: Virginia Watkins

The organization's decision about whether or not to participate in the coalition should be reported at the next PERC meeting, January 10th.

III. Executive Committee

After widespread organizational support is obtained, it was suggested that an executive committee should be chosen. This committee would be a working group who would be responsible for membership and finance, the actual researching, editing and mailing of fact sheets, providing appropriate persons for testifying at legislative hearings, etc. This group of 5 or 6 individuals could meet quite often and report back to the coalition at less frequent intervals.

IV. Initial Legislative Mailing

Copies of a sample letter to legislators were distributed and discussed. It was felt that this initial mailing might include:

1. A letter introducing PERC with a statement of its purpose.
2. A list of organizations and agencies supporting the coalition.
3. The first fact sheet.
4. A folder or notebook in which the fact sheets can be filed as they are received.
5. The name of an individual to contact if a legislator would like to see a fact sheet on a particular topic.

V. Fact Sheet Suggestions

Several topics for fact sheets were suggested by the group, including:

The Need for Family Planning Services
Financing of Family Planning Services
Contraception
Sterilization
Infertility
V.D.
Population Problems
Family Life Education Needs
Scare tactics used by the opposition

Other suggestions for fact sheet topics are welcomed. There was some discussion concerning what topic would be appropriate for the first fact sheet. This decision has not been made, however. It was also suggested that the decision about what fact sheets should be sent will be partially dependent on what issues are pending in the legislature.

VI. Buckley's Amendment

The vote on Senator James Buckley's amendment to the Social Security Act (that no Title XIX funds may be used for abortion) will not be taken in the Senate Finance Conference Committee until after the Holiday recess. Senator Mondale is a member of this committee, and it was suggested that as many individuals as possible make appointments to speak with him about this issue while he is in Minnesota.

Minutes by
Robertta Quinn

Planned Parenthood-World Population Washington Memo



From
Jeannie I. Rosoff
Director
Washington Office
December 13, 1973 (W-21)

Senate Adopts New Title IV-A Provisions

The Senate has passed a series of Social Security amendments which would, among other things, provide an 11% increase in Social Security benefits and tax credits for low income families, repeal the gasoline tax deduction and make major changes in the Title IV-A (social services) program. Still dissatisfied with the DHEW regulations which became effective November 1 after a yearlong controversy, the Senate Finance Committee revised the legislation to give states almost complete latitude in deciding which social services to provide to welfare recipients, as long as they are consistent with four broad goals: self support, family care or self care, community-based care and institutional care. Under the Senate bill, states which choose to make services available to persons not currently on welfare would also be able to establish whatever eligibility criteria they select and to verify eligibility according to their own, state-determined procedures.

Expenditures for family planning services would still be matched by the federal government at the 90% rate (within the overall \$2.5 billion ceiling). Similarly, the 1% penalty on Aid to Families with Dependent Children (AFDC) payments for failure to provide family planning services to all persons on welfare who need and want them would be retained. The 10% local match could be provided "in kind" as well as in cash (as formerly). Finally, the bill provides an improved definition of both services and eligibility for family planning:

Family planning services (including social, educational and medical services for any female of childbearing age and any other appropriate individual needing such service): Provided; that individuals must be assured choice of method, and acceptance of any such services must be voluntary on the part of the individual and may not be a prerequisite or impediment to eligibility for any other service.

The House has voted on a Social Security increase but has not considered the other new provisions approved by the Senate. The differences, therefore, will require an extensive Senate-House Conference between members of the Senate Finance and House Ways and Means Committees. The members of the two Committees are listed below. The

Senate has named its conferees, who are designated by **;
* indicates the probable House conferees.

Senate Finance Committee

Russell B. Long (D-La.)**
Chairman
Herman E. Talmadge (D-Ga.)**
Vance Hartke (D-Ind.)
J. W. Fulbright (D-Ark.)
Abraham Ribicoff (D-Conn.)**
Robert C. Byrd (D-Wisc.)
Walter F. Mondale (D-Minn.)**
Mike Gravel (D-Alaska)
Lloyd M. Bentsen (D-Tex.)
Wallace F. Bennett (R-Utah)**
Carl T. Curtis (R-Neb.)**
Paul J. Fannin (R-Ariz.)**
Clifford P. Hansen (R-Wyo.)
Robert Dole (R-Kan.)
Robert Packwood (R-Ore.)
William V. Roth (R-Del.)

James A. Burke (D-Mass.)*
Martha W. Griffiths (D-Mich.)*
Dan Rostenkowski (D-Ill.)
Phil M. Landrum (D-Ga.)*
Charles A. Vanik (D-Ohio)*
Richard H. Fulton (D-Tenn.)
Omar Bureson (D-Tex.)
James C. Corman (D-Calif.)
William J. Green (D-Pa.)
Sam Gibbons (D-Fla.)
Hugh L. Carey (D-N.Y.)
Joe D. Waggoner, Jr. (D-La.)
Joseph E. Karth (D-Minn.)
Herman T. Schneebeli (R-Pa.)*
Harold R. Collier (R-Ill.)*
Joel T. Broyhill (R-Va.)*
Barber B. Conable, Jr. (R-N.Y.)*
Charles E. Chamberlain (R-Mich.)
Jerry L. Pettis (R-Calif.)
John J. Duncan (R-Tenn.)
Donald G. Brozman (R-Colo.)
Donald D. Clancy (R-Ohio)
Bill Archer (R-Tex.)

House Ways and Means Committee

Wilbur D. Mills (D-Ark.)*
Chairman
Al Ullman (D-Ore.)*

The House Ways and Means Committee has indicated some reluctance to cope, before the Christmas recess, with the large number of amendments proposed by the Senate in H.R. 3153. The final outcome of this most recent development in the Title IV-A "saga" is still uncertain.

Highlights

Senate adopts numerous Social Security amendments, among them key Title IV-A provisions. House-Senate conference required to resolve the many differences between the two Social Security measures. Action on all, or part, of the amendments may come before Christmas recess.

Senate votes, as part of the 1973 Social Security amendments, a ban on the use of Medicaid funds for abortion proposed by Sen. Buckley. Amendment would affect hundreds of thousands of welfare recipients and other Medicaid eligibles. The amendment goes to conference between Senate Finance and House Ways and Means Committees. Action may come before December 21.

Congressional action on Foreign Assistance Amendments of 1973 completed. Helms antiabortion provisions are deleted. Bill contains limited abortion prohibition.

Senate Votes to Prohibit Medicaid Payments for All Abortions

Shortly before the end of the floor debate on the Social Security amendments, Sen. James L. Buckley (C/R-N.Y.) introduced an amendment to prohibit the use of Medicaid funds for the "performance of abortions." The amendment was adopted by voice vote. Since the House of Representatives has not voted a similar provision, the amendment is one of the numerous differences between Social Security measures which must be resolved in the Senate-House Conference. The issue could be decided anytime prior to the Christmas recess which begins December 21 or, conceivably, anytime after Congress reconvenes on January 21. (For details on the Social Security amendments and a list of members of the Senate Finance and House Ways and Means Committees, see story above.)

The impact of the Buckley amendment would be tremendous. It would deny access to abortion to hundreds of thousands of welfare recipients and, in some states, to other Medicaid-eligible persons for whatever reason—even to save the woman's life. Currently all state Medicaid programs pay for abortion—26 and the District of Columbia do so routinely as they do for other surgical measures; the remainder, under certain, more or less limited conditions. The Senate action was decried immediately in a *New York Times* editorial (see below) as discriminating against the poor. A joint letter to the Senate Finance and House Ways and Means Committee members signed by 38 civil, religious and women's organizations charged that "the Buckley amendment uses the poor as hostages in the effort to nullify the Supreme Court decision."

Editorial from the *New York Times*, December 5, 1973

Paternalism for the Poor

That special solicitude the defenders of free choice on Capitol Hill keep showing for the poor was in evidence last week when the Senate whooped through an anti-abortion rider to the bill liberalizing Social Security benefits.

On motion of Senator Buckley of New York, normally a

vehement objector to all forms of governmental mandate over personal or family decision-making, the bill was amended to establish an absolute ban on any payments for abortions under Medicaid. Even if physicians find such an operation necessary to save the life of the mother, no Medicaid money can be spent to pay for it.

Since Medicaid is restricted to people at or close to the poverty level, enactment into law of the Senate measure would mean the birth of thousands of unwanted children, most of them to grow up on welfare or in institutions for foundlings. Women with means would, as always, encounter little difficulty in having abortions. Unless House-Senate conferees have sufficient responsibility to knock out the no-abortion amendment, that choice will be denied mothers too poor to pay.

Congress Drops Helms Antiabortion Provisions To Foreign Assistance Amendments of 1973

The House and Senate have completed action on the Foreign Assistance Amendments of 1973, clearing the way for the President's signature of the bill into law. As reported out by the Senate-House Conference Committee, the bill drops the Helms amendment which would have barred the use of U.S. funds to pay for "abortions," "abortifacient drugs and devices" and "research designed to develop methods of abortion" (see *Washington Memo*, W-17, Oct. 12). The 1973 Amendments include instead language similar to that contained in the Title X domestic family planning legislation. The language in the law reads: "None of the funds made available to carry out this part shall be used to pay for the performance of abortions as a method of family planning or to motivate or coerce any person to practice abortions."

The Conference report, which provides authoritative interpretation of the intent of Congress adds:

This provision is not intended to interfere with or curtail support for preventive maternal and child health and family planning services and related research which are provided on a voluntary basis and in accordance with the prevailing local customs and medical practice, and it is not intended to apply to funds obligated prior to the date of enactment of this bill.

July 22, 1974

JUL 24 1974

To: McCoy, Ebbott

From: S. Moss

Re: Report on June 19th meeting at Zero Population Growth office about
World Population Day--October 24

We were told when we arrived at the meeting that the World Population Day concept had been adopted and taken over by a national coalition in Washington, the U. S. Coalition for Population. This group includes: Acion for World Community, American Freedom from Hunger Foundation, Center for Concern, Environmental Action Foundation, National Organization of Non-parents, National Student Lobby, National Student Assn, Population Institute, Planned Parenthood, Students' Advisory Committee for International Affairs, United Methodist Council on Youth Ministries, United Settlement Houses, U. N. Assn., ZPG.

Objectives of the Day are to report on recommendations of the World Population Conference (in Bucharest), to emphasize the U. S. 's role re food/population, and to bring W. P. Year and the critical world food situation into local awareness.

Plans for celebrating the Day include preparation of educational materials to be distributed in schools; preparation and distribution of pamphlets to the public; petition drive by "some selected organizations"; distribution of bumper stickers, foldets, posters, buttons to schools and participating organizations; TV and radio spot announcements; an opinion poll by the Minn. Poll; billboard ads; local/panel show; network TV show; street demonstrations. (There will not be any one event to celebrate the day.)

As of the day of our meeting neither costs nor ways of funding any of these activities had been determined. Money and/or donations and/or grants would be needed for travel and honoraria, P. R.--newspaper, radio, TV, educational materials, posters, postage, etc., etc.

Volunteers will be needed for: petitions, street "happening", fund raising, P. R. contacts, local TV show--experts or connections with networks.

Also being sought is a tax-edeductible organizations through which the activities could be paid.

The meeting ended on the note that not much can be done now until something is heard from the national coalition.

The date has been designated as Oct. 24th, rather than a Nov. date as originally planned.

MAY 21 1979

Population and Development Review

The Population Council One Dag Hammarskjold Plaza New York New York 10017 USA

Dear Reader:

Population change, long comfortably outside the compass of society's overt concerns, has emerged in the contemporary world as an issue near the center of debate on virtually every facet of public policy. It is now widely realized that the results of myriad individual decisions on demographic matters affect poverty and riches, economic growth and social interaction, distribution of the costs and benefits of development, and the welfare of generations yet to come. They affect social judgments on individual rights and responsibilities, institutional arrangements that provide the framework of daily life, and the relationships among the family of nations. Ultimately, they affect the nature of the good society and our prospects for it.

So pervasive are the influences of population processes on social change that whether your primary interests are in the domain of economics or sociology, anthropology or psychology, whether you are an academician, policymaker, or concerned nonspecialist, you must be aware of their significance to your work and their relevance to your views on the world around you. You must be equally aware of the difficulty of obtaining reliable facts and analyses by trying to keep up with a diffuse, highly specialized, and rapidly growing body of literature that addresses these issues.

The Population and Development Review offers you a unique opportunity to find out what leading scholars and policymakers in your area of interest think about population and development relationships and, equally important, what leading figures in other disciplines and with points of view different from yours have to say about issues relevant to your own concerns.

The Population and Development Review was launched four years ago in response to a widely felt need for a new forum for examination of population issues and their bearing on public policy. It reflected a realization that discussions of population questions had become fragmented and seriously lopsided.

On one level, communication between specialist and nonspecialist had become less and less satisfactory. There was a burgeoning academic literature, scholarly and scientific, but increasingly arcane and inaccessible; at the other extreme was an outpouring of so-called popular literature, lively and provocative, but unabashedly opinionated, condescending to the reader, and short on analysis.

The Review has sought to do away with this unnecessary and harmful cleavage. It pursues that goal not by reaching for a judicious midpoint between academic rigor and popular simplification, but by insisting that clear writing on truly important and complex social issues is still possible without sacrifice of high standards of analysis, objectivity, and technical competence.

On another level, even the most valuable literature in the population and development field--whether scientific or proselytizing, whether written for the initiated few or addressed to a broad audience--seemed to have become a less and less satisfactory mirror of underlying social realities. To mention only a few of the problems, there was an altogether undesirable degree of disciplinary parochialism; a disproportionate attention to quantitative elaborations of little practical consequence; an often blatant neglect of the historical, institutional, and social dimensions of demographic and developmental processes; and a tendency to see population problems exclusively in terms of high fertility and the developing world. As to policy discussions, a variant of Gresham's law seemed to operate: shrill voices, broadcasting ready-made conclusions, driving out calm examination of facts.

The record of the first four years of the Review amply demonstrates its achievement in counteracting these trends and presenting a variety of disciplinary, philosophical, and geographic perspectives on issues of crucial significance regarding population and social change.

Recently, for example, the Population and Development Review has covered such varied issues as

- How baby boom and bust affect trends of unemployment and inflation in the United States -- a challenging interpretation by three prominent economists
- Anthropological evidence that infant mortality in poor societies may at times be a response, unconscious or even deliberate, to high fertility
- A political scientist's analysis of the crucial catalytic role American forces played in the shaping of population policy in postwar Japan
- Policy-setting statements on population and development by world figures ranging from Pope Paul VI to Hua Kuo-feng to Robert McNamara
- A comparative statistical analysis of family size and age structure by Nobel laureate Simon Kuznets (a member of the Review's Advisory Board)
- A classicist's study of population and family planning policy and practice in ancient Greece and Rome

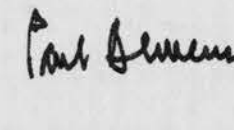
- In-depth reviews of the accumulated literature on social science research on population, on analytical approaches to population and development relationships, and on economic implications of declining population growth.

In addition, each issue of the Population and Development Review contains critical point-of-view pieces on significant problems and policy developments, samplings from historical thinking on population issues, documents of lasting reference value, newly available statistical-empirical information, and critiques of noteworthy new books.

The Review is now being offered on a subscription basis at \$12.00 for a single year, consisting of four quarterly issues, or \$22.00 for a two-year subscription.

If you are already a reader of the Review, I trust that you will need no further convincing of its value to your work and interests, and I hope that you will continue to wish to receive it. Please send us your subscription today to insure receipt of the 1979 volume, beginning with the March issue.

If the Review is new to you, I hope that you will take the time to read the enclosed folder. It gives you a fuller sample of what the Review has offered in past years and what our readers think about the journal. From the pen of outstanding theorists, policy analysts, and scholars, the Review will continue to bring to its readers facts, analysis, interpretation, and debate on issues of eminent interest to you. I do think that you will find we have an excellent claim for your attention as a reader and for your support as a regular subscriber.

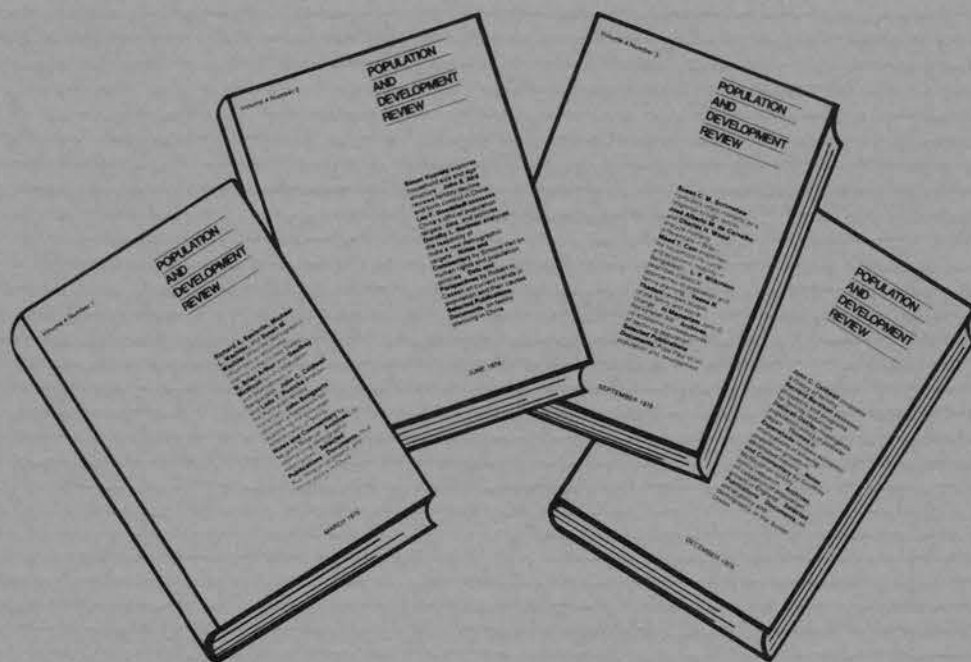


Paul Demeny
Chairman, Editorial Committee

And a Search for Answers . . .

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"Perhaps no single problem in the international development field is more complex than determining key linkages between fertility reduction and specific components of the development process. The Review provides a valuable forum for improving our understanding of these linkages."

Robert S. McNamara, President, The World Bank

"an excellent vehicle—and certainly the most readable—for keeping up with the increasingly critical areas of intersection between these fields in terms of both theory and policy."

Gustav Ranis, Economic Growth Center,
Yale University

"provides readers with authoritative, original, and significant articles and brings together in one place materials that could otherwise only be found by a search of journals in different disciplines."

Ansley Coale, Office of Population Research,
Princeton University

"papers [are] committed to positive analysis, free of technical jargon, and presented clearly and cogently. They are real contributions."

Theodore W. Schultz, University of Chicago

"a high-quality, scholarly journal covering a broad range of issues related to international development and the intricacies of population problems."

John H. Knowles, M.D., President,
The Rockefeller Foundation

"indispensable journal for intelligent laymen and scholars . . . I use it in my courses in population as a primary reference."

Ronald Freedman, University of Michigan

"a solid link between those concerned with population growth and those concerned with economic growth. This journal recognizes critically and candidly the complex social, psychological, and economic factors relating population and development."

Gilbert White, Chairman of the Board,
Resources for the Future

"extremely useful . . . enables me to stay in touch with work in the field of population that is relevant to my interest in agricultural and rural development."

Vernon W. Ruttan, University of Minnesota,
Former President, Agricultural Development
Council

"Whoever wants to understand the central variable in world affairs has to know what the scholars who write for the Population and Development Review are thinking."

Harlan Cleveland, Aspen Institute for Humanistic
Studies

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family planning programs, only universal use of a perfect contraceptive would largely eliminate the need for abortion services.

On the positive side, recent experience also indicates that the availability of abortion services may reinforce contraceptive practice. Women who have had an abortion are more likely to practice contraception than other women, and for many women the opportunity to exercise retroactive judgment about an unwanted pregnancy is the necessary first step to consistent contraceptive use. Even in countries where abortion is illegal, clinics and hospitals have increased contraceptive acceptance through family planning counseling programs for clients admitted for abortion-related complications. This positive association between abortion and contraception is most evident where legal abortion services are part of a comprehensive family planning program offering a full range of contraceptives and voluntary sterilization and where medical practitioners are committed to preventive measures.

Reducing Abortion's Human Costs

Few people view abortion as an optimal method of family planning for the individual or as an ideal means of reducing national birthrates. However, since both contraceptives and the people using them are subject to failure, it is unlikely that the practice, after many centuries of use, will soon disappear. Unless family planning programs are pressed with additional vigor, the record suggests that there will be more rather than less demand for abortion in the future. Illegal abortion takes a tremendous toll in human and social terms. So do legal abortions when they are performed late in pregnancy or when access to services is encumbered by excessive cost or red tape.

Governments and private organizations seeking to reduce the human and societal costs of abortion can make major contributions in three respects:

- By making early abortion under safe, medically-supervised conditions widely available;
- By making modern contraceptives and voluntary sterilization universally available at a reasonable cost; and
- By supporting research for safer, more effective contraceptives.

Women seeking abortion are demonstrating an intense desire to avoid unwanted births, and it is in the interest of governments from a social, health, and demographic perspective to assist them in meeting their family planning objectives in the most humane way possible.

Further Reading

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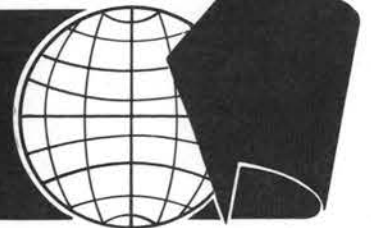
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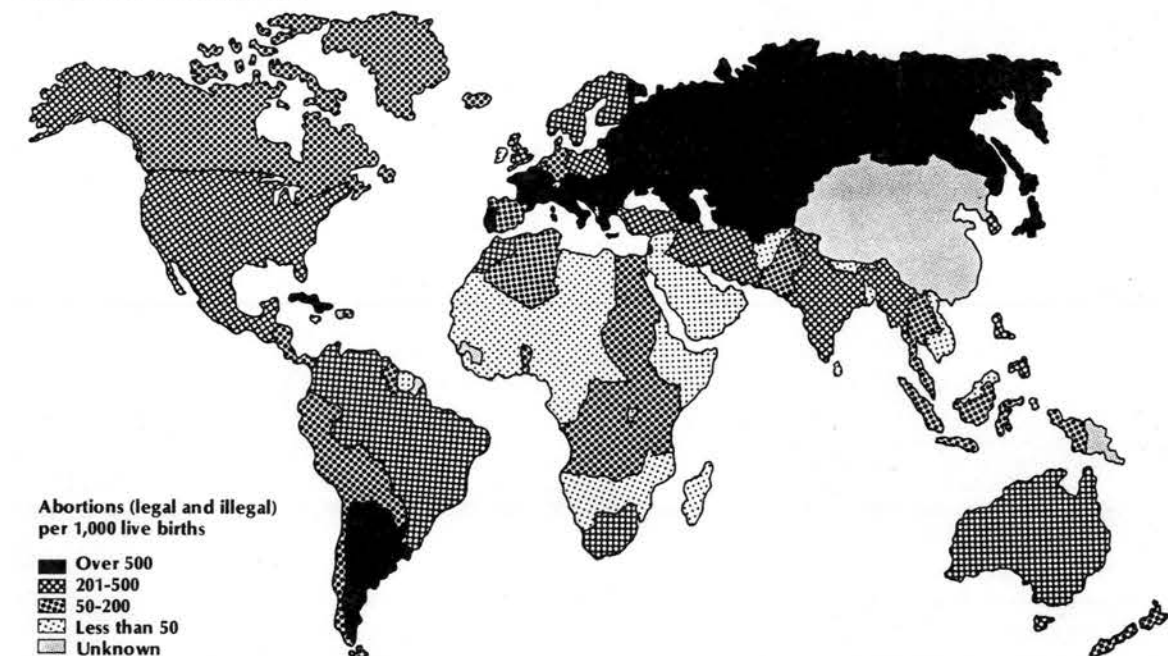
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World Abortion Trends

Historically, abortion has been the most common method of birth control throughout much of the world. In the last decade, with wider distribution of modern contraceptives, abortion has probably fallen into third place, behind voluntary sterilization (approximately 80 million users worldwide) and oral contraceptives (55 million users).

Still, experts estimate that today about one in four pregnancies worldwide is terminated by induced abortion, totaling roughly 40 million or more abortions annually worldwide. About half of these abortions occur illegally and now represent a leading cause of death among women of childbearing age. In Latin America, the Middle East and other areas where family planning services are scarce, the medical complications of illegal abortions are reaching epidemic dimensions.

Abortion Worldwide



Source: *People*, Vol. 5, No. 2, 1978, p. 18. Based on IPPF's 1977 Unmet Needs in Family Planning Survey.

In most parts of the world, the incidence of abortion is expected to grow as a result of wider preference for smaller families, lack of alternative family planning services, and an increase in the number of women of childbearing age. Other social and economic factors may also contribute to greater abortion demand, including a shift from rural to urban lifestyles, overcrowded housing conditions, high unemployment rates, and other factors raising the cost and lowering the perceived value of large families.

Current Law

As of 1978, about two-thirds of the world's people lived in countries that permitted abortion on request or under a broad range of social conditions. Between 1965 and 1978, almost 30 countries removed major restrictions on access to abortion. In the same period only five

Legal Status of Abortion—in Selected Countries by Statutory Grounds for Abortion, mid-1978				
	On Request or for Social Indications	Conditional (includes eugenic, rape, incest and/or broad health indications)	Only Life-threatening Circumstances	Illegal (no exceptions)
Total Population Covered (in millions)	2,568.3	614.1	449.6	369.2
Total Number of Countries Represented	27	36	30	15
Percentage of World Population	61%	15%	11%	9%
Major Countries	Austria Bulgaria Czechoslovakia Denmark France German Democratic Republic German Federal Republic Hungary India Italy Japan People's Republic of China Poland Romania Sweden Tunisia United Kingdom U.S.A. U.S.S.R. Yugoslavia Zambia	Argentina Australia Brazil Cameroon Canada Chile Cuba Ecuador Ethiopia Ghana Greece Kenya Mexico Morocco Nepal Peru Republic of Korea Rhodesia South Africa Switzerland Syria Thailand Turkey Uganda	Algeria Bangladesh Cambodia Guatemala Iraq Ivory Coast Madagascar Malawi Malaysia Netherlands Nigeria Pakistan Senegal Spain Sri Lanka Sudan Upper Volta Venezuela	Belgium Burma Colombia Dominican Republic Egypt Indonesia Philippines Portugal Taiwan Zaire

This chart summarizes the total population covered by different types of laws in the 108 countries for which information is available. Information for the remaining countries (representing 5 percent of the world's population) is not available. The chart also categorizes the status of abortion law for 73 countries with populations of over 5 million; 35 smaller countries are included in the total population figures but are not listed individually.

The legal status of abortion does not always determine its incidence. In each column of the chart, countries with significant ratios of legal or illegal abortion (more than 1 abortion per 5 live births) are in bold print, including some countries where abortion is illegal under any circumstance.

Information on national laws and policies is principally based on Christopher Tietze's recent work; information on abortion ratios is based on estimates and country surveys by the International Planned Parenthood Federation and others. Population estimates are from the Population Reference Bureau's "Data Sheet" for mid-1978.

countries—Bulgaria, Czechoslovakia, Hungary, New Zealand and Romania—adopted slightly more restrictive laws. Most of the countries that permit abortion under a broad range of conditions are located in Asia, Europe and North America. In most of Latin America and Africa, abortion is either completely illegal or permitted only to protect a woman's life or health, and countries with less restrictive policies include only Cuba, Uruguay, South Africa, Tunisia and Zambia.

Because of wide variations in the interpretation and enforcement of abortion laws, however, the actual incidence of legal and illegal abortion is not always determined by the letter of the law. In countries with few restrictions, the distribution, quality and cost of abortion services are largely determined by government policymakers and health administrators. Even in the United States, for example, public assistance for abortion is largely unavailable to low-income women, and only one in five public hospitals and fewer than two in five private hospitals provide abortion services.

In developing countries with few legal prohibitions, conservative attitudes can also combine with shortages of trained personnel to severely limit the availability of legal abortion. In 1978, six years after the enactment of India's new abortion law, only an estimated one million legal abortions occurred, compared with as many as five million illegal abortions. In

who seek abortions already have all the children they want, expanding voluntary sterilization services may be an alternative. In developed countries, however, alternatives to abortion will have to include sex education and the provision of contraceptives to unmarried minors.

Abortion and Health

During the 19th century, untrained and sometimes unscrupulous practitioners performed abortions throughout Europe and the United States. In order to curb such practices, a number of governments adopted restrictive abortion laws to protect women's health. Most of these older restrictive laws remained on the books until recently and were transferred to other countries around the world during the colonial period. Today, however, public health groups—far from favoring prohibitions on abortion—are among the strongest voices for wider access to abortion services. This is because modern medical procedures, which make early abortion nearly eight times less hazardous than childbirth, have dramatically reduced abortion-related deaths wherever legal abortion has been made fully available.

Illegal abortion, on the other hand, has become a leading cause of maternal mortality in many countries. In Latin America, where abortion is generally illegal and contraceptive services limited, medical treatment for abortion complications consumes a large proportion of hospital beds and blood bank supplies. As far back as 1969, Chilean government officials estimated that illegal abortions caused up to 35 percent of all maternal deaths and that up to 6 percent of Chile's annual health care budget was spent for treatment of abortion-related cases. Latin American health officials estimate that the average cost of treating an infected or incomplete abortion is 4.5 times the cost of a Caesarean operation and 9 times the cost of a normal birth. Illegal abortion and associated medical complications are also on the rise in the Middle East and parts of Africa, where some urban hospitals now report a ratio of one admission for the treatment of abortion complications to every two deliveries.

Mortality Risks Associated with Various Obstetrical and Gynecological Procedures		
Procedure	Deaths per 100,000 Cases	
	United States	Developing Countries (estimated)
Legal abortion	3	4-6
Female sterilization	5	10-100
Delivery of live births	15	250-800
Illegal abortion (non-medical)	50-150	100-1,000
Caesarean section	111	160-220
Hysterectomy	240	300-400

Source: U.S. data were provided by the Center for Disease Control, DHEW, and are for the most recent year available. Estimates for developing countries and illegal abortion are based on reports from a variety of health experts familiar with available maternal mortality data.

Abortion and Population Growth Rates

Over the last century, abortion—legal and illegal—has been a major factor in the fertility declines experienced by industrialized countries. In a few cases, like Japan, abortion has been credited as a major factor in unusually rapid declines. Based on this experience a few countries have cited demographic impact as one of several reasons for legalizing abortion. While such justifications are atypical—given the human rights and public health emphasis of most abortion supporters—few experts would deny the fact that widespread use of abortion (legal or illegal) has a more immediate impact on birth rates than any other single factor.

Achieving the two-child family average needed for population stabilization probably requires some reliance on abortion in any case, since present contraceptive methods are neither totally effective nor universally available. Reducing fertility from an average of seven births per woman to two in the absence of contraceptives would require an average of nine or ten abortions per woman. But even if each woman used a 95 percent effective contraceptive method, seven in ten women would still require an abortion at some point during their reproductive lives. Studies made in several countries and recent reports from China demonstrate that while countries with falling birthrates can reduce abortion rates through intensive

Tunisia, on the other hand, where the government has moved purposefully to expand legal services, local officials believe that abortion rates are dropping and that only one in three abortions is illegal.

On the other hand, some countries with restrictive abortion laws still on the books now have a form of *de facto* legalization. Non-enforcement of abortion laws in Korea, the Netherlands, and Taiwan, for example, has encouraged a substantial growth in abortion services, and safe abortions are widely available from private physicians. Abortion rates and associated complication rates are consequently comparable to those in the United States and other countries where abortion is legal.

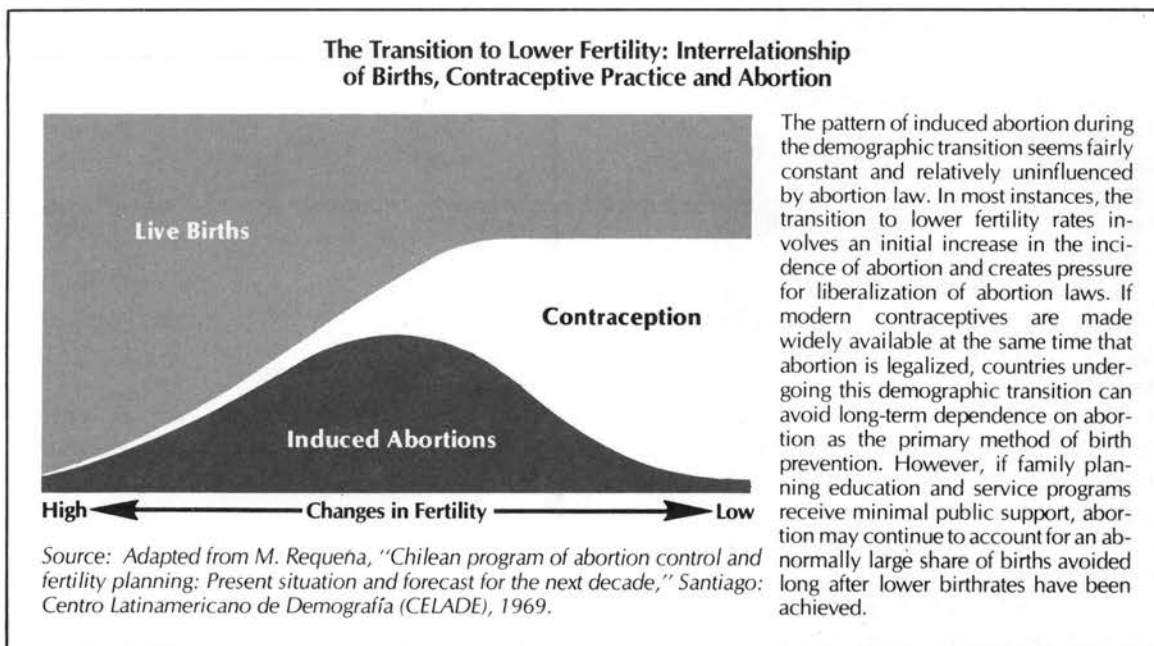
In countries where restrictive laws are actually enforced, however, women have not been deterred from seeking abortions, but rather they have resorted to various methods of self-induced abortion and abortion by untrained illegal practitioners. The limited impact of restrictive laws on the demand for abortion is suggested by the Romanian experience. Following passage of a more restrictive abortion law in 1966, abortion-related deaths rose seven-fold over a decade, and illegal abortions reached the level of legal abortions.

Prevalence Patterns

Over the last several years, the highest abortion rates in the world—according to rough estimates—appear to have been in Italy, Portugal and Uruguay, which may have as many abortions as live births. Interestingly, most of the abortions in all three countries were illegal at the time. In Austria, Japan, and the Soviet Union, where abortion is legal, more than 1 in 2 pregnancies end in abortion. Japan and the U.S.S.R. share a heavy historical reliance on abortion as a method of family planning due to the lack of oral contraceptives, IUD's, and voluntary sterilization. In the middle range are Argentina, Bulgaria, Cuba, Hungary, Israel, Romania and Yugoslavia with one abortion for every three pregnancies. Countries with lower rates, where about one in four pregnancies ends in abortion, include Czechoslovakia, Denmark, East Germany, Finland, India, Korea, Poland, Singapore, Sweden, the United States, and, according to recent reports, Brazil, China, and El Salvador.

Generally, countries with the highest abortion rates—legal or illegal—fall into three major categories:

- Affluent Western countries with predominately small families, childfree lifestyles, delayed childbearing, and adolescent sexuality, where abortion is heavily used as a back-up for contraceptive failure or erratic contraceptive use;
- Middle-income industrial countries where economic and social conditions discourage large families and where abortion is the main birth control method due to the unavailability of other effective contraceptive methods; and
- Less developed countries experiencing rapid economic modernization, often including large-scale migration to the cities, but where contraceptive practice is not yet widespread.



In most countries where abortion laws have been liberalized, the incidence of illegal abortion has dropped dramatically, with a commensurate decline in abortion-related deaths. The rate of abortion-related complications has been further reduced as more procedures are performed early in the first trimester of pregnancy and as medical practitioners have gained greater access to specialized training and equipment. Additionally, the overall incidence of legal abortion, after rising slightly (compared with the estimated number of illegal abortions in previous years) has typically leveled off within several years. In many of the European countries with legal abortion, the incidence of abortion has now declined or stabilized.

Characteristics of Abortion Clients

Abortion occurs among nearly all social and economic groups. Although the typical age and marital characteristics of abortion clients vary from country to country, several patterns of unwanted pregnancy and abortion use can be identified for the world as a whole.

Lack of access to contraceptives is by far the leading cause of abortion use. Worldwide, more than two in three women at risk of pregnancy (about 360 million out of 560 million women worldwide) lack access to modern contraceptive methods. Most of these women are in developing countries where commercial and public health networks for the delivery of family planning services are weak or non-existent. However, adolescents and low-income couples in some developed countries also lack access to services.

Inconsistent contraceptive use accounts for another large portion of abortions. Many couples use contraception only sporadically: some misjudge the risk of pregnancy (for example, women approaching menopause may abandon regular contraception too early); some misunderstand contraceptive usage; and others may simply find contraceptives inconvenient or embarrassing to use. Young couples especially need time and experience to use contraceptives effectively, yet their natural fertility is highest during this experimental stage.

Contraceptive failure, while not a major cause of abortion worldwide, is nevertheless significant in countries with adequate family planning services because most couples who do practice contraception regularly are strongly enough motivated to avoid unwanted births that they will often choose abortion when contraception fails. Studies show that as many as one in three couples using modern reversible methods will have an unwanted pregnancy over five years' time. Although birth control pills are theoretically 99.7 percent effective, 4 to 10 percent of users worldwide become pregnant for each year of use, mainly as a result of human error.

Changes in personal circumstances occasionally lead to abortion when, as a result of desertion, widowhood, or family crisis, a wanted pregnancy becomes unwanted. Where consensual unions or male migration are common, women who are suddenly abandoned and left to support several existing children may feel compelled to avoid another birth at all costs.

Detection of fetal defects is now possible in some highly developed countries as a result of effective new tests performed after the 16th week of pregnancy. Most couples who learn of fetal defects (about 3 percent of the cases tested) opt for abortion and then try for a subsequent normal pregnancy. Pregnant women exposed to rubella, X-rays, toxic chemicals or harmful drugs may automatically choose abortion rather than risk an abnormal birth.

Coupled with differences in cultural patterns of childbearing and marriage, the differential weight of these factors accounts for some of the variations among countries in patterns of abortion use. In developing countries, available data indicate that abortion clients tend to be in their 30's or older, married, and close to or past their desired family size. In Tunisia, for instance, three in five women obtaining legal abortions in 1976 had four or more prior births. In India and Singapore, over 90 percent of the legal abortion clients were married. In contrast, abortion clients in the United States, Canada and most Western European countries tend to be in their 20's or younger and are more often unmarried. In the United States, for example, 74 percent of the women seeking abortions in 1976 were unmarried and 46 percent were childless.

Because the patterns of abortion use vary so greatly from country to country, efforts to reduce the incidence of abortion must also vary. Since many women in developing countries