

Talking Sense

By Beverly Winikoff

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■ *Explain the trouble with superimposing bright lines on biological processes:* Public discussion often centers on proposed new legislation regulating medical acts. The law divides the permissible from the punishable by drawing bright lines—the brighter the better. But biological processes are incremental and fuzzy around the edges; hence, there is no exact moment at which every

fetus is viable or at which pain perception can be said to begin. Even the trimesters are not absolute in terms of fetal development and maternal attachment. Medicine works by the particular, in the best instances treating every case individually; law, at its best, treats everyone equally, sometimes allowing for extenuating circumstances. Occasionally, we are at pains to reconcile these two

perspectives, and it may be important to acknowledge the mismatch publicly. Sometimes a legal approach to a medical procedure necessarily results in a poor fit.

■ *Recognize that politics is not policy:* Frequently, in the course of discussing specific, usually noxious, proposed legislation, we find ourselves talking about women's rights and the potential for losing important aspects of *Roe v. Wade* guarantees. We might do better to find simple, elegant language to explain the specific ways in which proposed legal and policy changes will lead to ill effects for young women, poor women or all women, rather than re-emphasizing a commitment to rights in general. People will understand when a new law or regulation is a bad idea if only we can put this in plain words.

It's not whether you win or lose; it's how you play the game—or so they say. But so often, how you play the game determines whether you win or lose. And since in life, neither winning nor losing is absolute, we also must attend to how much and what items we win or lose. Doing even a little bit better will help a lot. Reproductive rights is not an all-or-nothing game. ■

WE COULD DO BETTER, BUT WE ARE NOT hopeless. Among other important advantages, our perspective is generally congruent with the goals of a better, more humane society; with true realization of women's autonomy and participation; with scientific evidence; and with public opinion. However, sometimes I think we are so nuanced that we lose our punch. Other times, we lose our nuance by sticking to formulaic responses that have become clichés.

Here are three suggestions for ways to approach public discussion that might help us improve:

■ *Talk sense to sensible people:* When we are faced with reductio ad absurdum arguments about what a human life is and when it begins, we seem to utter a collective stammer in response. Yet I am confident that the public knows the difference between a cell and a person: A blastocyst is not your brother; a morula is not your mother. We can do much better at being forthright on this issue that is so important in the discussion of emergency contraception, early abortion, assisted reproduction and stem cell research.

Long-term Policies, Long-term Gains

By Lynn Paltrow

LYNN PALTROW is the executive director of National Advocates for Pregnant Women—www.advocatesforpregnantwomen.org—and is convening the National Summit to Ensure the Health and Humanity of Pregnant and Birthing Women January 18-21, 2007, in Atlanta. (See page XX)

THOSE WHO DEFEND THE right to choose abortion often frame their defense in



terms of protecting *Roe v. Wade* and access to abortion services. But far more than *Roe* and abortion is at stake. The health, dignity and human rights of all pregnant women are threatened by anti-abortion and fetal rights laws. Such laws create the basis not only for outlawing abortion but also for

forcing women to have unnecessary Caesarean sections, for banning vaginal births after Caesarean sections and for treating pregnant women with drug, alcohol and other health problems as child-abusers before they have even given birth.

Even when abortion alone is defended (as opposed to defending all pregnant women and families), it is too often done in language that fails to convey the real meaning and experience of that decision. Twenty years ago, NARAL collected letters from people across the country describing why they or people they knew had chosen to have abortions. Not one of the people who wrote said they or their loved ones had had abortions because they had a right to do so, or because it was their choice. Instead, each of the writers talked about fundamental family and religious values, a profound sense of responsibility and even love at the heart of the abortion decision. Our messages need to convey those values.

We also need to invest in long-term campaigns that extend beyond the Washington Beltway by providing resources to truly grassroots women's health and advocacy groups—such as South Dakota's Democracy in Action and Idaho's Women's Health Network—and build on the fact that abortion is just one small part of a woman's long reproductive and family life.

Listening to, supporting and developing our base will enable us to build new, larger and more powerful advocacy alliances. There is a lot to be learned from the local administrator of a Healthy Start program who must beg for money each year to provide basic prenatal care to low-income, rural women. There are potential allies among the thousands of pregnant women who have had previous Caesarean sections and are being told that, for hospital convenience, they may not deliver vaginally but must again undergo Cesarean sections, whether they need them or not. There are also many allies among the thousands of women who suffer stillbirths and miscarriages each year and find that nothing in their health care systems prepared them for this loss or provided them with the support they needed.

Many local women's health advocates

don't identify themselves as prochoice, but they are fed up with legislators so obsessed with ending access to abortion that the legislators ignore critical women's health issues such as breast cancer, cervical cancer and heart disease. Moreover, we can build on the fact that the abortion issue is being used to distract attention from the overwhelming number of things American women—whether pro- or antichoice—have in common including the fact that the United States is one of only three industrialized countries that do not require any paid maternity leave; millions of pregnant women in America are not protected from workplace discrimination; and 43 million Americans, including 8.5 million

children, are without health care coverage.

Women in both red and blue states are hurt by policies that claim to value a culture of life but in fact fail to value the lives and health of the women who give that life. A long-term campaign based in the real-life experiences of all pregnant women, not just those seeking to end pregnancies, one that recognizes that there are not two kinds of women—those who have abortions and those who have babies (they are all the same women)—and one that supports women's local health activism is what will provide the political base we need to endure the lives, health, rights and humanity of pregnant women, mothers and families. ⁿ

Time for an Inventory

By Rev. Carlton W. Veazey

REV. CARLTON W. VEAZEY is the president and chief executive officer of the *Religious Coalition for Reproductive Choice—www.rcrc.org*—and a minister of the *National Baptist Convention U.S.A.* RCRC was founded in 1973 as a national organization of denomination and faith groups that support reproductive choice; the coalition launched the *Black Church Initiative* in 1997 to assist African-American clergy and laity in addressing teen pregnancy and other sexuality issues within the context of African-American culture and religion.



Yet even after three decades in the struggle, the reproductive rights movement still must convince the public—a sizeable portion of which has personal experience with unintended pregnancy and abortion—that abortion is a complex moral and ethical issue. The consumer term “choice” has not helped make our case, and we haven't

convincingly explained why we are prolife in the deepest sense.

It's time to do an inventory of our movement. The conventional wisdom that the nation is polarized on abortion must be corrected. Most people are in the middle, willing to accept some restrictions, and it is there we can gain more support. The morality of abortion must be explained in terms we all understand: People sometimes fail to use contraception; they may not be ready for parenthood; adoption is not a simple alternative; there are numerous medical reasons for

“We are prochoice, not proabortion.”

THAT'S THE clearest, most direct statement I know to describe the reproductive rights movement. The audiences I speak to applaud that statement, because it is true to life. So often, people say to me: “I know someone who has had an abortion and, even though I myself may not ever choose to have an abortion, I do not want to tell others what to do.”