Faith & Reason Honors Program

SENIOR THESIS

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<td>How Motherhood Became an American Disease</td>
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Introduction

American culture has undergone a major change in its perception of pregnancy in the past 200 years. The industrialization of nineteenth-century America aroused Americans’ ever-increasing desire for control over nature. This control extended to the birth of children as Americans utilized abstinence and contraception to limit family size to three to four children. In the twentieth century, Margaret Sanger led a highly influential campaign to make contraception a positive value of American culture. The legalization and social acceptance of contraception and abortion in America demonstrate Sanger’s success. The birth control pill and abortion represent intervention by the American medical community to prevent motherhood. Given physicians’ roles as healers, their prevention/ending of pregnancy label motherhood as an American disease.

The History of Birth Control In America

In 1800, Americans were bearing many more children than Western Europeans. A century later, the exact opposite was true. Between 1800 and 1900, the number of births to the average American woman was cut in half from 7.04 to 3.56. This large decline in birth rate equally affected rural and urban communities. Historians attribute the decline to a transformation of American society from a traditional society to a modern society. Changes in America’s value system caused this transformation; the transformation also propelled further changes to the value system. In the mid-nineteenth century, an especially sharp
decline in birth rates occurred, which historians have been attributed to more Americans attaining education and American’s increasing faith in the material world. Americans grew more confident in humans’ ability to control their lives via manipulation of the natural environment (Reed 1978, 1-5). In 1800, pregnancy was accepted as part of the natural order. By 1900, pregnancy became a domain for the exercise of human control.

*Birth Control in Nineteenth Century America*

Nineteenth century Americans purposely limited their family size through early means of birth control. These techniques included *coitus interruptus*, the vaginal diaphragm, rubber condoms, and periodic abstinence. Americans commonly sought to limit family size to three or four children. British thinker Francis Place inspired early nineteenth century birth control in America. Place advocated birth control as a means of limiting competition in the labor market. American writer Robert Dale Owen picked up on Place’s theories and published an educational pamphlet on the various methods of birth control. Charles Knowlton searched for a more reliable method of birth control that did not require the sacrifice of pleasure demanded by *coitus interruptus*. (Reed 1978, 5-8) Knowlton “sought to discover ‘some sure, cheap, convenient, and harmless method, which should not in any way interfere with enjoyment’” (Reed 1978, 8). His solution was the use of spermicidal douches.
Knowlton’s work was highly controversial, granting the news that sex and procreation could be separated a large amount of publicity. Knowlton’s method, more so than *coitus interruptus*, appealed to Americans’ desire to manipulate nature and remove inconveniences from their lives. Frederick Hollick introduced the concept of periodic abstinence for family planning purposes. Hollick traveled across the country as a popular sex educator. As he informed Americans about the process of reproduction, Hollick denounced mechanical means of contraception and *coitus interruptus*. He, instead, suggested that women with regular menstrual cycles could enjoy at least one week of sexual intercourse each month without risk of conception. He believed that conception was possible up to sixteen days after the menstrual flow had stopped and impossible after this time. Modern rubber manufacturing was born in the middle of the century, resulting in the availability of inexpensive condoms and vaginal diaphragms (Reed 1978, 9-13).

The life of the American middle class changed during the nineteenth century. As young middle class persons pursued economic opportunities, they began to move away from their community of origin. This lead to a detachment from community and altered Americans’ perspective on family. Americans, who had previously understood the family as a part of the larger community, were beginning to view the family as a purely private matter. As industry continued to develop, the work lives of men and women also changed. When America was predominantly an agricultural society, men and women worked side by side in their home to operate farms. Industry pulled men out of the home to perform work. Only poor women
worked in factories (Reef 1978, 19-21). It soon became the middle class woman’s role to tend to private matters by being “the conservators of religious values and the nurturers of children and men,” while men tended to public affairs (Reed 1978, 21).

**Redefining Marriage and Children**

Marriage and children each received new definitions in the nineteenth century. Francis Place’s proposition of using birth control to limit competition for jobs framed pregnancy as an economic threat to society and portrayed children (the end result of pregnancies) as rivals of the working class. The Puritan philosophy, still a strong influence in America, emphasized the importance of companionship in marriage. Nineteenth century Americans modified this statement to claim that romantic love was the only justification for marriage (Reed 1978, 21). Once viewed as an integral part of marriage, pregnancy and children became dispensable. At the same time, the doctrine of Christian nurture arose which redefined the child as “a malleable product of its environment” (Reed 1978, 21). Americans came to view the home as a retreat from public life. It was a place for men to become civilized and for children to be shaped with love. Thus, Americans placed a great divide between home life and public work life (Reed 1978, 21). The communal aspect of childbearing was neglected. Pregnancy and family size became a purely personal choice, which Americans did not believe impacted anyone other than the husband and wife in question.
Nineteenth century Americans struggled with the issue of having marriages based on romantic love while also limiting families to a manageable number of children. Whereas, in agricultural societies, children were a financial asset because they performed labor, children became an economic drain in industrial America. The children that were a blessing to agricultural American were viewed as a burden in industrial America. Writers of nineteenth century marriage manuals were unclear on how strike the correct balance between romantic love and limiting children. They offered information about contraceptives but denounced their use. While they encouraged sexual expression, they also feared a loss of the principle of self-control (Reed 1978, 22-23). These writers expressed an American attitude of caution concerning contraception. While Americans desired the ability to limit their childbearing without limiting their sexual expression, their was an instinctual fear that doing so could lead to a general deterioration of self-control in American society.

The majority of nineteenth century physicians were not concerned with helping women to avoid pregnancy. Gynecologists of the time generally “viewed all healthy women as willing mothers” (Reed 1978, 28). Thus, American physicians considered pregnancy and childbearing to be evidence of health. These physicians focused on repairing injuries that occurred during childbirth and helping women to conceive children. Despite public denouncement of contraception by authors of marriage manuals and physicians, American’s of the nineteenth century had dramatically smaller families than their predecessors. Historians believe that
couples used a combination of abstinence and contraception to limit family size. American families of the nineteenth century came to believe that having large families was irresponsible because they could not provide proper nurturing for children (Reed 1978, 28-33).

Comstock and the Countermovement to Contraception

A countermovement to the widespread information regarding contraception began in the 1870s. Anthony Comstock, a Republican appalled by the pervasive drinking, gambling, and fornication in New York City fronted a campaign to strengthen federal obscenity laws. He proposed the Comstock Bill ², which broadened the legal definition of what was obscene, and was, therefore, not allowed to be mailed via the U.S. Postal System. (Reed 1978, 37) For the first time in American history, the “bill explicitly defined...‘information on the prevention of conception’ as obscene” (Reed 1978, 37) Moral reformers followed Comstock’s precedent and worked to strengthen obscenity laws at the city government level. The moral reformers of this time associated contraception with prostitution because many of the proponents of contraception argued for its use to prevent the spread of venereal disease through prostitution. (Reed 1978, 39) Towards the end of the nineteenth century, a segment of Americans labeled contraception as a vulgarity. The prevention of pregnancy was associated with all forms of indulgence. The fear of birth control weakening America’s self-control grew.
Physicians as Marriage Counselors

At the end of the nineteenth century, and the beginning of the twentieth century, physicians began to replace clergy members as women’s primary sources for marital advice. Because marriage and children were viewed as personal, rather than communal, couples ceased to pursue wisdom about how to build a good marriage and, instead, sought only medical knowledge upon which they could base their own decisions. Physicians were unprepared for this role because their textbooks tended to omit sexual information. To fill this need, a symposium of physicians produce a handbook entitled *Sexual Hygiene* that included information for doctors regarding reproduction. One chapter of the book specifically addressed the issue of contraception. (Reed 1978, 42-43) Several methods of birth control were described, and birth control was depicted as “a necessary means in some cases of reconciling the economic and personal interests of husbands and wives” (Reed 1978, 43). Prevention of pregnancy, rather than procreation, was depicted as strengthening the marital bond.

However, the physicians stated that contraceptive information should be given to patients with discretion. Physicians should withhold contraceptive information from certain patients (Reed 1978, 43). Physicians were to judge the validity of each woman’s reason for wanting contraception. The booklet read, "We all know perfectly the difference between the dragged-out woman on the verge of consumption . . . and the society belle who mistakenly thinks she does not want babies when every fiber of her being is crying out for this means of bringing her
back to healthy thought." (Physicians Club of Chicago 1898). However, the distribution of contraceptive information was a violation of the obscenity laws (Reed 1978, 45). As the nineteenth century came to a close, American physicians rejected their former view that all healthy women should bear children. While they continued to reject the use of birth control for personal convenience, American physicians began to deem pregnancy to be unhealthy for women in certain circumstances.

**Anarchists and American Birth Control**

In the beginning of the twentieth century, American anarchists took up the fight for contraception. Emma Goldman, a popular Anarchist speaker, included contraception in her speeches across the nation and distributed leaflets about birth control as part of her “free love” movement (Reed 1978, 46-47). Margaret Sanger, the mother of Planned Parenthood was another anarchist who became an incredibly strong force for contraception in the early twentieth century. In 1911, as part of an active campaign to change Americans’ views on pregnancy and birth control, she began lecturing and writing about the necessity of contraception. Sanger’s zeal for birth control stems from her experiences growing up in a poor Catholic family with ten siblings (DeMarco & Wiker 2004, 287, 290). In her autobiography, Sanger wrote that “large families were associated with poverty, toil, unemployment, drunkenness, cruelty, fighting, jails...” (Sanger 1938, 28). Sanger rooted her campaign for
American birth control in her belief that unregulated births were the cause of innumerable societal evils.

One adulthood experience provided Sanger with even more motivation for her fight for contraception. Sanger worked as a visiting nurse midwife in New York City, delivering babies in poor women’s homes. In 1912, Sanger witnessed a both die from a self-induced abortion. (DeMarco & Wiker 2004, 291). It was at this point that the fight for contraception became a personal and moral crusade for Sanger who “resolved to seek out the root of the evil, to do something to change the destiny of mothers whose miseries were as vast as the sky” (Sanger, 1938, p. 92) In 1913, Sanger spent six months in Europe where contraceptive information was readily available. It became her mission to bring this information to America (DeMarco & Wiker 2004, 292).

**Sanger and the Media**

Sanger used publishing as her main means of disseminating information, founding *The Woman Rebel* newspaper with the slogan “No Gods! No Masters!” This slogan explicitly verbalizes the American need to exercise control over the natural order. Sanger used this publication to endorse contraception while she denounced capitalism and religion. Sanger gathered more birth control information in 1914, when she fled to Europe to escape trial in America where the Comstock laws were still in effect. Sanger wanted more than the acceptance of contraception; she wanted a revolution of American sexuality (DeMarco & Wiker 2004, 292-296).
Such a revolution would require of not only American practices, but also of the American belief system. DeMarco and Wiker summarize Sanger’s view as follows, “Conventional and traditional morality and middle-class respectability had to be purged from the culture, and a new mode of understanding sexuality must be introduced” (2004, 296).

Sanger’s revolutionary ideals included not only contraception, but also the liberation of sexual desire and the science of eugenics. Sanger theorized that “sexual desire...could take evolution beyond survival of the fittest to the development of genius” (DeMarco & Wiker 2004, 296). For Sanger, the primary value of sexuality was not procreation but the evolution of genius. She proposed that this genius could be achieved by removing of physiological and psychological inhibitions. Nineteenth century Americans’ fear of the elimination of self-control was being realized in Margaret Sanger. She even went so far as to accuse the Christian virtues of chastity and purity of creating the vices of venereal disease and prostitution. Sanger promoted a release from all sexual constraints so that men and women could create Heaven on earth. Thus, she encouraged Americans to usurp the role of God. Sanger’s campaign for birth control was intimately tied to her endorsement of eugenics. She claimed that the most important concern of the twentieth century was to discourage the procreation of those with genetic physical and mental problems. Sanger believed that birth control of the poor and disabled was the only way to combat social problems, such as crime and poverty (DeMarco &
Wiker 2004 296-299). For Sanger, births to certain types of people were the cause of all of America’s problems, and birth control was the cure.

*Sanger, the Mother of Birth Control*

Sanger’s impact on birth control in America cannot be overestimated. She actually coined the term *birth control*. She defended access to contraception as a fundamental right of every woman and exercised great political influence, which lead to the widespread acceptance of birth control in American culture. Sanger wrote of contraception as a feminist issue. Contraception would free women from an oppressive male society that forced women who did not desire children to choose between never having sex and risking their lives with illegal abortions. Rather than a fundamental expression of femininity, Sanger convinced Americans that pregnancy was a tool for female oppression. Sanger turned to Thomas Malthus’ economic philosophy that each family should only have as many children as they are able to financially support to further the case for birth control in America (McCann 1994, 1, 10, 13). “The calculus of having only as many children as one can afford to support assumes a market society in which children, like property, are counted as assets or liabilities” (McCann 1994, 13). Once again, Americans labeled children as burdens. Whereas Malthus endorsed abstinence as the means to limiting children, Sanger believed that women had the right to have sex and limit their fertility at the same time (McCann 1994, 14). Sanger assured Americans that self-control should not be necessary to control the number of births.
Sanger also promoted contraception as a means to better the human race. In her view, “Because birth control enabled women to space their children, it allowed them to rise above the drudgery of endless pregnancies and provide better mothering to those children” (McCann 1994, 15). Preventing pregnancy became a requirement for responsible parenting in America. Sanger used the scientific language of eugenics to add authority to her position that contraception is fundamental human right through which health of the human race could be promoted. Eugenicists had scientifically proven that procreation of the “unfit” resulted in a large financial cost to society. Sanger used this research to market legal contraception to Americans as a means to achieve national well-being. As Americans accepted preventing pregnancy as a means to national health, they also accepted pregnancy as part of the etiology of the nation’s ills. Sanger included sterilization as an acceptable method of preventing procreation of mentally ill and mentally handicapped and persons with syphilis. For some people, pregnancy would always serve to worsen the nation’s ills. Sanger desired more procreation from the fit and less from the unfit (McCann 1994, 101-118). Sanger denied certain Americans the right to procreation, while defending a universal right to contraception.

Sanger and the Black Community

Throughout the 1930s, Sanger emphasized the contraceptive rights of minorities, concentrating most of her energy on the Black community of Harlem. In
1939, Sanger began to extend her campaign for Black Americans’ reproductive rights with her “Negro Project.” The main strategy of this project was to place Black Americans in apparent leadership positions within Sanger’s organization in order to combat the growing concern within the Black community that the birth control movement was a plot to exterminate America’s Black population (Marshall and Donovan 1991, 17). The Black community’s concern was not unfounded. In a memo to a subordinate, Sanger “wrote that: ‘We do not want the word to get out that we want to exterminate the Negro population...’” (Marshall and Donovan 1991, 18). She worked to change the community’s opinion of contraception by convincing Black ministers that contraception was a moral good. Sanger billed birth control as a means to economic progress and improved health. Sanger marketed access to birth control to the Black community as the means to equality with Whites, in terms of health and happiness. (Marshall and Donovan 1991, 18-20).

America’s Black ministers were not quickly convinced of the moral value of contraception. Sanger targeted America’s most influential Black ministers and engaged in extensive communications to convince them of the merit of contraception. Sanger proposed that birth control would save the lives of mothers and children who die during pregnancy and childbirth. Sanger’s tireless efforts in the Black community proved successful. By 1949, nearly the entirety of Black leadership in social, professional, and academic organizations endorsed Planned Parenthood’s program for contraception (Marshall and Donovan 1991, 21). Thus, for Americans, birth control moved beyond a national good to a personal good.
Black Americans came to cherish contraception as the means to achieving the American ideals of health happiness, and equality. Additionally, Black Americans accepted contraception as a life saving medical intervention.

**Sanger and the Medical Community**

Sanger worked to change the American medical community’s attitude towards contraception. America’s major medical associations did not promote contraception in the beginning of the twentieth century. When Sanger first expounded on the ability of contraception to end all social evils, the majority of the medical community wrote her off as an extremist. Physicians who were inclined to endorse contraception were hesitant to accept Sanger’s push to use contraception for non-medical indications in order to use medicine to correct economic and social problems. Early twentieth century American physicians considered contraception to be a method of preventing complications of pre-existing medical conditions. They did not consider pregnancy, itself to be a disease that required medical intervention. Sanger penetrated the medical community by setting up a clinic with Dr. Dorothy Bocker in 1922. In accordance with Georgia state law, this clinic could only provide contraception for health reasons. (Kennedy 1970, 174, 179-182)

Sanger’s clinic caught the attention of gynecologist Robert Latou Dickinson who desired endorsement of contraception for all women by the medical community. Dickinson noted that a major reason that the medical community did not accept contraception was that physicians were not satisfied with the available methods of
contraception. The crude contraceptive devices of the 1920s were causing many women physical harm. Dickinson pushed for active research to discover an acceptable method of contraception (Kennedy 1970, 184-186). Dickinson noted that, in order to be universally accepted, even among the poor, contraception must be “aesthetically inoffensive, simple, and cheap.” (Kennedy 1970, 186) Dickinson publicly distanced himself from Sanger in order to gain more scientific credence in the medical community for the advancement of contraceptive technology. In 1923, the New York Obstetrical Society endorsed Dickinson’s study of effective contraception. (Kennedy 1970, 186-188)

The society limited the study to medically indicated contraception. However, Sanger’s clinic was the only available venue for the research, and the medical staff of the clinic searched for a therapeutic reason to prescribe contraception regardless of the actual reason patients’ gave for wanting contraception. If the staff could not find technical loopholes that fit the therapeutic definition, they referred patients to the physicians’ private practices where they were given contraceptives for “No Health Reason.” It was unprecedented to seek medical attention for “no health reason.” Dickinson’s research did not provide the acceptable method he sought. The only conclusion he reached was that the only dependable method of birth control in 1930 was abstinence. The rejection of contraceptive methods was the most common result of contraception research in the 1920s and 1930s. Intrauterine devices were found to be dangerous. Other methods were proven ineffective
(Kennedy 1970, 188-197, 208). If the American sexual revolution Sanger desired was to come to fruition, a more convenient method of contraception had to be found.

Research in the 1930s did produce information on how to use periodic abstinence for reliable birth control. Whereas physicians of the 1920s had varied and inaccurate information regarding the infertile periods of women’s menstrual cycles, researchers of the 1930s discovered that ovulation occurs in the middle of the cycle. Avoidance of intercourse during this period became a relatively effective means of birth control for women with regular cycles. Despite the dependability of this method, Americans continued to search for birth control that did not require so much self-control. Clinics and private practice physicians also continued to prescribe vaginal diaphragms and jellies. Sanger traveled the country to educate the medical community about contraception, but the community’s distaste for Sanger rendered it un receptive to her information. (Kennedy 1970, 210-211)

In the 1930s, the pervasive use of contraception required physicians to address the issue. The complications from unsafe methods of contraception motivated physicians to study the benefits and dangers of contraceptives. While the public was putting pressure on the medical community to take a stance on contraception, Sanger was inculcating the American Medical Association (AMA) with contraception propaganda. Her tactics proved successful. The AMA released a 1936 report on contraceptive practices and their potential complications. The report recognized several medical indications for the use of contraceptives. It also reproached non-medical organizations, such as Sanger’s, for distributing
contraception information to the public, and stated that there was not yet an adequate and effective contraceptive method. The report noted that only abstinence was a completely effective means of birth control. The AMA did not believe that abstinence was possible for all couples. One year later, the AMA announced a changed stance on contraception. The association came to accept non-medical indications for contraception, including voluntary family limitation. The 1937 statement was the medical community’s first official endorsement of contraception (Kennedy 1970, 213-217). As America’s healers formally condoned birth control, pregnancy was relegated to the realm of ailments requiring physicians’ intervention.

**Sanger and the Law**

Sanger also battled for legal approval of contraception. She worked fervently to reverse the restrictions of 1914’s Comstock law. In the years immediately following the Comstock bill, Sanger continued to distribute mailings that promoted contraception, but was not allowed to describe contraceptive techniques. Sanger was even able to violate the law, by providing addresses of doctors who endorsed contraception to those asked for them, without prosecution. However, state laws hindered local efforts to propagandize contraception and prevented the establishment of birth control clinics. Sanger knew that birth control required legal protection in order to prosper (Kennedy 1970, 218-219).
Sanger began her legal battles in the courts, attempting to have obscenity laws ruled unconstitutional. Making no progress in the courts, she refocused her efforts on legislature. She began by fighting for the inclusion of contraception information under the protection of free speech. She soon became unsatisfied with this limited cause and decided to fervently campaign for the legalization of contraception for all purposes. Sanger endorsed a federal bill that would allow only doctors to dispense contraception information, which she believed would be more successful than attempts to abolish the inclusion of contraception information in the obscenity laws. The protestant clergy who were leery of changing the obscenity laws were much more accepting of Sanger’s doctors-only bill. Congress discussed the bill in every legislative session between 1921 and 1929, but never passed it (Kennedy, 219-223).

In 1928, Sanger received funding to organize a large national effort to oppose the Comstock law. She formed the National Committee on the Federal Regulation for Birth Control. This committee made birth control a congressional issue, thus forcing Americans to take a public stance based on their private beliefs. Procreation, once again, became a public matter. However, Americans were now campaigning for the public protection of their private decisions. The Committee endorsed the same doctors-only type of bill that Sanger has been pushing since 1921. Sanger used the economic depression of 1930 as supportive evidence of the need for birth control. In 1931, the Committee was able to establish a headquarters in Washington, D.C. The Committee focused on both education and legislation. It
was through this Committee that Sanger's legal efforts took on a professional persona. She was now financially able to hire profession advisors, lobbyists, and organizers. By 1936, the Committee garnered the support of nearly one-thousand organizations for the doctors-only bill (Kennedy 1970, 224-230). Sanger's financial resources and professionalism enabled her to reach more Americans.

Sanger’s doctors-only bill found several sponsors in House and Senator, but none with great political influence. During the early years of the Committee, Sanger relied on educating legislatures about contraception, rather than using political pressure. She believed that the value of contraception would be self-evident. This tactic yielded little success. By 1932, Sanger recognized the ineffectiveness of her strategy and began to utilize the Committee’s political influence. The Committee’s biggest political opponent was the Roman Catholic Church which persisted in its absolute opposition to contraception. The number of Catholic lay organizations protesting contraception matched the number of organizations endorsing Sanger’s bill. Five congressional hearings occurred between 1931 and 1934 during which Sanger defended contraception against the attacks of Catholics (Kennedy 1970, 230-233).

Sanger called witnesses who spoke of the impediment of the medical community’s ability to decrease infant and maternal mortality, eugenics, overpopulation, and the benefits of birth control to individuals and families. Her opponents expressed fear that the bill would be detrimental to American morals and family life. Republican Senator Warren A. Austin published a report that cited the
negative economic impact of the declining birthrate on agriculture and industry as the reason for his opposition to Sanger’s bill. In response to Austin’s statement, Sanger began to emphasize contraception as a means for social good (Kennedy 1970, 233-235).

Sanger argued that birth control could help to end the economic depression. She portrayed uncontrolled birth to the poor as a burden to both poor families and taxpayers who provide those families with financial support (Kennedy 1970, 235-236). “Making birth control information available to the poor, said Mrs. Sanger, would alleviate misery, ease unemployment, and reduce taxes” (Kennedy 1970, 236). Politically active Catholic priest Monsignor Ryan strongly oppose Sanger’s stance stating, “...further reducing the birthrate would positively harm, rather than help, economic recovery” (Kennedy 1970, 236-237). He blamed America’s declining birthrate for the nation’s agricultural and industrial crises. Congress was more receptive to Sanger’s argument than they were to Ryan’s (Kennedy 1970, 237). Sanger was able to convince the American Congress that pregnancies of the poor were the cause of the nation’s economic infirmity.

Sanger increased her pressure on Congress by organizing 1936’s highly publicized Conference on Birth Control and National Recovery. Sanger used her political savvy to make her doctors-only bill more palatable to advocates of states rights. She amended the bill to make it inapplicable to states that had their own anticontraception legislation. The bill came up for Senatorial vote on the last day of 1934’s session. The amended bill passed with a unanimous vote. However, the
Senate immediately decided to reconsider the bill during the next session, and it was never again brought up for vote. The Senate did not want to spend more time voting on the bill because the restrictions on contraception information were not hindering physicians’ medical practice due to a lack of enforcement. (Kennedy, 239-241).

Unsatisfied, Sanger directed her Committee to find examples of legal interference with medical practice concerning contraception. All but one of the cases found dealt with the importation of contraceptive devices and information. Laws regarding mailing and interstate transportation were moot. The Committee changed legal tactics and worked to find cases whose rulings were similar to Sanger’s proposed bill. Once again, Sanger focused on the judicial system. The Committee pushed for interpretation of the federal statutes that favored contraception. In 1936, McWilliams, Scribner, and Morris Ernst took on a case involving the importation of contraceptives from Japan. A ruling in favor of importation in this case could remove the last real federal obstacle to contraception in America. Judge Augustus Hand took the opportunity to address the entirety of the Comstock law (Kennedy 1970, 242-249). “Though only the importation statute was in question, he said, all three parts of the Comstock law were part of a continuous scheme of legislation and should be construed consistently. The language of that law was clear, said Hand, but it should not be taken literally” (Kennedy 1970, 249). Hand ruled that restriction on contraception should only apply to the illegal use of contraceptives (Kennedy 1970, 249-250).
Hand’s ruling effectively removed all federal barriers to physicians’ prescribing of contraceptives. Contraception for medical or non-medical reasons became a legally acceptable practice in America. However, Americans were still unsure if inclusion of contraception into federal public health programs was proper. Additionally, not all state courts were willing to follow the federal example. Despite its limitations, Sanger counted the ruling as a victory for her cause. She trumpeted the new legal status of contraception. Sanger circulated this good news to physicians across the nation and then dissolved the National Committee (Kennedy 1970, 251-256).

With dissolution of the Committee, came the founding of the Birth Control Federation of America in 1938, a result of the union of the American Birth Control League and Sanger’s Clinical Research Bureau. The Federation’s goal was to persuade state and federal public health programs to include contraception (Kennedy 1970, 257). “Mrs. Sanger and federation officials in 1938 formed the Committee for Public Progress to pressure government agencies into a full recognition and acceptance of birth control as an integral part of public health” (Kennedy 1970, 260). The Committee included several thousand advocates of contraception who were enlisted to write letters to their congressional representatives pushing for adoption of birth control in public health. The Committee also included Sanger and her legal advisors who worked as lobbyists for birth control via face-to-face meetings with congress people (Kennedy 1970, 260).
Sanger achieved a couple of legislative victories at the close of the 1930s. “Title Five of the Social Security Act of 1938 provided nearly four million dollars in grants to state maternal and child health services. The Venereal Disease Control Act in 1939 declared war on venereal disease, the containment of which was defined, in nearly every state, as a legal purpose for the employment of contraceptives” (Kennedy 1970, 260). The United States Public Health Service and the Children’s Bureau, whom the Federation pressured to recognize the legality and value of contraception in preventing the spread of venereal disease and promoting maternal and child health, administered these programs. Historically, the Public Health Service had referred cases dealing with contraception to the Birth Control Federation. 1939 marked an important victory for the contraception movement. Surgeon General, Dr. Thomas Parran, declared that the Public Health Service could distribute contraception under the Venereal Disease Control Act. On the other hand, Katherine Lenroot, the leader of the Children’s Bureau, shied away from all things related to contraception. Lenroot feared a dangerous population decline because of contraception. Lenroot’s objections prevented the Bureau from approving contraception as means to improve maternal and child health (Kennedy 1970, 260-263).

The influence of Sanger’s campaign on America gained tremendous momentum when First Lady Eleanor Roosevelt entered the White House. Knowing that Mrs. Roosevelt personally endorsed birth control, Sanger pressured the First Lady to make a public statement confirming her position. In 1940, Mrs. Roosevelt
made the public statement endorsing birth control for which Sanger was waiting. Sanger jumped on the opportunity, encouraging women across America to right letters of appreciation to the First Lady for support of birth control. She told women that Mrs. Roosevelt’s support of birth control embodied democracy. Mrs. Roosevelt soon became an incredibly vigorous supporter of contraception. In 1941 Mrs. Roosevelt held a White House meeting with representatives of the Federation, the Public Health Service, the Children’s Bureau, and the Department of Agriculture about how the federal government should approach public health and population problems. She also hosted a White House luncheon for contraception advocates. With the First Lady’s passionate endorsement, birth control became quintessentially American (Kennedy 1970, 262-266; Marshall and Donovan 1991, 22-23).

Mrs. Roosevelt personally requested that Parron include child-spacing programs in the Public Health Service. In 1942, Parron stated that Planned Parenthood programs would receive his approval. With its inclusion in public health, contraception became a basic standard of American health care. During this time, Lenroot’s subordinates were pushing for the authority to refer, at least, inquiring mothers to the Federation for birth control information. In 1942, Lenroot succumbed to pressure from the White House and the Public Health Service. Pressure had increased related to the need of women in the America workforce during World War II. Lenroot’s acquiescence made more funds available for the Public Health Service to use for contraception. With these funds available, the
Service actively pursued a policy for child spacing for women working in war industries (Kennedy 1970, 262-266). With this action, “the government had ‘taken over the job of birth control,’ as Mrs. Sanger had long desired” (Kennedy 1970, 267). American contraception was moving beyond personal choice to a national duty. However, the long awaited victory came after Sanger had mostly detached herself from the movement. Sanger’s personality was often abrasive, and the foundation she laid for the contraception movement was better able to prosper with her name less intimately attached to the cause. (Kenney 1970, 267-270).

The Birth of the Pill

“The anovulan pill was the first absolutely new contraceptive developed in the twentieth century” (Reed 1978, 311). This hormonal method of birth control was the contraceptive method of which Sanger and other contraception advocates were dreaming. The birth control pill completely disconnected the control of fertility from the sexual act. There was no longer need to sacrifice pleasure to avoid conception. With the pill, Americans could also engage in sexual intercourse spontaneously without risking conception. “The magic of science would make contraception easy and aesthetic for physician and patient alike” (Reed 1978, 311). Americans no longer needed to exercise self-control over sexuality in order to exercise control over childbearing.
While hormonal contraception had been discussed as early as the 1920s, scientists did not research the possibility until the 1950s when Worcester Foundation for Experimental Biology took on the challenge. Advancements in endocrinology and steroid chemistry in the first half of the twentieth century enabled this new research. Historians credit Gregory Pincus as the father of the birth control pill. Pincus’ early work involved the commercial production of cortisone, a hormone that alleviates the symptoms of rheumatoid arthritis, at the Worcester Foundation. Through this work, Pincus built a strong team of steroid chemists. In 1951, he began researching the contraceptive value of steroids through a small amount of Planned Parenthood funding. Pincus asked the Foundation’s director for additional funding to develop a contraceptive injection or pill. Progesterone was the hormone with the most promise for these purposes. Progesterone signals pregnancy to the female body. In response, the body suppresses ovulation. (Reed 1978, 311, 316-317, 331-333).

Pincus’ research received enormous financial support from Katharine Dexter McCormick, a wealthy widow who was very concerned about the perceived problem of overpopulation. Pincus successfully suppressed ovulation in rabbits via artificial progesterone. However, his work did not receive much attention. The large amount of hormonal research occurring at the Worcester Federation granted Pincus access to a wide variety of hormones to work with in the development of hormonal contraception. As Pincus’ research advanced, he was able to use progesterone to
suppress ovulation in women. This achievement led to more financial support for Pincus’ research as he developed a hormonal birth control pill. Pincus announced first successful use of oral contraceptives in women in 1956. (Reed 1978, 339-344)

Birth Control in the 1960s and 1970s

In 1960, the federal government legalized commercial marketing of the Pill. The convenience of the Pill greatly influenced America’s acceptance of contraception. “By 1965 the Population Council's skillful lobbying among professional elites and the availability of apparently potent new contraceptive technologies had led to the acceptance of population control as a relatively noncontroversial part of economic wisdom” (Critchlow 1996, 43). From 1966 on, the American birthrate was lower than it had been in the 1930s. This decline did not reverse Americans’ desire for population control. A strong effort for population control began in the 1950s. In an effort to instill the American public with the ideal of contraception as a moral good, Sanger propagandized the theory of a segment of demographers that 1950s America was experiencing a dangerous “population explosion.” Scientists debated over whether agriculture would advance at an adequate rate to feed the quickly growing population. A sect of demographers proposed that the use of birth control to limit the population was the only possible means of preventing starvation. Contraceptive advocates implored American women to be global role models by choosing small families. These advocates encouraged American women to view contraception as their duty in the
international fight against overpopulation. Birth control was not only acceptable, but also deemed necessary (Critchlow 1996, 43; Marshall & Donovan 1991, 36-39; Reed 1978, 281-287).

By the 1970s, statistical evidence no longer supported alarm regarding overpopulation. 1971 was the last year that America’s birth rate exceeded the level necessary for replacement. However, the push for population control had a lasting effect. Sanger succeeded in convincing the American public to accept contraception and abortion as moral goods, which resulted in three decades of American birth rates below replacement level. This has two major impacts on the nation. First, the government has a small pool of young people from which to draw military personnel. Secondly, the American Social Security System is supporting more and more people (as the those born during the “population explosion” of the 1950s age) with less and less working people paying into the system (Marshall & Donovan 1991, 39)

Despite the nation’s low birthrate, Americans were faced with, not a new promotion of child-bearing, but the continued preaching of contraception by Zero Population Growth, Inc.¹ This organization was mostly composed of educated white men in their mid-thirties. Members of the baby boom generation, these men had been squeezed into crowded classrooms during their education and became convinced that the entire nation was overpopulated (Critchlow 1996, 43). The group scorned pregnancy as a contributing factor to the supposed problem of overpopulation, and hailed contraception as the solution.
Women of the 1960s became an increasingly integral segment of the labor force. The service industries had been expanding since the end of World War II, leading many married women to employment outside of the home. The majority of American families became two-income households in order to achieve financial stability. The value of women in the labor force aligned families’ desire to limit offspring with the nation’s desire to have a productive workforce (Critchlow 1996, 43-44). “The redefinition of the population problem meant that for the first time in American history the desire of the majority of married persons to limit the burdens of parenthood was not in conflict with the ‘public interest.’ A private vice [birth control] had become a public virtue” (Critchlow 1996, 44).

The 1960s’ rapid growth of the welfare state and the judicial declaration of rights to public services also shaped Americas reproductive practices. The Social Security Amendments of 1967 marked federal government’s first unambiguously pro-family-planning policy. These amendments earmarked six-percent of child and maternal welfare funds for family planning and allowed contraceptives to be purchased with Agency for International Development funds. Beginning in 1964, birth control became part of President Lyndon Johnson’s War on Poverty. Local Planned Parenthood groups applied for this federal funding for contraception as a social welfare program. These funds provided contraceptives to the poor. The argument was that the poor were being denied the contraceptive technology available to the middle class. Congressional supporters of Planned Parenthood funding argued for freedom of choice and the poor’s right to equal access to
contraception. President Johnson and the U.S. Congress intimately linked contraception with the American ideals of equality and freedom. The *Eisenstadt v. Baird* case of 1972 established an equal right to contraception among married and unmarried persons. In 1973, the judicial system ruled that the decision of aborting a fetus in the first three months of pregnancy should be left to women and their physicians, not legislature (Critchlow 1996, 44-45). Once again, Americans utilized the public domain to protect the notion that moral norms concerning marriage and pregnancy were purely personal decisions.

President Johnson quietly funded birth control through already established federal agencies because he feared negative reactions from Roman Catholics and African Americans. President Richard Nixon, Johnson’s successor pursued family planning with even more enthusiasm. Nixon saw family planning as the long-term solution to America’s social welfare problems, increasing social expenditures, and increased rate of out-of-wedlock births. The President acknowledged the America had adequate food supplies to meet the population demand, but warned of the scarcity of social supplies, such as education, privacy, living space, and the ability to maintain a democratic government. During Nixon’s presidency, Americans were again growing fearful of an impending population crisis related to the procreation of the *baby boom* generation. The disproportionately high fertility rates among the poor and Black populations caused additional alarm among demographers (Critchlow 1999, 50, 85, 91).
Under the Nixon administration, Congress enacted the Family Planning Services and Population Research Act of 1970, which mandated state level family planning programs. In order to achieve this goal, the government combined public and private funds to create a unique welfare system. This act also created two new federal agencies: the National Center for Population and Family Planning and the National Center for Family Planning Services. Nixon also created the Commission on Population and the American Future with John D. Rockefeller III as its chairperson. (Critchlow 1999, 85, 91-93, 148). Birth control was now a major goal of the American government.

*Division in the Ranks*

By 1968, American had achieved zero population growth; birth rates were lower than necessary to replace the native population. At this point, moderate members of the birth control movement began to distance themselves from members who were still preaching the dangers of a population crisis. The latter members wished to publicize a link between overpopulation and war. The more moderate segment, including Planned Parenthood, refused to push this agenda. Hugh Moore, the leader of the “population crisis” segment also sought to establish a link between overpopulation and environmental problems, as these problems became an important concern of American youth culture at the close of the 1960s. A third segment of the birth control movement emerged at this time, the radical feminists. The radical feminists focused on contraception as a means of
establishing social equality and the proper status of women in the family (Critchlow 1999, 150-154). In summary, the various divisions of the birth control movement, blamed pregnancy for war, environmental problems, and the inequality of women in American society.

Feminist writer Judith Blake opposed federal financing of family planning because she believed that the federal government was forcing contraception on the American poor. According to Blake’s research, Americans consistently supported the availability of contraception information to all who desired it since 1939. Therefore, the social structure did not keep contraception information from the poor. It was the poor who had chosen to reject the information. The poor desired larger families than the middle class for religious and cultural reasons, and were much more likely than the middle class to oppose giving contraception to adolescents. Blake proposed an alternative method of American population control (Critchlow 1999, 159-160). “She argued that if American society wanted to reduce the rate of population growth, the best way to do so was to change the social and occupational roles of women in society” (Critchlow 1999, 160). Women should be encouraged to obtain and education and enter the workforce – delaying marriage. American culture should encourage women to see themselves as more than child bearers (Critchlow 1999, 160). American females were encouraged to pursue careers by regulating pregnancies, in order to be true woman.

Moore’s group was not satisfied with the rate of population decline. They demanded immediate action in order to avoid a population crisis. Displeased with
the results of voluntary birth control, Moore and his constituents pushed for coercive birth control. Demographer Kingsley Davis shared Moore’s concern. Davis first called for indirect coercion, including tax breaks for Americans who postponed marriage (like Blake suggested), governmental incentives for women to pursue education and professional careers, and the redefinition of sex role – so that being a woman was no longer defined in terms of motherhood. However, he stated that direct coercion would be necessary in the future, including putting anti-fertility drugs in the water supply. In order to achieve Davis’ desired zero population growth Americans would need to surrender their right to bear the number of children they wanted. As the birth rate continued to decline, radical population control thinkers, such as Davis, continued to call for more drastic measures of population control out of fear that the decline distracted people from an approaching population crisis (Critchlow 1999, 154-155). These thinkers of the birth control movement pushed beyond the idea of contraception as a fundamental right to conceive of contraception as a mandate for Americans.

This division in the birth control movement doomed the Commission on Population and the American Future. The first conflict occurred over the goal of the commission. Unable to agree on a goal of reducing population growth, the Commission compromised on the goal of stabilizing population growth. Some members were unhappy with the decisions, wanting only to study the consequences of population growth, not ways of preventing it. Racial conflicts also divided the Commission as racial minority representatives became upset by the lack of minority
researchers. The Commission soon divided into three factions. (Critchlow 1999, 161-163).

One faction viewed population growth as just one facet of humanity’s insensitivity to the natural environment. This faction opposed urban growth, as well as technological and economic growth. This was a relatively small faction. The other two factions represented a larger division within the Commission. The majority faction believed that population growth was still the major issue facing America and proposed sex education, family planning, and increased federal funding of contraceptive programs as solutions to the problem. The final faction was mainly concerned with social justice. More important than population policy were redistribution of wealth, job creation, equal opportunity, and civil rights. This disagreement made it difficult for the Commission to stay on topics. Meetings often disintegrated into arguments about social inequality in America (Critchlow 1999, 163).

The Commission’s most heated debate involved abortion. The majority of the Commission stated that abortion was acceptable only as a backup means of birth control when other methods failed. However, they recommended liberal abortion laws that allowed for abortion on demand at any time during pregnancy. The suggestion of abortion on demand enraged the Commission’s minority representatives. They feared that liberal abortion laws would promote permissiveness in American culture and weaken reverence for human life. Minority representatives also opposed the Commission’s recommendation to provide
contraception to minors. Nixon publicly rejected the Commission’s report in order to distance himself from the controversy as he face reelection (Critchlow 1999, 164-171).

Abortion: A Constitutional Right

In 1973, the United States Supreme Court declared abortion (surgical and/or medical intervention to kill a human fetus) a fundamental right of all American women. The court made this declaration in the ruling on the Roe v. Wade case, a class action suit that represented the interests of one pregnant woman, one couple who wanted to prevent pregnancy but also to be able to use abortion as a last resort, and one physician being prosecuted for performing abortions. The case was not about the individuals involved. Jane Roe, the pregnant woman in the case, was no longer pregnant with the decision was made. Roe v. Wade was a symbolic court case about a major public policy issue. The case challenged a Texas state law that criminalized all abortions that were performed for reasons other than saving a mother’s life (Rubin 1987, 62, 67). Roe argued that this law was unconstitutional because it “denied her access to a safe, legal abortion, performed by a competent physician” (Rubin 1987, 67). She argued that the law violated her constitutional rights. The physician involved, Dr. Hallford, claimed that the law violated of his right to prescribe proper treatment for his patients. The married couple contested the law because the wife had a medical condition that would be life threatening if
she became pregnant and claimed that the law would not allow for a legal (safe) abortion. (Rubin 1987, 67-68)

The *Doe v. Bolton* case occurred concurrently with the *Roe v. Wade* case. This case challenged a Georgia state law, which made it very difficult for mothers whose lives were not in danger to apply for an abortion. Mary Doe applied to have an abortion because she was advised that giving birth would endanger her life but her request was denied. She sought to have the Georgia law ruled unconstitutional. The Supreme Court ruled on both cases in 1973, making a historical statement regarding abortion. (Rubin 1987, 67-68) The statement made the following points:

1. A survey of American history and American law established that abortion had not always been a crime and was, in fact, tolerated or treated leniently until the second half of the nineteenth century.
2. The constitutional concept of "liberty" as well as the right to privacy protects a woman's right to choose to terminate a pregnancy, at least in the early weeks of pregnancy. This right is fundamental and may not be abridged, except when a state interest is 'compelling' enough to override it.
3. One has no absolute right to control one's own body, or to have an abortion, but a limited right to be balanced against competing interests.
4. The state's interest in protecting fetal life and its right to regulate health care have to be balanced against the woman's rights.
5. In the early part of pregnancy, the woman's claims are much stronger than the competing claims. But the balance changes as pregnancy progresses. After the first trimester of pregnancy, the state may regulate abortion; after the second, it may forbid it (except when it is necessary to preserve the life or health of the mother).
6. States may not impose procedural requirements that unduly burden the performance of first trimester abortions.
7. Constitutional law has no basis for holding that the fetus is a person (Rubin 1987, 67-68).

Abortion advocates counted the ruling a victory, despite disappointment over its limitations. The ruling appalled abortion's opponents. (Rubin 1987, 69)
The *Griswold v. Connecticut* case of 1965 established the right to privacy cited by the Supreme Court. This case involved a Connecticut state law that prohibited the use of contraceptives. Griswold argued for an implicit right to privacy although no such right is explicitly included in the U.S. Constitution. The Supreme Court justices read a right to privacy into the Constitution. The justices gleaned the right to privacy from zones of privacy created by the First, Third, Fourth, and Fifth Amendments. The court declared that this right to privacy was implicit in the American tradition of individualism and limited government. *Griswold* protected contraception under the right to privacy. Americans had come to view contraception as a fulfillment of basic American rights. *Roe* extended this right to abortion (Rubin 1987, 38-42, 80).

*America’s Reaction*

The *Roe v. Wade* and *Doe v. Bolton* cases caused immediate public reaction. Women’s organizations were ecstatic over the ruling and prided themselves on the victory for women’s rights. However, women’s rights advocates did not see their work as complete. They also wanted free abortions available to poor women, requirements for hospitals to perform abortions, provision for abortions under Medicaid, and to prevent state legislatures from exercising their right to regulate abortions during the second trimester and to forbid abortions during the third trimester. Antiabortion groups rapidly formed, declaring the legalization of abortion a violation, rather than fulfillment, of human rights. These groups were
willing to take any action necessary, at any level of government, to stop abortion. These antiabortion, or pro-Life, groups focused their efforts on state legislatures. They pushed state legislatures to limit abortions as permitted by the Supreme Court ruling. Pro-Life groups campaigned unsuccessfully for a constitutional amendment overturning the ruling. Meeting little success, the pro-Life movement adopted a new tactic of labeling every political candidate as either pro-Choice or pro-Life and distributing this information to voters. However, polls showed that abortion was not a main concern for most Americans in their voting (Rubin 1987, 89-94).

Pro-Life forces sought to influence the 1976 presidential election. Pro-Life pressure forced candidates from both political parties to reveal their stances on the abortion issue. Pro-Life advocates wanted abortion to be the main issue of the 1976 election. Each party took a unified stance on abortion at its respective nominating convention. The Democratic Party stated that it was undesirable to amend the Constitution in order to overturn the Supreme Court decision in favor of abortion. The Republican Party took a firm position against abortion, stating that the Party favored ongoing dialogue regarding abortion and supported a constitutional amendment to protect unborn children’s right to life. However, abortion never materialized as a major campaign issue (Rubin 1987, 95-106). The Pro-Life movements minority status and inability to reverse the Court’s ruling on abortion evidences America’s popular support of the ending of pregnancy as a fundamental right.
Interpreting Roe v. Wade

The Roe v. Wade decision delineated limitations on women’s right to reproductive choices, but it as unclear exactly what these limitations were (Rubin 1987, 117). Subsequent court cases compelled the further interpretation of the right to privacy, which provided American women the right to abortion. In 1975, a federal court ruled that Pennsylvania could not require father’s consent for abortions or parental consent for minors’ abortions. Additionally, the state could not prohibit state moneys from funding abortion because this would violate poor women’s right to choose abortion. In 1976, a federal court ruled that minors’ had the right to contraception without parental consent. That same year, the Supreme Court upheld Minnesota’s definition of fetal viability after twelve weeks gestation and requirement for informed consent for women obtaining abortions. However, the court ruled against a ban on saline abortions after viability and a requirement for physicians to work to save the lives of children after failed abortions. In 1977, a district court declared that minors hold a “right of decision” regarding contraceptives. Also in 1977, the Supreme Court ruled a Pennsylvania refusal to provide Medicaid assistance for nontherapeutic abortions to be unconstitutional, especially because abortion is less expensive than childbirth. However, that same year, the Supreme Court ruled that states were not constitutionally obligated to pay for pregnancy-related expenses (including abortion) of the poor. In 1979, the court clarified its position on parental consent for minors, allowing for states to enforce a
parental notification system if they also provided an alternative judicial procedure by which minors could obtain abortions (Marshall & Donovan 1991, 329-332).

In 1980, U.S. Congress’s consistent refusal to use federal moneys to fund abortion under the Medicaid program was challenged. The Supreme Court denied Congress’s long upheld exclusive authority over the spending of federal tax dollars. The court proclaimed abortion to be an exception to this rule and claimed the judicial system’s authority over the funding of abortion. The court declared poverty a medical condition and abortion a “most fundamental” right. Later that year, the Supreme Court ruled that states were not mandated to pay for nontherapeutic abortions. Also in 1980, a federal court ruled against a Minnesota program, which provided funding for birth control services, but denied money to institutions that also provided abortions. In 1983, a Supreme Court upheld an Akron city law that required all first-trimester abortions to be performed in hospitals but ruled against requirements for a twenty-four hour waiting period for abortions, the humane disposal of fetal remains, and an explanation of fetal anatomy by a physician as part of informed consent. That same year, the Supreme Court ruled the requirement of hospitalization for second trimester abortions, as well as bans on the mailing of unsolicited advertisements for contraceptive to be unconstitutional (Marshall & Donovan 1991, 333-337). Throughout its interpretation of the Roe v. Wade decision, the U.S. judicial system has performed a careful balancing act between states’ rights and American women’s recently determined rights to privacy and abortion.
The Webster v. Reproductive Health Services case of 1989 marked a turning point in the Supreme Court’s interpretation of Roe v. Wade. The court defended Missouri state law when it upheld the states’ ability to prohibit the use of state government facilities and personnel to perform abortions and to require ultrasound determination of fetuses’ viability prior to abortion. In 2007, the Supreme Court issued its most significant abortion ruling in nearly two decades. The Court upheld a federal ban on partial birth abortions regardless of the mothers’ health condition. The Court’s support of the ban was issued in light of the existence of alternative methods of abortion. The Webster ruling marks a shift in interpretation toward an expansion of states’ right over abortion. The 2007 decision marks a restriction on the provision of abortion that even applies to women whose pregnancies pose a health threat (Americans United for Life 2008, 43-48). This most recent ruling does not discount surgical intervention as a means of “curing” pregnancy; it merely forbids one particular interventional method.

The Abortion Pill

The “morning after” pill (taken within 72 hours of intercourse) has served to blur the lines between contraception and abortion. This pill prevents the implantation of a fertilized egg. This destruction of a fertilized egg classifies the pill as an abortifactant. However, many Americans dismiss the notion that the morning after pill is abortion and actually praise the pill as preventing abortions. In 2006, this drug became available without a prescription. This abortifactant is actually
more readily available than oral contraceptives (Christian Century 2004, 5; Plan B 2006). This powerful medicine is often referred to as “emergency contraception,” thus labeling pregnancy as an emergent medical condition.

**Religious Perspectives on Birth Control**

As Sanger became increasingly active in birth control reform in the 1920s, almost all of America’s religious denominations opposed contraception. Beginning in the 1930s, liberal Protestant Christian denominations started to approve contraception, while Jewish, conservative Protestant, and Catholic denominations remained opposed to the practice. (Dolan 2003, 163)

*Roman Catholicism*

Catholicism has been a component of American culture since the sixteenth century. American Catholics have always needed to balance loyalty to their country with loyalty to their Church. Conflicts arise when American values do not match Catholic religious values (Dolan 2003, 3-9). Birth control is one issue in American history over which the American values and Catholic values have violently clashed.

The Roman Catholic Church has consistently been the strongest force against birth control and abortion throughout American history. Contraception opposes official teaching of the Roman Catholic Church, and abortion is a mortal sin in the Catholic faith. Despite these doctrines, American Catholics’ views regarding contraception and abortion are similar Americans of other faiths. The only
acceptable form of birth control according to the Catholic Church is abstinence. As the American culture has grown increasingly accepting, and even encouraging, of varied birth control methods, the Catholic Church has remained firm in its opposition. (Gillis 1999, 242-245).

Birth control advocates have singled out the Catholic Church, amongst all American religious denominations, as their chief enemy. In the 1920s, Margaret Sanger purposefully utilized America’s anti-Catholic sentiment to the advantage of the birth control cause. Sanger “convinced the American public not only that the Catholic Church's position on birth control was old-fashioned, but also that it was trying to force its morality on the American public.” Pope Pius XI released a 1930 encyclical to Catholics reaffirming the Church’s position on birth control. The Church emphasized their claim of contraception being opposed the sanctity of marriage. The Church’s unbending stance on birth control created hostility and intensified anti-Catholic sentiment in America (Dolan 2003, 163).

As American culture’s acceptance of birth control broadened throughout the twentieth century, so did American Catholic’s usage of contraceptive techniques. By 1940, forty-three percent of American Catholic women were using contraception. American Catholic’s viewing of contraception as acceptable was even more common than their practice of contraception. As American society became more tolerant of birth control, American Catholics’ beliefs became increasingly incongruent with Church teachings. The approval of the birth control pill in 1960 marked a time of
major change in American Catholics’ relationship with contraception (Dolan 2003, 164, 249).

Within five years of the Pill’s approval, American women’s practice of contraception rose thirteen percent. The sharp increase in availability and acceptability of contraception motivated Pope John XXIII to appoint a Catholic commission to examine the issue of birth control. The commission issued their report in 1967, recommending that the Church no longer deem contraception intrinsically evil and permit married couples to practice contraception when necessary. By this time, Pope Paul VI had succeeded Pope John XIII. In 1968, the Pope issued an encyclical entitled *Humane Vitae*, which rejected the commission’s recommendations and upheld the Church’s teaching against all forms of contraception. The Pope’s successor, Pope John Paul II reaffirmed this position. (Dolan 2003, 249)

Pope Paul VI’s *Human Vitae* came as a disappointment to many American Catholics. The Catholic Church had recently undergone many changes as a result of the Second Vatican Counsel, which took place between 1962 and 1965. This council sought to situate the Catholic Church within the context of the modern world, while remaining true to ancient scripture and tradition. The council placed more emphasis on the individual person than had occurred in Church history. It also prepared the Catholic Church for more open dialogue with other denominations addressed specific issues of moral theology, emphasizing the importance of living
daily lives consistent with the Catholic faith. American Catholics expected that the Church’s teachings on contraception would change as well (Curran 1999, 15-18, 23).

American Catholics were “forced to choose between their church and their conscience” (Gillis 1999, 107). American Catholics’ consciences became informed by the American notion that contraception is a fundamental right more so than by the Catholic tradition that opposes contraception. American laity and clergy voiced dissent to the encyclical. A faction of American bishops argued that contraception is necessary, in some cases, to preserve the sanctity of marriage (Gillis 1999, 107). Despite the Roman Catholic Church’s consistently strong official opposition to contraception, by 1993, over eighty-five percent of American Catholics approved of the practice. The majority of American Catholics believe that reproductive decisions should be left to individuals. Most American Catholics now considered the previously forbidden practice of contraception to be acceptable. Catholics have declared Church teaching to be irrelevant and out-of-date in their modern American lives (Dolan 2003, 249-250; Gillis 1999, 196).

**Protestantism**

At the beginning of the twentieth century, Protestant denominations’ stances on abortion paralleled those of the Catholic Church. Protestant churches supported the limitations on the distribution of contraceptive information imposed by the Comstock law. As late as 1929, protestant ministers condemned bills that would allow married women to received contraceptives on demand as being opposed to
human families, against God and against American traditions. Protestants proudly upheld the position of American Catholic bishops regarding contraception. In 1930, the first divergence emerged between Protestant and Catholic positions on contraception. The Anglican bishops issued a statement allowing contraception for married couples in rare situations. The following year, a much greater divergence surfaced when the American Committee on Marriage and Home of the Federal Council of Churches of Christ, a conglomerate Protestant organization, officially endorsed contraception for married couples. However, Protestant churches did not unanimously endorse contraception. Opposition to contraception remained in the Evangelical Lutheran and Southern Baptist denominations. Ministers of these denominations voiced resentment over Sanger’s efforts to create conflict between Protestants and Catholics (Marshall & Donovan 1991, 131-141).

Protestants opposed to contraception argued that birth control is the result of atheism. They pointed to the examples Charles Bradlaw and Annie Besant, two atheists who were among the first birth control advocates in the 1870s, to defend this claim. In the 1940s, Sanger adopted new tactics for increasing Protestant support of contraception. She began to focus on medical arguments for birth control as the lifesaving for women. Protestant support of contraception continued to strengthen as evidenced by the Baptist Ministers’ Conference of Greater New York’s 1958 declaration refusal to provide contraception on the part of health care providers violated the American doctrine of separation of church and state. The following year influential American Evangelistic minister Billy Graham lauded
contraception as an answer to the problem of overpopulation. He also stated that any opposition to birth control should be a private, rather than political, matter (Marshall & Donovan 1991, 142-160).

By 1960, American Protestant churches had completed a reversal of their previously unanimous opposition to contraception. In February of 1961, America’s National Council of Churches formally approved the use of contraception for “responsible family planning.” The only members of the council not to endorse contraception were the Orthodox Catholic Churches. American Baptists deviated from the Protestant trend and continued to align itself with the Catholic Church’s absolute ban on contraception as verbalized at the 1960 American Baptist Convention. American Baptists also reversed their position in the coming decades. The Southern Baptist Convention’s 1981 Resolution of Family Planning opposed the distribution of contraceptives to minors, but not the practice of contraception by married adults. (Campbell 1960, 131-132; Dugan 1960, 76; Dugan 1961, 1,16; Southern Baptist Convention 1981).

Until the late 1960s, all American Protestant churches opposed abortion. However, the legalization of abortion in 1970 resulted in many Protestant Church’s changing their teaching on the issue. Between 1970 and 1971, the Presbyterian Church, the United Methodists, the Lutheran Church in America, the United Church of Christ, the Disciples of Christ, and the Southern Baptist Convention all adopted policies that deemed abortion to be an acceptable decision. The Southern Baptist Convention has since changed its stance on abortion and remains opposed
to the practice. The Episcopal Church underwent a similar process, supporting abortion in the 1970s and subsequently opposing abortion under all circumstances in the 1980s. The Evangelical Lutheran Church in America (a composite of the American Lutheran Church, the Lutheran Church in America, and the Association of Evangelical Lutheran Churches) only allows for abortions in cases of rape, incest, fetal disability, and threat to the mother’s life. Many liberal Protestant denominations hold the supremacy of women’s right to choose and actively support abortion. Others remain silent on the issue. (Robinson 2008; Sweeney 1999, 11). American Protestant churches have generally come to accept contraception as a fundamental right, but remain divided on the issue of abortion.

Islam

The Islamic community displays varied views on contraception. Polls have shown that Muslims remain unsure of official Islamic teaching on the practice. While some maintain that the Qur’an forbids attempts to control the number of births to a couple, others point to the Prophet Muhammad’s use of coitus interruptus as evidence of contraception’s acceptability. Some members of the Islamic community differentiate between permissible temporary forms of birth control and impermissible permanent forms of birth control e.g. sterilization. However, Muslims generally agree that the practice of abortion is acceptable. Many Muslims do argue for the acceptability of abortion when the mother’s life is in danger and in cases of rape and incest. Many Muslims also hold that abortion is
permissible within forty days of conception. Muslims have traditionally valued
large families and been reluctant to exercise birth control. The Muslim community
has not posed strong opposition to contraception or abortion in America (Haddar a&
Lummis 1987, 140-143; Fluehr-Lobban 1994, 139; Waugh, Abu-Laban, & Quereshi
1983, 115).

Judaism

The Jewish faith is deeply rooted in scripture, which contains only two
commands related to birth control. God commanded the Jewish people to procreate.
The second relevant command forbids “wasting seed.” This command rules male
contraception unacceptable. The Hassidic Jewish tradition encourages the strictest
obedience to Jewish law. This tradition does not forbid contraception but
encourages couples to consult their rabbi when making such decisions. As couples
decide whether or not to use contraception, the are called to reflect upon the reason
for contraception, the means of contraception, and the number and gender of
children that the couple already has. The strictest interpretation of Jewish law
only permits contraception for medical reasons because bearing children is of
fundamental importance (Magonet 1995, 202-203; Cohen & Haymen 1986, 194).

Jewish scripture does not specifically address the issue of abortion. The
Jewish teaching that most closely relates to abortion states that, if labor endangers
a woman’s life, the fetus may be cut up and extracted from the woman’s body
because the woman’s life takes precedence over the fetus’s life. Once the baby has
been born, you cannot harm it because it is then considered a human life. Abortion is not murder in Jewish law. However, it is only permissible when the health of the mother is at risk. Allowances are not made for the abortion of disabled children. (Greenberg 1998, 147-149)

*Religion’s Effect on Birth Control*

A 1988 study found that over half of American Catholics, Protestants, and Jews practiced contraception with no difference in rate of contraception among the three groups. However, the groups did vary in the contraceptive methods used. Catholics and Protestants showed much higher reliance on the birth control pill for contraception than did Jews. Protestants were most likely to undergo tubal ligation (sterilization). Finally, Jews displayed much higher usage of the vaginal diaphragm than Christians did. While, in 1973, Protestant Americans were much more likely than Catholic Americans to practice contraception, the 1988 findings revealed similar rates of contraception in both denominations. Additionally, contraception rates of Protestants, Catholics, and Jews mirror those of the American public as a whole (Althaus 1991, 288-290). The “right to contraception” has become so ingrained in the American psyche that religious teachings have negligible impact on Americans’ behaviors.
Motherhood’s Transformation into a Disease

The advent of the birth control pill marked the first time in human history that persons were prescribed a potent drug to prevent a natural occurrence e.g. pregnancy. It is the first medically endorsed drug introduced for a nontherapeutic purpose. Because physicians’ role is to prevent and treat disease, physicians’ provision of medicine to prevent pregnancy labels pregnancy as a disease process. Margaret Sanger enhanced America’s perception of pregnancy as a disease with her claim that pregnancy and childbirth were inherently detrimental to women’s health. She further asserted that all forms of birth control, including abortion, are safer than pregnancy and childbirth (Marshall & Donovan 1991, 181, 195).

This mode of thinking has had a lasting effect on American culture. In 1991, anthropologist and sociologist Karen Larson noted that pregnancy is considered “malignant” among professional women. A 1992 survey demonstrated the influence such thinking has had on American culture. Seventy-percent of the Americans pulled said that pregnant women are “acutely sick” and should “get well quickly.” The recent ability to detect genetic defects of fetuses has modified the view of pregnancy as a disease process. Parents are selectively aborting children with disabilities. Abortion is becoming a surgical correction for the disease that is disabled persons’ very lives (Harmon 2007; Kleiman 1991; Peterson 1992, 1).
Conclusion

The physicians of nineteenth century America did not attempt to help women avoid pregnancy. Inability to become pregnant was regarded as a medical malady appropriate for physicians to address. Pregnancy was not. Americans’ desire to control their fertility grew throughout the nineteenth century. During this century, Americans came to view children as a burden, and future competitors in the labor market, rather than persons with inherent value. In the twentieth century, Margaret Sanger enacted a carefully crafted campaign for contraception and abortion. Sanger mobilized a team of Americans to convince politicians, physicians, and religious leaders of the merits of birth control. She convinced Americans that contraception was fundamentally democratic.

Sanger succeeded in causing the American public to accept birth control as a social good and causing American doctors to accept pregnancy as malady that requires medical and surgical prevention or intervention. At first, American physicians labeled only the prevention or termination of pregnancies that endangered women’s lives as diseases. Soon, they extended this label to all pregnancies. The Roman Catholic Church is the only American church that does not accept contraception as a moral good. The vast majority of American churches also accept abortion. The majority of Americans practice contraception and support abortion, regardless of religious affiliation. The American judicial system has declared abortion to be a constitutionally protected right. Women have the right to protect their bodies against pregnancy via medicine and surgery. The majority of
Americans now view pregnancy to be an acute illness. American physicians use prescription drugs and surgical interventions to prevent and “cure” pregnancy. Motherhood has become a disease in America.
NOTES

1. The following is a timeline summary of the historical information outlines in this paper:

1800
Americans bore many more children than Western Europeans at a rate of 7.04 births to the average American woman.

1800s
Americans limit family size to 3 to 4 children via coitus interruptus, the vaginal diaphragm, rubber condoms, and periodic abstinence.
Americans moved away from their places of origin to seek employment in industrialized urban areas.
Romantic love became seen as the only justification for marriage.
Children become a financial burden.
American physicians not concerned with helping women to avoid pregnancy.

Early 1820s
Francis Place advocates birth control to limit the labor market.

1830s
Charles Knowlton sought a cheap, convenient, and harmless method of birth control.

1840s
Fredrick Hollick spoke to audiences across America about periodic abstinence.
Birth of modern rubber manufacturing resulted in cheap condoms.

1873
Comstock Act

1900
America's birthrate is cut in half to 3.56 births to the average American woman.

End of 1800s/Beginning of 1900s
Americans seek marital advice from physicians more frequently than clergy.
Emma Goldman included contraception in her national “free love” movement.

1911
Margaret Sanger begins speaking and lecturing about contraception.

1922
Sanger establishes a medical clinic.

1921-1929
Congress discusses Sanger's doctors-only bill.

1923
New York Obstetrical Society endorses contraception research.

1928
Sanger forms National Committee on the Federal Regulation for Birth Control.

1929
Protestant ministers oppose bills that would allow married women to receive contraceptive information.
1930s
Sanger focuses on the reproductive rights of minorities.
Researchers discover a reliable method of periodic abstinence.

1930
America falls into an economic depression.
Pope Paul XI’s *Casti Connubii*
Anglican bishops allow contraception for married couples in rare situations.

1931
National Committee on the Federal Regulation for Birth Control establishes a national headquarters in Washington, DC.
American Committee on Marriage and Home of the Federal Council of Churches of Christ endorse contraception.

1931-1934
Congressional hearings on contraception.

1936
American Medical Association releases its first report on contraception.

1938
Birth Control Federation of America forms a result of the union of the American Birth Control League and Sanger’s Clinical Research Bureau.

1939
Social Security Act

1940
Venereal Disease Control Act
Surgeon General declares that the Public Health Service can distribute contraception.

1940s
Sanger focuses on birth control as saving women’s lives.

1940
Eleanor Roosevelt publicly endorses contraception.
43% of American Catholics practice contraception.

1941
White House meeting regarding population problems.
White House luncheon for contraception advocates.

1942
Public Health Services approve contraception.

1950s
Research and development of the hormonal birth control pill
Beginning of a strong American effort for population control

1960s
Women are increasingly integral to the labor force.
Rapid growth of the welfare state
1960
Food and Drug Administration approves the birth control pill.
American Baptist Convention bans contraception.

1961
America’s National Council of Churches formally approved the use of contraception for “responsible family planning.”

1962-1965
Second Vatican Council

1963
Pope John XXIII established commission to examine birth control.

1964
Birth control becomes part of President Johnson’s war on poverty.

1965
*Griswold v. Connecticut*
13% rise in American women’s use of contraception since 1965.

1966
America’s birthrate is lower than it was in the 1930s.

1967
Social Security Amendments
Pope John XXIII’s commission issues its final report

1968
American achieves zero population growth.
Pope Paul VI’s *Humanae Vitae*

1969
Commission on Population and the American Future

1969-1974
*Baby boom* generation procreates and American’s grow fearful of population explosion.

End of 1960s
America’s youth grows concerned about overpopulation as an environmental issue.

1970
Family Planning Services and Population Research Act
Legalization of abortion.

1970-1971
The Presbyterian Church, the United Methodists, the Lutheran Church in America, the United Church of Christ, the Disciples of Christ, and the Southern Baptist Convention accept abortion.

1971
Last year America’s birthrate exceeded replacement level.
1972
Eisenstadt v. Baird

1973
Roe v. Wade
Doe v. Bolton

1975
Federal court rules that states cannot require father’s consent for abortions of parental consent for minors.

1976
Pro-life forces seek influence in presidential election.
Federal court rules that minors have the right to contraception without parental consent.
Court defines fetal viability at 12 weeks.
Court rules against requirement for physicians to save children after failed abortions

1977
Declaration of minors’ “right to decision” regarding contraception
Supreme Court declares refusal of Medicaid coverage for nontherapeutic abortions to be unconstitutional.
Supreme Court rules that states are not obligated to finance pregnancy-related expenses of the poor.

1979
Courts allow parental notification system for abortion if an alternative system is also in place.

1980s
Southern Baptist Convention and Episcopal Church reverse their positions on birth control.

1980
Supreme Court declares authority over abortion decisions.
Supreme Court rules the requirement of hospitalization for second trimester abortion and bans on the mailing of unsolicited advertisements for contraceptive to be unconstitutional.

1981
Southern Baptist Convention opposes the distribution of contraceptives to minors, but not the practice of contraception by married adults.

1989
Webster v. Reproductive Health Services

1992
70% of Americans say pregnant women are “acutely ill.”

1993
>85% of American Catholics approve of contraception.

2006
“Morning after pill” becomes available over-the-counter.
2007
Federal ban on partial birth abortion

2. The text of the Comstock Law of 1873:

An act for the Suppression of Trade in, and Circulation of, Obscene Literature and Articles of Immoral Use. Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled, That whoever, within the District of Columbia or any of the Territories of the United States, or other place within the exclusive jurisdiction of the United States, shall sell, or lend, or give away, or in any manner exhibit, or shall offer to sell, or to lend, or to give away, or in any manner to exhibit, or shall otherwise publish or offer to publish in any manner, or shall have in his possession, for any such purpose or purposes, any obscene book, pamphlet, paper, writing, advertisement, circular, print, picture, drawing or other representation, figure, or image on or of paper or other material, or any cast, instrument, or other article of an immoral nature, or any drug or medicine, or any article whatever, for the prevention of conception, or for causing unlawful abortion, or shall advertise the same for sale, or shall write or print, or cause to be written or printed, any card, circular, book, pamphlet, advertisement, or notice of any kind, stating when, where, how, or of whom, or by what means, any of the articles in this section hereinbefore mentioned, can be purchased or obtained, or shall manufacture, draw, or print, or in any wise make any of such articles, shall be deemed guilty of a misdemeanor, and, on conviction thereof in any court of the United States having criminal jurisdiction in the District of Columbia, or in any Territory or place within the exclusive jurisdiction of the United States, where such misdemeanor shall have been committed; and on conviction thereof, he shall be imprisoned at hard labor in the penitentiary for not less than six months nor more than five years for each offense, or fined not less than one hundred dollars nor more than two thousand dollars, with costs of court...Sec. 2. That section one hundred and forty-eight of the act to revise, consolidate, and amend the statutes relating to the Post-office Department, approved June eighth, eighteen hundred and seventy-two, be amended to read as follows: Sec. 148. That no obscene, lewd, or lascivious book, pamphlet, picture, paper, print, or other publication of an indecent character, or any article or thing designed or intended for the prevention of conception or procuring of abortion, nor any article or thing intended or adapted for any indecent or immoral use or nature, nor any written or printed card, circular, book, pamphlet, advertisement or notice of any kind giving information, directly or indirectly, where, or how, or of whom, or by what means either of the things before mentioned may be obtained or made, nor any letter upon the envelope of which, or postal-card upon which indecent or scurrilous epithets may be written or printed, shall be carried in the mail, and any person who shall knowingly deposit, or cause to be deposited, for mailing or delivery, any of the hereinbefore-mentioned articles or things, or any notice, or paper containing any advertisement relating to the aforesaid articles or things, and any person who, in pursuance of any plan or scheme for disposing of any of the hereinbefore-mentioned articles or things, shall take, or cause to be taken, from the mail any such letter or package, shall be deemed guilty of a misdemeanor, and, on conviction thereof, shall, for every offense, be fined not less than one hundred dollars nor more than five thousand dollars, or imprisoned at hard labor not less than one year or more than ten years, or both, in the discretion of the judge.” Sec. 3. That all persons are prohibited from importing into the United States, from any foreign country, any of the hereinbefore-mentioned articles or things, except the drugs hereinbefore-mentioned when imported in bulk, and not put up for any of the purposes before mentioned; and all such prohibited articles in the course of
importation shall be detained by the officer of customs, and proceedings taken against the same under section five of this act. Sec. 4. That whoever, being an officer, agent, or employee of the government of the United States, shall knowingly aid or abet any person engaged in any violation of this act, shall be deemed guilty or a misdemeanor, and, on conviction thereof, shall, for every offense, be punished as provided in section two of this act. Sec. 5. That any judge of any district or circuit court of the United States, within the proper district, before whom complaint in writing of any violation of this act shall be made, to the satisfaction of such judge, and founded on knowledge or belief, and, if upon belief, setting forth the grounds of such belief, and supported by oath or affirmation of the complainant, may issue, conformably to the Constitution, a warrant directed to the marshal, or any deputy marshal, in the proper district, directing him to search for, seize, and take possession of any such article on thing hereinbefore mentioned, and to make due and immediate return thereof, to the end that the same may be condemned and destroyed by proceedings, which shall be conducted in the same manner as other proceedings in case of municipal seizure, and with the same right of appeal or writ of error; Provided, That nothing in this section shall be construed as repealing the one hundred and forty-eighth section of the act of which this act is amendatory, or to affect any indictments heretofore found for offenses against the same, but the said indictments may be prosecuted to judgment as if this section had not been enacted (The Comstock Law of 1873 1997).

3. The first birth control pill was a drug named Enovid, or Norethyndrodel generically. The physiological effects of the Pill are as follows:

The effect upon the endometrium depends upon the stage of the cycle at which it is given. When given to normal women in doses of 10 mg. daily from the fifth day of the cycle, rapid secretory transformation is obtained, subnuclear vacuolation being evident by the fourth to the sixth day of treatment. By the eighth day there may be a midsecretory appearance of the glands. Stromal activity and edema begin early. With continuing treatment, however, the late secretory appearances of the glands do not occur. Instead, the glands become smaller, undergoing what is termed exhaustion atrophy. The stroma becomes edematous and the cells become pale and large, looking like decidua, hence the term pseudodecidua which has been applied to this appearance. Great thickening of the endometrium may occur and at menstruation this may be shed in the form of a uterine cast, indistinguishable from that sometimes seen in association with an ectopic pregnancy... Garcia, Pincus and Rock have demonstrated the ability of norethynodrel to inhibit ovulation when given from the fifth to the twenty-fifth day of the cycle. The results were based upon observation of basal body temperatures, vaginal smears, endometrial biopsies and pregnandiol excretion rates. Direct observation and discovery of the absence of corpora lutea were possible in a few cases in their study (Korn 1961, 584-585).

4. Zero Population Growth Inc. is a lobbying and educational organization that is still in existence today. The organization now goes by the title “Population Connection.” The organization’s statement on abortion and family planning is as follows:

It is a fact of today's world that unwanted pregnancies occur. Many of them are terminated by abortion. Where abortions are not legal, women seek illegal abortions, at great risk to their health and lives. Population Connection believes that every child should be a wanted child. Achieving this goal would prevent the suffering of families and the social problems that often follow the births of unwanted children. We therefore support laws and social practices that ensure access for all women to medically safe and affordable abortion services. Specifically: We endorse the U.S.
Supreme Court’s holding in Roe v. Wade and oppose attempts through legislation, litigation, or Constitutional amendment to weaken or overturn the ruling. U.S. population assistance under the Foreign Assistance Act should be available to fund abortion services in any country desiring such assistance in accordance with the laws of that country. Public programs such as Medicaid and federally-financed insurance plans underwriting obstetric services should be modified where necessary to ensure that all women, regardless of income, have access to medically safe abortion services. Any other legislative or administrative prohibitions at federal and state levels limiting access to abortion should be repealed. Hospitals that receive public funding should be required by federal law to meet the need for abortion in their areas. Population Connection by far prefers prevention of unwanted pregnancies to abortion. Thus we support research to improve contraceptive technology. We challenge those who oppose the availability of legal abortion to assist in these strategies for reducing the need for abortion. (People Connection Board of Directors 2008)

5. The First Amendment guarantees the freedom of worship, of speech, of the press, of assembly, and of petition to the government for redress of grievances…freedom from quartering soldiers in a house without the owner's consent is guaranteed by the Third Amendment. The Fourth Amendment protects people against unreasonable search and seizure, a safeguard only recently extended to the states. The Fifth Amendment provides that no person shall be held for "a capital or otherwise infamous crime" without indictment, be twice put in "jeopardy of life or limb" for the same offense, be compelled to testify against himself, or "be deprived of life, liberty, or property without due process of law." (Lagassé 2007, 11333)

6. The candidates of the 1976 Presidential election offered a variety of positions on abortion: President Ford (Republican), running for re-election, opposed abortion-on-demand but supported abortion in cases of rape or endangerment of the mother’s life. Ford supported a constitutional amendment that would give states power over abortion decisions over an amendment that prohibited abortion. As governor of California, Ronald Reagan (Republican) had opposed the liberalization of abortion laws. George Wallace (Republican) opposed abortion and supported a constitutional amendment to prohibit abortion. Sargent Schriver (Democrat) was a Roman Catholic who opposed abortion but did not support a Constitutional amendment to prohibit abortion. Former governor of Georgia Jimmy Carter (Democrat) expressed moral opposition to abortion and rejected the notion of a constitutional amendment to give states power over abortion decisions. He states that he might support a constitutional amendment that would limit the circumstances under which abortion could be performed. Political critics accused Carter of waffling on the abortion issue in an attempt to appease both sides. Pennsylvania governor Milton Shapp (Democrat) had vetoed a Pennsylvania bill that would have limited abortion rights. Senator Birch Bayh (Democrat) claimed personal opposition to abortion but did not support a constitutional amendment to prohibit abortion. Senator Henry M. Jackson (Democrat) took a similar stance. Representatives Morris Udall (Democrat) and Fred Harris (Democrat) supported Roe v. Wade and opposed any constitutional amendment. Eugene McCarthy (Democrat) also supported Roe v. Wade. Senator Robert Byrd (Democrat) supported a constitutional amendment to restrict abortion to cases of rape or endangerment of the mother's life. (Rubin 1987, 95-98)

7. “In a partial-birth abortion - also known among some in the medical community as dilation and extraction - the baby is partially delivered before its skull is pierced and its brain sucked out.” (Fagan 2003, A01)
8. *Humanae Vitae* on sex and contraception:

The question of human procreation, like every other question which touches human life, involves more than the limited aspects specific to such disciplines as biology, psychology, demography or sociology. It is the whole man and the whole mission to which he is called that must be considered: both its natural, earthly aspects and its supernatural, eternal aspects. And since in the attempt to justify artificial methods of birth control many appeal to the demands of married love or of responsible parenthood, these two important realities of married life must be accurately defined and analyzed. This is what We mean to do, with special reference to what the Second Vatican Council taught with the highest authority in its Pastoral Constitution on the Church in the World of Today.

God's Loving Design

8. Married love particularly reveals its true nature and nobility when we realize that it takes its origin from God, who "is love," (6) the Father "from whom every family in heaven and on earth is named." (7) Marriage, then, is far from being the effect of chance or the result of the blind evolution of natural forces. It is in reality the wise and provident institution of God the Creator, whose purpose was to effect in man His loving design. As a consequence, husband and wife, through that mutual gift of themselves, which is specific and exclusive to them alone, develop that union of two persons in which they perfect one another, cooperating with God in the generation and rearing of new lives.

The marriage of those who have been baptized is, in addition, invested with the dignity of a sacramental sign of grace, for it represents the union of Christ and His Church.

Married Love

9. In the light of these facts the characteristic features and exigencies of married love are clearly indicated, and it is of the highest importance to evaluate them exactly.

This love is above all fully human, a compound of sense and spirit. It is not, then, merely a question of natural instinct or emotional drive. It is also, and above all, an act of the free will, whose trust is such that it is meant not only to survive the joys and sorrows of daily life, but also to grow, so that husband and wife become in a way one heart and one soul, and together attain their human fulfillment.

It is a love which is total—that very special form of personal friendship in which husband and wife generously share everything, allowing no unreasonable exceptions and not thinking solely of their own convenience. Whoever really loves his partner loves not only for what he receives, but loves that partner for the partner's own sake, content to be able to enrich the other with the gift of himself.

Married love is also faithful and exclusive of all other, and this until death. This is how husband and wife understood it on the day on which, fully aware of what they were doing, they freely vowed themselves to one another in marriage. Though this fidelity of husband and wife sometimes presents difficulties, no one has the right to assert that it is impossible; it is, on the contrary, always honorable and meritorious. The example of countless married couples proves not only that fidelity is in accord with the nature of marriage, but also that it is the source of profound and enduring happiness.

Finally, this love is fecund. It is not confined wholly to the loving interchange of husband and wife; it also contrives to go beyond this to bring new life into being. "Marriage and conjugal love are by their nature ordained toward the procreation

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and education of children. Children are really the supreme gift of marriage and contribute in the highest degree to their parents’ welfare.” (8)

10. Married love, therefore, requires of husband and wife the full awareness of their obligations in the matter of responsible parenthood, which today, rightly enough, is much insisted upon, but which at the same time should be rightly understood. Thus, we do well to consider responsible parenthood in the light of its varied legitimate and interrelated aspects.

With regard to the biological processes, responsible parenthood means an awareness of, and respect for, their proper functions. In the procreative faculty the human mind discerns biological laws that apply to the human person. (9)

With regard to man’s innate drives and emotions, responsible parenthood means that man’s reason and will must exert control over them.

With regard to physical, economic, psychological and social conditions, responsible parenthood is exercised by those who prudently and generously decide to have more children, and by those who, for serious reasons and with due respect to moral precepts, decide not to have additional children for either a certain or an indefinite period of time.

Responsible parenthood, as we use the term here, has one further essential aspect of paramount importance. It concerns the objective moral order which was established by God, and of which a right conscience is the true interpreter. In a word, the exercise of responsible parenthood requires that husband and wife, keeping a right order of priorities, recognize their own duties toward God, themselves, their families and human society.

From this it follows that they are not free to act as they choose in the service of transmitting life, as if it were wholly up to them to decide what is the right course to follow. On the contrary, they are bound to ensure that what they do corresponds to the will of God the Creator. The very nature of marriage and its use makes His will clear, while the constant teaching of the Church spells it out. (10)

11. The sexual activity, in which husband and wife are intimately and chastely united with one another, through which human life is transmitted, is, as the recent Council recalled, “noble and worthy.” (11) It does not, moreover, cease to be legitimate even when, for reasons independent of their will, it is foreseen to be infertile. For its natural adaptation to the expression and strengthening of the union of husband and wife is not thereby suppressed. The fact is, as experience shows, that new life is not the result of each and every act of sexual intercourse. God has wisely ordered laws of nature and the incidence of fertility in such a way that successive births are already naturally spaced through the inherent operation of these laws. The Church, nevertheless, in urging men to the observance of the precepts of the natural law, which it interprets by its constant doctrine, teaches that each and every marital act must of necessity retain its intrinsic relationship to the procreation of human life. (12)

12. This particular doctrine, often expounded by the magisterium of the Church, is based on the inseparable connection, established by God, which man on his own initiative may not break, between the unitive significance and the procreative significance which are both inherent to the marriage act.

The reason is that the fundamental nature of the marriage act, while uniting husband and wife in the closest intimacy, also renders them capable of generating new life—and this as a result of laws written into the actual nature of man and of woman. And if each of these essential qualities, the unitive and the procreative, is preserved, the use of marriage fully retains its sense of true mutual love and its
ordination to the supreme responsibility of parenthood to which man is called. We believe that our contemporaries are particularly capable of seeing that this teaching is in harmony with human reason.

Faithfulness to God's Design
13. Men rightly observe that a conjugal act imposed on one's partner without regard to his or her condition or personal and reasonable wishes in the matter, is no true act of love, and therefore offends the moral order in its particular application to the intimate relationship of husband and wife. If they further reflect, they must also recognize that an act of mutual love which impairs the capacity to transmit life which God the Creator, through specific laws, has built into it, frustrates His design which constitutes the norm of marriage, and contradicts the will of the Author of life. Hence to use this divine gift while depriving it, even if only partially, of its meaning and purpose, is equally repugnant to the nature of man and of woman, and is consequently in opposition to the plan of God and His holy will. But to experience the gift of married love while respecting the laws of conception is to acknowledge that one is not the master of the sources of life but rather the minister of the design established by the Creator. Just as man does not have unlimited dominion over his body in general, so also, and with more particular reason, he has no such dominion over his specifically sexual faculties, for these are concerned by their very nature with the generation of life, of which God is the source. "Human life is sacred—all men must recognize that fact," Our predecessor Pope John XXIII recalled. "From its very inception it reveals the creating hand of God." (13)

Unlawful Birth Control Methods
14. Therefore We base Our words on the first principles of a human and Christian doctrine of marriage when We are obliged once more to declare that the direct interruption of the generative process already begun and, above all, all direct abortion, even for therapeutic reasons, are to be absolutely excluded as lawful means of regulating the number of children. (14) Equally to be condemned, as the magisterium of the Church has affirmed on many occasions, is direct sterilization, whether of the man or of the woman, whether permanent or temporary. (15) Similarly excluded is any action which either before, at the moment of, or after sexual intercourse, is specifically intended to prevent procreation—whether as an end or as a means. (16)

Neither is it valid to argue, as a justification for sexual intercourse which is deliberately contraceptive, that a lesser evil is to be preferred to a greater one, or that such intercourse would merge with procreative acts of past and future to form a single entity, and so be qualified by exactly the same moral goodness as these. Though it is true that sometimes it is lawful to tolerate a lesser moral evil in order to avoid a greater evil or in order to promote a greater good," it is never lawful, even for the gravest reasons, to do evil that good may come of it (18)—in other words, to intend directly something which of its very nature contradicts the moral order, and which must therefore be judged unworthy of man, even though the intention is to protect or promote the welfare of an individual, of a family or of society in general. Consequently, it is a serious error to think that a whole married life of otherwise normal relations can justify sexual intercourse which is deliberately contraceptive and so intrinsically wrong.

Lawful Therapeutic Means
15. On the other hand, the Church does not consider at all illicit the use of those therapeutic means necessary to cure bodily diseases, even if a foreseeable impediment to procreation should result there from—provided such impediment is not directly intended for any motive whatsoever. (19)

Recourse to Infertile Periods
16. Now as We noted earlier (no. 3), some people today raise the objection against this particular doctrine of the Church concerning the moral laws governing marriage, that human intelligence has both the right and responsibility to control those forces of irrational nature which come within its ambit and to direct them toward ends beneficial to man. Others ask on the same point whether it is not reasonable in so many cases to use artificial birth control if by so doing the harmony and peace of a family are better served and more suitable conditions are provided for the education of children already born. To this question We must give a clear reply. The Church is the first to praise and commend the application of human intelligence to an activity in which a rational creature such as man is so closely associated with his reality established by God. If therefore there are well-grounded reasons for spacing births, arising from the physical or psychological condition of husband or wife, or from external circumstances, the Church teaches that married people may then take advantage of the natural cycles immanent in the reproductive system and engage in marital intercourse only during those times that are infertile, thus controlling birth in a way which does not in the least offend the moral principles which We have just explained. (20)

Neither the Church nor her doctrine is inconsistent when she considers it lawful for married people to take advantage of the infertile period but condemns as always unlawful the use of means which directly prevent conception, even when the reasons given for the later practice may appear to be upright and serious. In reality, these two cases are completely different. In the former the married couple rightly use a faculty provided them by nature. In the latter they obstruct the natural development of the generative process. It cannot be denied that in each case the married couple, for acceptable reasons, are both perfectly clear in their intention to avoid children and wish to make sure that none will result. But it is equally true that it is exclusively in the former case that husband and wife are ready to abstain from intercourse during the fertile period as often as for reasonable motives the birth of another child is not desirable. And when the infertile period recurs, they use their married intimacy to express their mutual love and safeguard their fidelity toward one another. In doing this they certainly give proof of a true and authentic love.

Consequences of Artificial Methods

17. Responsible men can become more deeply convinced of the truth of the doctrine laid down by the Church on this issue if they reflect on the consequences of methods and plans for artificial birth control. Let them first consider how easily this course of action could open wide the way for marital infidelity and a general lowering of moral standards. Not much experience is needed to be fully aware of human weakness and to understand that human beings—and especially the young, who are so exposed to temptation—need incentives to keep the moral law, and it is an evil thing to make it easy for them to break that law. Another effect that gives cause for alarm is that a man who grows accustomed to the use of contraceptive methods may forget the reverence due to a woman, and, disregarding her physical and emotional equilibrium, reduce her to being a mere instrument for the satisfaction of his own desires, no longer considering her as his partner whom he should surround with care and affection.

Finally, careful consideration should be given to the danger of this power passing into the hands of those public authorities who care little for the precepts of the moral law. Who will blame a government which in its attempt to resolve the problems affecting an entire country resorts to the same measures as are regarded as lawful by married people in the solution of a particular family difficulty? Who will prevent public authorities from favoring those contraceptive methods which they consider
more effective? Should they regard this as necessary, they may even impose their use on everyone. It could well happen, therefore, that when people, either individually or in family or social life, experience the inherent difficulties of the divine law and are determined to avoid them, they may give into the hands of public authorities the power to intervene in the most personal and intimate responsibility of husband and wife.

Limits to Man’s Power

Consequently, unless we are willing that the responsibility of procreating life should be left to the arbitrary decision of men, we must accept that there are certain limits, beyond which it is wrong to go, to the power of man over his own body and its natural functions—limits, let it be said, which no one, whether as a private individual or as a public authority, can lawfully exceed. These limits are expressly imposed because of the reverence due to the whole human organism and its natural functions, in the light of the principles We stated earlier, and in accordance with a correct understanding of the “principle of totality” enunciated by Our predecessor Pope Pius XII. (21)

Concern of the Church

18. It is to be anticipated that perhaps not everyone will easily accept this particular teaching. There is too much clamorous outcry against the voice of the Church, and this is intensified by modern means of communication. But it comes as no surprise to the Church that she, no less than her divine Founder, is destined to be a "sign of contradiction." (22) She does not, because of this, evade the duty imposed on her of proclaiming humbly but firmly the entire moral law, both natural and evangelical. Since the Church did not make either of these laws, she cannot be their arbiter—only their guardian and interpreter. It could never be right for her to declare lawful what is in fact unlawful, since that, by its very nature, is always opposed to the true good of man.

In preserving intact the whole moral law of marriage, the Church is convinced that she is contributing to the creation of a truly human civilization. She urges man not to betray his personal responsibilities by putting all his faith in technical expedients. In this way she defends the dignity of husband and wife. This course of action shows that the Church, loyal to the example and teaching of the divine Savior, is sincere and unselfish in her regard for men whom she strives to help even now during this earthly pilgrimage "to share God's life as sons of the living God, the Father of all men." (23) (Paul VI 1968)
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