

laws limiting abortion to cases when it is morally or medically justifiable? Because such legislation is unworkable. On the one hand, it is humanly impossible to foresee all medical contingencies that would make abortion necessary for the sake of the woman's health. On the other hand, stipulating that all "necessary" abortions are permissible would create intolerable uncertainty and fear of legal repercussions. Any restrictive legislation will prevent some woman who really needs an abor-

tion from obtaining it, resulting in dire consequences. Moreover, when abortions are strictly limited, or entirely prohibited, some women will choose illegal abortions which are expensive or unsafe or both. Some women will die from unsafe abortions, and others will be permanently harmed, and this burden will fall most heavily on poor women.

Outlawing abortions will probably save some potential human lives; but it will certainly cost some actual human

lives. This is why abortions must remain legal: it is morally intolerable to risk women's lives. But that can only be the first step. The next must be to create a social, educational, and moral environment that will drastically reduce the number of abortions by providing adequate financial and child care support for women who keep their babies, by making adoption a more attractive alternative, by making birth control information and devices widely accessible, and by changing the moral climate. □

The Moral Vision of the Pro-choice Movement: A Response to Ruth Anna Putnam

Carole Joffe

Larry Letich and Ruth Anna Putnam have each argued, in different ways, for the importance of bringing moral considerations into the abortion debate. If recent polls are correct, most Americans seem to share this concern as well; a majority of people apparently want *Roe v. Wade* upheld, but are troubled by the moral issues that abortion presents. I agree that the pro-choice movement should shift from a focus on "rights" to a broader discussion that includes an explicit moral dimension. However, shaping this discourse requires the avoidance of twin dangers. One is advocating an extreme form of moral relativism that leaves the moral high ground to the opposition. The other is the kind of moral absolutism, represented by Putnam's essay, that is inadequate to the complexities presented by abortion.

Putnam basically defines as "immoral" those abortions with which she does not agree, that is, all those abortions which are not caused by rape or do not pose a threat to the health of the mother. (Although she

expresses "compassion" for parents of fetuses with genetic abnormalities, it is not clear that she considers abortions in such cases to be "moral" either.) By challenging those abortions that are done "simply" because the pregnancy is unwanted, Putnam dismisses as "morally indefensible" the choices made by a majority of the fifteen million abortion recipients since *Roe*. This judgment indicates extraordinarily little faith in the moral reasoning of millions of women. As one who has spent considerable time doing research in abortion facilities, I have found that most women come to the morally complex abortion decision after considerable reflection. Putnam's position is not useful because it is moralistic—what she does not like, she defines as "immoral."

A more fruitful route to an abortion morality which, unlike Putnam's, is rooted in context, comes from the experience of those who provide abortion services. The counselors, nurses, and physicians who work in abortion facilities are those, it must be recalled, who are charged with *acting* in this contested terrain that the rest of us argue about. Their unique position in the abortion debate gives them a particular, multifaceted moral stance on abortion. On the one hand, their interactions with their clients on a daily basis confirm for them the moral necessity

to make safe, legal abortions available to all women; indeed, clinic workers feel that one of the key immoral aspects of the present abortion situation is that abortion is differentially available to women based on ability to pay. On the other hand, abortion providers don't "like" abortion. For this group, as with many others, abortion raises complicated questions about when life begins; as with the rest of us, how individual abortion providers answer these questions has much to do with personal background and religious and philosophical orientation. Not surprisingly, this group, like others, is more comfortable with earlier abortions than with later ones. (Though, it must be stressed, abortion providers firmly believe that the small fraction of women who need late abortions must be able to obtain them.)

But unlike the rest of us, whose views of abortion typically remain at an abstract level, this group is more attuned to the moral dimension of the human activity surrounding the circumstances of an abortion. Thus, abortion providers are particularly troubled by "repeaters," that fraction of abortion recipients who present themselves for their second, third, and in some cases, fourth abortions. Whether "repeaters" or not, those abortion recipients who are sexually active but who show no

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interest in using birth control are deemed by many providers to be acting "immorally."

From the responses of those who deal with abortion on a daily basis, we can see the outline of a pro-choice moral discourse. First, it is important to reaffirm that abortion is inseparable from the issue of sexual responsibility—abortion should not be used as a sole means of birth control. Moreover, earlier abortions are preferable to later ones, and fewer abortions are better than more abortions. Hence, an appropriate goal of the pro-choice movement is to reduce the need for abortions.

None of these three points are particularly new; they have been part of the sensibility of abortion providers for years. This neglected fact indicates that moral questioning has long gone on in pro-choice circles. Even more important, these points make evident the hypocritical—some would say "immoral"—role of the anti-abortion movement itself in creating more unwanted pregnancies and later abortions. For the actualization of these points depends on action at both the individual and the social level. Individuals, male and female, who choose to be sexually active but wish to avoid pregnancy must practice some form of birth control. Similarly, those who suspect they are pregnant must ascertain their condition promptly, so an early abortion can be obtained. At present, over 90 percent of abortions are in the first trimester of pregnancy, but the percentage could be even higher, especially if teenagers were educated about the importance of early detection. (At the same time, however, anti-abortionists' continual attacks on confidentiality policies at abortion clinics assure that some teenagers will delay obtaining an abortion as long as possible.)

Society's role in implementing these three objectives is quite obvious. First and foremost, it's time for this society to take birth control seriously. This means assuring the availability of confidential and free services to teenagers. It also requires increased governmental funding for contraceptive research (which is now nearly nonexistent and is particularly important in light of a recent study by the Alan Guttmacher Institute that reveals

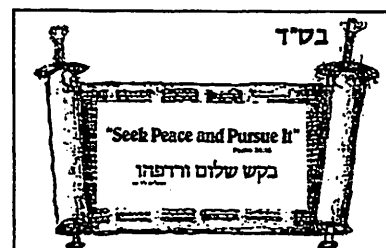
current contraceptive methods to be considerably less effective than once thought). Most crucial, though, those who perceive themselves in the middle of the abortion debate must be willing to stand up to "pro-lifers," in government and out, who oppose *both* abortion and contraception—and, until now, have paid astonishingly little political price for such hypocrisy.

Similarly there has to be a massive effort around sex education within schools and other social institutions, particularly in the media. Real sex education incorporates contraceptive and reproductive information and includes discussions of sexual responsibility and sexual dignity (for example, the inappropriateness of coercion) among young people of both genders. Again, this will happen only if those in the middle stand up to sexual conservatives who have thus far successfully intimidated those who would offer such comprehensive sex education.

Of course there should be financial and child-care aid to those who would continue their pregnancies if they could afford to support a family. Here, again, anti-abortion politicians and spokespeople must be called to account for their consistent opposition to social welfare programs. Similarly, support measures to make adoption more feasible, such as economic supplements for low-income families, are desirable.

However, I am extremely wary of the emergent use of adoption as a mantra by those who fantasize it as a quick fix for the abortion problem. Although adoption can be a wonderful solution for some, adoption as the "answer" to abortion raises issues of coercive child-bearing, a point made by Ruth Rosen in the last issue of *Tikkun*. Furthermore, only a tiny portion of those single women experiencing unwanted births give their babies up for adoption—a point increasingly acknowledged by many anti-abortion groups.

In contrast to the anti-abortionists' certainties about "abortion as murder," a pro-choice moral discourse on abortion, involving as it does individual and social considerations, will always be more complex and certainly more difficult to market on a bumper sticker than "pro-life" slogans. But it is precisely our inability to confine the discussion of abortion morality to the single issue



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of abortion itself that is ultimately one of the movement's greatest strengths. Organizations such as Planned Parenthood, the National Organization for Women (NOW), and the Center for Population Options have long argued that the best way to reduce abortion is by preventing unwanted pregnancies—a goal that requires the kind of comprehensive strategies described above.

But the agenda of pro-choice organizations goes far beyond the goal of reducing abortions and unwanted pregnancies. It also includes advocacy for policies that help women who want to have children, but who encounter various difficulties. Therefore, the pro-choice worldview requires combating sterilization abuse and supporting research on infertility, particularly among low-income women, who suffer from higher rates of infertility than other women. These goals should remind us of what it is so easy to forget in this critical post-*Webster* period: the effort to keep abortion legal is only one aspect of a broader struggle for genuine reproductive freedom. □