



Secretariat of Pro-Life Activities

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Dear Representative:

In recent weeks the United States Conference of Catholic Bishops has written to Congress about the current appropriations process, expressing our conviction that needed reductions in federal spending should not be made to the detriment of the poor and vulnerable who are most in need of society's help (see February 14 and March 4 letters at www.usccb.org/sdwp/national/).

As Chairman of the U.S. bishops' Committee for Pro-Life Activities, I commend these letters to your attention again. In that broader context, I want to comment further on decisions Congress must make about respect for human life at its earliest and most defenseless stage.

The final Continuing Resolution for Fiscal Year 2011 (H.R. 1473) will restore the longstanding ban on use of congressionally appropriated funds for elective abortions in the District of Columbia. This is very welcome and long overdue. Nowhere else does any annual appropriations bill allow appropriated funds to be used for such abortions.

At the same time, H.R. 1473 does not include several pro-life policies we support that had been part of the original House proposal, H.R. 1. The final bill does not restore the Mexico City Policy, to prevent foreign aid funds from supporting organizations that perform and promote abortion as a method of family planning. It allows \$40 million in aid for the U.N. Population Fund, despite that organization's support for a program of coerced abortion in China. And it does not deny federal funding to the Planned Parenthood Federation of America and its affiliates.

Congress will have an opportunity to address this final issue by voting for H. Con. Res. 36, sponsored by Reps. Diane Black (R-TN) and Martha Roby (R-AL). If approved by House and Senate, this resolution will make an "enrollment correction" in H.R. 1473 so the final bill submitted to the President will include the ban on funding Planned Parenthood.

On this matter I make my own the words of Bishop Stephen Blaire, Chairman of the bishops' Committee on Domestic Justice and Human Development, when he wrote to the Senate on March 4: "I hope funds now provided to organizations that perform abortions, and to programs that promote contraceptives to unmarried minors, will be redirected to meeting the basic needs of the poor." Please let me offer some additional observations relevant to H. Con. Res. 36.

First, it is indisputable that Planned Parenthood Federation of America is **by far the largest provider and promoter of abortions nationwide**, performing about a third of all abortions (332,278 abortions in Fiscal Year 2008-9). Abortions also account for **over a third** of Planned Parenthood's income. The organization has **aborted over 5 million unborn children** since 1970.

Second, the organization's involvement in abortion (now including chemical abortions using RU-486) has **substantially increased** in recent years, and its provision of other services such as prenatal care and adoption referrals has declined markedly. Now the national organization **insists that all affiliates provide abortions** by 2013, a mandatory policy that has led at least one affiliate to leave the organization.

Third, the organization has led numerous legislative campaigns and litigation strategies to **oppose any meaningful limits on abortion**, including modest measures such as public funding bans, informed consent provisions, and parental notice requirements for abortions on unemancipated minors. One of Planned Parenthood's legislative priorities is to **oppose conscience clauses** (which it calls "refusal clauses"), so that hospitals, physicians and nurses will not be allowed to serve the health care needs of women without taking part in abortion. In Planned Parenthood's view, health care providers who object to abortion not only should not receive federal funds, but should not be allowed any role in the health care system at all.

Fourth, some have sought to divert this discussion away from abortion, to claim that this debate is about women's **access to basic health care**. The fact is that Catholic and other religiously affiliated providers (whose existence offends Planned Parenthood) generally do provide mammograms, comprehensive prenatal care, and maternity care as well as other life-affirming medical care for women, while Planned Parenthood does not. **To the extent that Planned Parenthood does provide any legitimate health services for women, however, those services can be provided by others**, since H. Con. Res. 36 does not reduce funding for services by one cent. Therefore the question at issue here is: **When low-income women need these legitimate health care services, should the federal government insist that they receive them from the local abortion provider?** Here it is worth noting that low-income women generally oppose abortion more than other Americans, therefore more deeply oppose being told that an abortion clinic is a "good enough" place for them to receive their health care.

The current and future budget debate will involve hard choices and much shared sacrifice. Congress will have to make decisions whether to cut programs that everyone agrees are beneficial, because of a consensus that the federal budget can no longer sustain the current level of spending. Whether to fund the largest abortion network in the country is not one of those hard choices. Please vote for H. Con. Res. 36.

Sincerely,



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United States Conference of Catholic Bishops