

THE NEWSJOURNAL OF CATHOLIC OPINION

# CONSCIENCE

VOL. XXXV—NO. 1 2014

## **A Morality Tale**

**Catholic Healthcare Offers  
More Dogma than Science  
for Kenyan Women**

JOKE VAN KAMPEN

## **Failing the Test**

**How Tanzanian Schools  
Deny Pregnant Students  
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ALISHA BJERREGAARD

## **The Untold Story of Africa's Secular Tradition**

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## **Religion, Custom and Colonialism**

**West Africa's Obstacles to  
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CODOU BOP

## **ALSO:**

Reviews by Ruth Riddick,  
Tom Kam, Denise Shannon  
and Regina Bannan

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# Africa Calling



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— Henry Wheeler Shaw

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— St. Thomas Aquinas

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— St. Augustine

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— Mary A. Ward

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# CONSCIENCE

THE NEWSJOURNAL OF CATHOLIC OPINION

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Catholics for Choice shapes and advances sexual and reproductive ethics that are based on justice, reflect a commitment to women's well-being and respect and affirm the capacity of women and men to make moral decisions about their lives.

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**T**HE CONTINUED ECONOMIC AND INFRASTRUCTURAL DEVELOPMENTS in Africa have generated both awe and concern in equal measure. There is much to praise: increased life expectancy and health outcomes; increased wealth and a burgeoning middle class; significant reductions in poverty; an increase in democratization; massive increases in the provision of hi-tech services; as well as smart use of the wealth generated by the high commodity prices for the incredible natural resources on the continent. Half the population is under the age of 25, so improved access to education will surely mean that the potential to continue this growth is huge.

Yet too often we only hear about the bad news: troublesome hotspots, corruption, exploitation and many other challenges.

In this issue of *Conscience*, we decided to find out for ourselves what the real story is in relation to reproductive health: what challenges exist, what potential there is. Naturally, the story we uncovered was mixed, with some dreadful stories interspersed by successes and many glimmers of hope.

For our lead story, Joke van Kampen traveled to Kenya to find out what impact the Catholic hierarchy has on the provision of healthcare there. We also hear from Alisha Bjerregaard, who reports on a harrowing story of prejudice against pregnant schoolgirls in Tanzania, and Leo Igwe, who provides a fascinating account about the interplay between secularism and some of the many religious traditions on the continent.

We include three stories about abortion. Codou Bop examines the relationship between abortion access in West Africa and Islamization, which dates back to the 11th century. Chantal Umuhiza reports from Rwanda, where having an abortion can land you in prison. On a brighter note, we worked with colleagues from Ipas to examine the abortion laws that exist on the continent. There are many which, on paper, offer access to abortion in various circumstances. However, it's clear that policymakers, politicians and advocates must step forward to ensure that the law is followed and that women have the information and access to services that they need.

At Catholics for Choice, we place a great value on listening to people's own voices, rather than those who claim to speak for them. For this issue, "Africa Calling," we were fortunate to be able to call on so many of our African friends who helped us to put this issue together, choose the topics to investigate and write the articles. Special thanks go to Eunice Brookman-Amissah, vice president of Africa for Ipas; Cheryl Francisconi, formerly director of the Institute for International Education's sub-Saharan Africa office in Addis Ababa; Jackson Chekweko of Reproductive Health Uganda; Sahlu Haile, regional adviser for the Packard Foundation in sub-Saharan Africa; and Dr. Callie Odula-Obonyo, an OB/GYN in Nairobi who is the senior medical officer at the University of Nairobi Health Services.



DAVID J. NOLAN

Editor



*“Western healthcare, including reproductive healthcare, came to Kenya with the missionaries. It was informed by the moral teachings of the hierarchy on sex, marriage and family. These concepts were developed over centuries in a Western context that was completely alien to African realities. And they were imposed with force.”*

—JOKE VAN KAMPEN, p16

Conscience offers in-depth, cutting-edge coverage of vital contemporary issues, including reproductive rights, sexuality and gender, feminism, the religious right, church and state issues and US politics. Our readership includes national and international opinion leaders and policymakers, members of the press and leaders in the fields of theology, ethics and women's studies.

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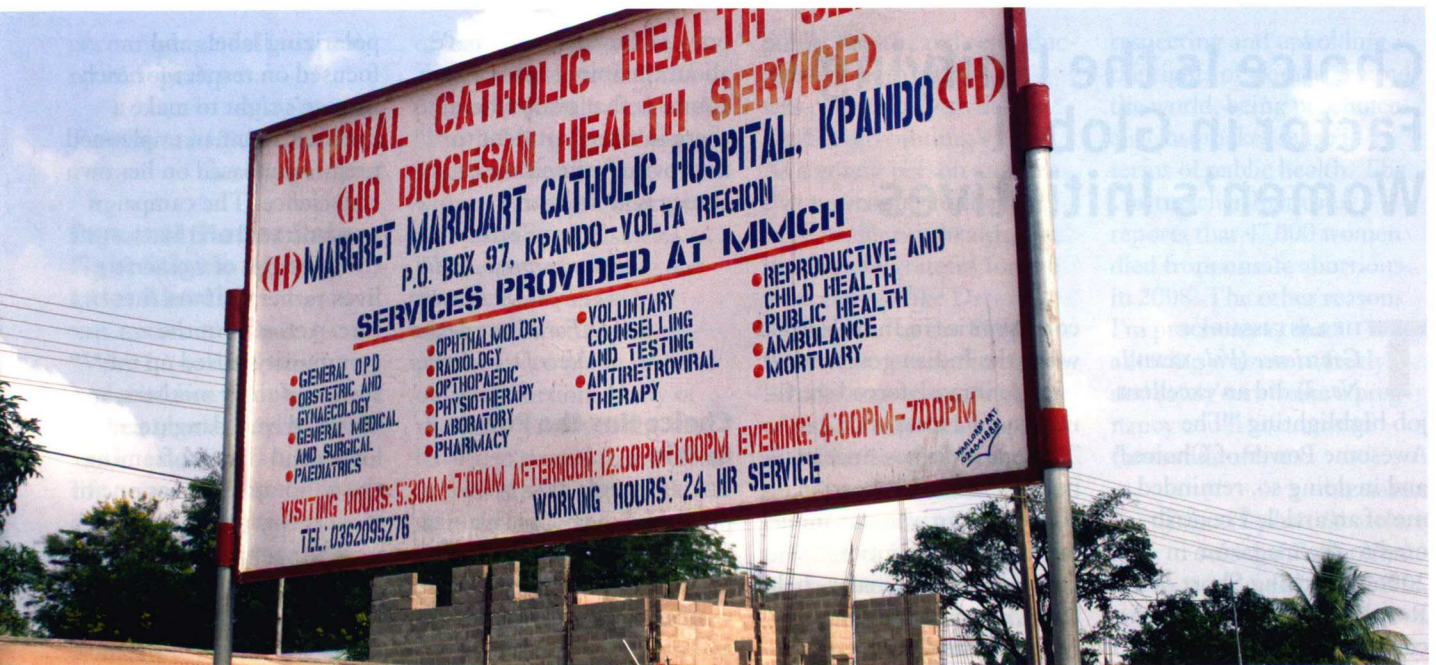
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COVER: © ISSOUF SANOGO/AFP/GETTY IMAGES.

ABOVE: A SIGN ADVERTISING THE HEALTH SERVICES PROVIDED BY THE MARGRET MARQUART CATHOLIC HOSPITAL IN KPANDO, GHANA.

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# Choice Is the Unifying Factor in Global Women's Initiatives

**T**HE LAST ISSUE OF *Conscience* (Vol. XXXIV, No. 3) did an excellent job highlighting "The Awesome Power of Choice," and in doing so, reminded me of an article I contributed to the magazine in 2006. "Nothing Short of a Revolution" pointed out the continued US ambivalence about the word "feminist," even while women in areas of the Global South were leading their own feminist movements tailored to local struggles against imperialism. My view has always been that no women's group anywhere has a perfect and universal answer to what every woman needs, which is why, in my former position with the Global Fund for Women, we empowered local groups to solve their own problems. In Serbia and Montenegro this included the prevention of sex trafficking, while in Lebanon, it meant encouraging economic independence by providing job training.

Still, there are certain basic freedoms that are the keys to all other opportunities for women, which can be called the 3 C's: courage, contraception and choice. The power of choice is never more evident than in its absence, as

*Letters may be edited for clarity and length.*

communities in India learned when the Indian government tried to impose forced sterilization on a mass scale. Though India has since made improvements in abortion access, Indian women's unmet need for contraception continues to be a major challenge, as government programs neglect the many sexually active girls and women, both married and unmarried, who would benefit from improved access to sex education and reproductive healthcare. In my current role with the Ford Foundation's Delhi office, I see first-hand how vital it is to support local Indian civil society organizations and programs addressing the gender-related stigma that shapes health outcomes while affirming individual autonomy. For instance, developing leadership skills among young people, particularly among adolescent girls, helps them advocate with their families to stay in school, delay marriage and become more knowledgeable about their own bodies, reproductive health and rights.

No matter the distinctions and tensions among groups working for women's welfare, the overarching women's movement is strong enough to hold them all. While we are all learning from each other, the most

powerful evidence we have about the importance of choice is that everywhere there is a commitment to improving women's lives, choice is at its heart.

KAVITA N. RAMDAS  
*Representative, India,  
Nepal, Sri Lanka  
The Ford Foundation  
New Delhi, India*

## Choice Has the Power to Win

THE PERSONAL ESSAYS published in the last issue of *Conscience* capture the moral arguments and sources of motivation for the providers and activists who shared their commitment to choice. The publication of these deeply inspiring stories is timely.

Reproductive rights and justice advocates have been on the defensive for many years. We have lost ground in the majority of US states. Clinics have closed due to onerous state restrictions, leaving few options for many women with unwanted pregnancies, especially those needing later abortions. In addition to legislative barriers, stigma and shame have been heaped on women who seek abortions, silencing them and marginalizing those who provide their care.

However, as we learned from the recent successful campaign in Albuquerque to stop a ban on abortions after 20 weeks, if we engage the public in authentic conversations that reflect our values of human rights and justice, we can prevail. Messages used in the Albuquerque campaign moved away from

polarizing labels and focused on respect for each woman's right to make a decision about an unplanned pregnancy based on her own conscience. The campaign concentrated on the complexities of women's lives rather than on rhetoric. Activists in the community raised up the stories of their mothers, sisters, wives, daughters, lovers and friends, framing the ballot question as one of respect for families and women's personal decision-making. Although initial polls were discouraging and reflected the national discomfort with later abortion, these conversations built on the values of conscience, respect and justice won the campaign.

The film *After Tiller* is another example of how the depiction of real people in real situations can sway opinions. The movie is playing to sold-out crowds across the country, providing an opportunity to change the conversations we are having about abortion in general and later abortion specifically. The prochoice essays, the Albuquerque campaign and *After Tiller* highlight the important role played by sharing stories in ways that reflect our moral core and our lives in all their complexity. Personal experiences can be powerful tools for building empathy and support for women with wanted and unwanted pregnancies, as well as support for the clinicians and activists who make safe abortion care a reality. Thank you, Catholics for Choice, for



encouraging us all to speak up and speak out.

SUSAN YANOW

*Reproductive Health Consultant  
Cambridge, Mass.*

## Personal Stories Help Fight Stigma against Later Abortion

THE ESSAYS INCLUDED IN “Why I Am Prochoice” explained how people came to their prochoice positions, and I couldn’t help but identify personally with different aspects of the essays. As varied as those voices and experiences are, so too are the voices and experiences of women who choose abortion later in pregnancy.

As the editor of *Our Heart-breaking Choices: Forty-Six Women Share Their Stories of Interrupting a Much-Wanted Pregnancy*, and the moderator for over 10 years of an online support board for women who terminate pregnancies for medical reasons, I have spoken with countless women who chose to have a later abortion. Although some instinctively turn inward and isolate themselves following such a traumatic loss, others find great comfort in being able to openly share their story and realize that they are not alone. Having a safe, judgment-free place for families to share their most personal and private thoughts and feelings, no matter how controversial or misunderstood by society, can be cathartic.

In addition to aiding in emotional healing, sharing stories is an effective way to fight back against attacks on reproductive freedom. In response to the recent spate

of legislative attacks on abortion at set gestational points, I recently created the “1 in 10” blog (1in10blog.wordpress.com) where women can share their post-12-week abortion stories. The hope is that using our own voices to share our experiences will open people’s eyes to the realities of later abortion. Many of the contributors to the blog have also shared their stories in person with their local, state and federal legislators in the belief that there is no more powerful tool to chip away at the stigma often associated with abortion. Thank you for sharing so many fascinating narratives in your latest issue.

CHRISTIE BROOKS  
*Stafford County, Va.*

## Choice Makes Good Sense for Women and Public Health

I ENJOYED READING THE “Why I Am Prochoice” essays in your last issue; as a graduate student studying

public health, and reproductive health in particular, I was particularly struck by Dr. Steven Sinding’s essay. As a young person and relative newcomer to the field of reproductive health, I’m immensely grateful for the work people like Dr. Sinding did at the 1994 Cairo Conference to establish the reproductive rights of individuals and couples. The idea that women and men have a fundamental right to decide whether and/or when to have children has been a cornerstone of my reproductive health education and practice.

In all of the essays you published, I couldn’t help but notice the underlying respect for women all the essayists demonstrated. This idea that women have value and rights—whether or not they ever choose to become mothers—has been a formative one for me, both personally and professionally, and is one reason why I, too, am prochoice. In addition to

respecting and upholding the rights of women around the world, being prochoice also just makes sense in terms of public health. The Guttmacher Institute reports that 47,000 women died from unsafe abortions in 2008. The other reason I’m prochoice is that allowing women to freely and safely terminate a pregnancy could save tens of thousands of lives.

LIZ BAYER

*Johns Hopkins Bloomberg  
School of Public Health  
Baltimore, Md.*

## I Am a Product of the Awesome Power of Choice

THE ESSAYS IN “WHY I AM Prochoice” resonated strongly with me. They reminded me how access to a full range of reproductive health services has helped make me the healthy, successful woman that I am today.

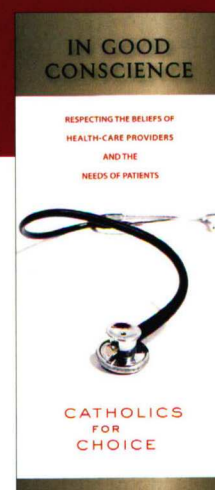
I was able to avoid pregnancy throughout my

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teenage years because of access to confidential, youth-friendly contraceptive services from the Planned Parenthood affiliate in the San Francisco Bay Area. My first year of college, I got pregnant by accident. Like many women and girls, I decided that I was not ready to start my family. Fortunately, I was able to safely terminate the pregnancy and continue my education without worrying about providing for a child. As a student without income, I was thankful that Medi-Cal, California's public health insurance program, could pay for the abortion.

Three years later I graduated from college with honors and went on to earn a Master's Degree from Columbia University. A successful career in international development led me to Population Action International. Four years into our marriage and well established in my career, my partner and I decided to start a family. Now we have two amazing children that I have the time, energy and resources to care for.

I have learned to appreciate that my personal and professional lives are deeply connected, particularly when it comes to reproductive health matters. The highlight was being eight months pregnant while giving a presentation on funding levels for international family planning at the 2010 Women Deliver conference. You can imagine the jokes about "delivering at Women Deliver"!

I wound up an advocate for reproductive health and rights

by chance. But I am a product of the right to choose.

SUZANNA DENNIS

*Population Action International  
Washington, DC*

### **Courage and Community Evident in Prochoice Essays**

READING THROUGH THE many powerful and varied perspectives on reproductive choice in this latest issue of *Conscience* reminded me of how intensely personal this issue is for those of us who dedicate so much of our lives to the movement for reproductive rights and justice. I was moved by the deep impact that choosing to be a part of this movement has had on so many of us from different generations and cultures.

Every day I see the oppressive effects of policies that take a one-sided political, social or religious stance. The medical students I work with routinely face negative consequences for their abortion activism. Witnessing their acts of courage is inspiring, and hearing the many different ways that others have bravely pursued their own paths has renewed my spirit for the work ahead.

Having chosen to dedicate my career to the pursuit of reproductive health equity, I, like many of the essayists, have felt isolated at times. Thank you for reminding all of us that we are a strong community, held together by persistence and daily acts of valor. The change that this reproductive rights community has nurtured already has had a

substantial positive impact on millions worldwide. It means a lot to know how many wonderful people are working to make our dream of universal reproductive choice a reality.

LOIS V. BACKUS, MPH

*Executive Director  
Medical Students for Choice  
Philadelphia, Penn.*

### **Pope Francis and the Inquisition in Catholic Higher Education**

YOUR ARTICLE, "POPE'S World Youth Day Message, Different in Tone, Not Substance," (*Vol. XXXIV, No. 3*) has it right about the pope. If Pope Francis were committed to a change in substance, he might start by addressing how the Vatican has silenced academic researchers in order to inhibit debate about reforms regarding abortion or same-sex marriage proposed in Argentina and beyond. Many researchers in Argentina have not dared to go public on these issues for fear of reprisals.

In other parts of Latin America, academics had no choice but to go public. For example, Professor Deborah Diniz brought a case against Brasilia's Catholic University for her unlawful dismissal after presenting her research on abortion ethics and policy. Unfortunately, the case was dismissed on procedural grounds. Professor Diniz, who now teaches at the University of Brasilia, has been designated a persecuted scientist by the Science and Human Rights Program of the American Association for the Advancement of Science.

A task ahead for Pope Francis, a Jesuit, is to take steps, such as acknowledging the denial of Professor Diniz's academic freedom, to ensure that the Vatican supports and facilitates traditions of academic inquiry. Without such liberties, no civilization is free of its inquisitional tendencies.

REBECCA COOK

*Professor Emerita, Faculty of  
Law, University of Toronto  
Toronto, Canada*

### **American Diversity Includes the Right to Believe and the Right Not to Believe**

I WAS STRUCK BY THE REVIEW of Andrew Koppelman's *Defending American Religious Neutrality* (*Vol. XXXIV, No. 3*) because it reminded me of the prejudice I experienced firsthand during the presidential campaign of John F. Kennedy. In the summer of 1960, I was a 12-year-old living in Sikeston, Mo., a small town in the boot-heel of Missouri with a well-earned reputation as being more socially compatible with Mississippi than Missouri. I still distinctly remember sitting in a barber chair and listening with horror to Southern Baptists berating the "papist" John Kennedy and his church. That experience has defined my appreciation of the separation of church and state enshrined in our Constitution.

The simple truth is that democracy, for all its rough-and-tumble nature, is a delicate dance that has been critical to our development as a nation. America has demonstrated the ability to tolerate



the millions who have come to our shores from a kaleidoscope of cultures, societies and other diverse backgrounds. Our country has woven together previously unimagined possibilities and strengths, but the whole cloth can be damaged by tearing out certain threads because new patterns are seen as threatening. I never wish any other child to experience the sense of isolation experienced in 1960 by this young Catholic while listening to the fear some felt at the prospect of a Catholic president.

Our doctrines and dogma are critically important to who we are. As Americans, we must equally value the precious right of others to not accept those doctrines. Otherwise the entire system collapses under the fierce internal pressures of dogmatic dispute.

ROBERT HASLAG  
Centertown, Mo.

### Mean Spirit Unites Attacks on Reproductive Rights

THE CATHOLIC HIERARCHY'S entrenched position against abortion is well-known, but others are getting in on the antichoice act. The Pennsylvania General Assembly is so opposed to abortion that it is not possible for a woman using the new Federal Health Exchange to buy a policy that includes coverage for abortion—even with her own money. A mean spirit is at work in preventing women from obtaining insurance coverage for the unknowable, such as an unexpected medical emergency that disrupts a pregnancy.

Last fall, more than 100 professors at the renowned Loyola Marymount University—run by Pope Francis' order, the Jesuits—successfully petitioned the board of directors to offer abortion coverage in the school's health insurance plan. It was more than the conservatives could tolerate and the board relented. Nonetheless, the faculty of a Catholic university was brave enough to stand up for the right to comprehensive insurance coverage. But Matt Baker, the chairman of the House Health Committee and a Baptist, has petitioned the Pennsyl-

vania General Assembly to stand for something other than women's reproductive health needs.

REV. ROGER BUCHANAN  
Pennsylvania Religious  
Coalition for Reproductive Justice  
Gwynedd, Penn.

### Congress Needs a Lesson on the Power of Choice

I SHARE YOUR ORGANIZATION'S belief that abortion should be safe, legal and truly accessible, but first and foremost, a woman's choice. In particular, the House of Representatives, where several attempts are being made to restrict abortion access, definitely needs to hear the

prochoice perspective as articulated by Catholics for Choice. Senators and representatives should grasp that affirming reproductive rights includes education and access to contraception to help women prevent unintended pregnancies. Policymakers also need to make the connection between making abortion illegal, and forcing women to seek out procedures that may be unsafe and even fatal.

Ultimately, all women are created equal and the choice of what to do with their bodies rests with them.

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# The Church and Abortion

## Pope's Apostolic Exhortation Indicates Reform Will Not Extend to Church Teachings on Women

POPE FRANCIS ELUCIDATED his view of some of the problems faced by the Catholic church as well as the direction reforms will take in his apostolic exhortation *Evangelii Gaudium* ("The Joy of the Gospel") released in late November. With its admoni-

globalization of indifference" and a "culture of prosperity [that] deadens us," which have brought about an "abandonment" of the poor and the elderly. The pope said that "the papacy and the central structures of the universal Church also need to hear the call to pastoral conversion." Divorced and remarried Catholics might find hope in Francis' statement that "the doors of the sacraments"

opportunities for a more incisive female presence in the church," with no suggestions for what greater roles women might expect. Previously, in July, he stated that Pope John Paul II had "closed the door" to women's ordination.

On reproductive rights, the pope acknowledged the "profound anguish" experienced by women who were pregnant—either as a result of rape, or who were living in extreme poverty. He asked, "Who can remain unmoved before such painful situations?" But the pope

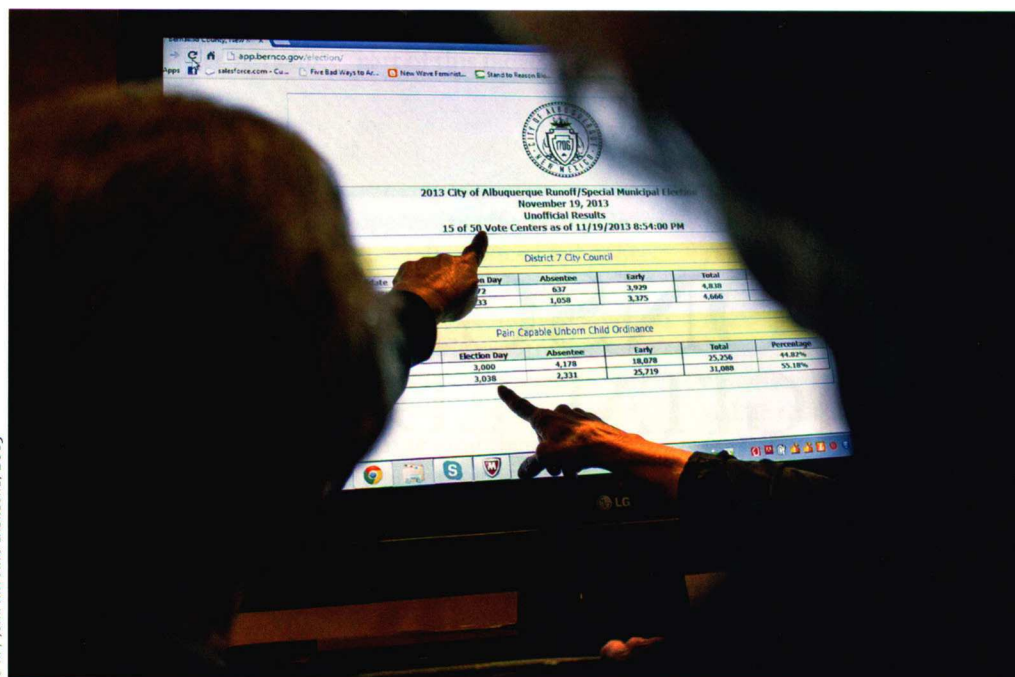
will remain unchanged.

Jon O'Brien, president of Catholics for Choice, called the shortcomings of *Evangelii Gaudium* evidence of Francis' "blind spot on women," as issues like women's ordination and reproductive health access are far from "settled" for many Catholics. O'Brien said, "We know that there is ample room in Catholic teaching to have a more equitable approach to women who access abortion care and support reform in the laws worldwide."

## Catholics in Albuquerque Help Defeat Later Abortion Ban Supported by Catholic Bishops

IN ALBUQUERQUE, NEW Mexico, an antichoice coalition tried, and failed, to push through a ballot measure that would have banned abortions after 20 weeks within city limits. The antichoice groups had the support of members of the hierarchy, such as Archbishop Michael Sheehan, who spoke from the pulpit urging Catholics to vote for the ban and thus "say yes to the unborn child." The initiative was spearheaded by antichoice activists who came from outside the region, relied on junk science and used trucks bearing gory images to influence voters to support the "Pain Capable Unborn Child Protection Ordinance."

Catholics for Choice mobilized local Catholics to oppose the ban. Sara Hutchinson, domestic program director of Catholics for Choice, told MSNBC news, "We've heard from



© AP / JUAN ANTONIO LABRECHE, 2013

Visitors check the ballot results at the Crowne Plaza Albuquerque Hotel in Albuquerque, NM. A ballot measure that would have placed an arbitrary gestational ban on abortions in the city was defeated 55 percent to 45 percent in November.

tion that the church should avoid "habits that make us feel safe," the wide-ranging text stirred debate among Catholics and non-Catholics alike. On issues affecting people the world over, Francis took what might be deemed a progressive approach, warning of "a

should not be "closed for simply any reason."

For those concerned about issues specifically affecting women in the church, however, the statement represented little hope for change. Francis said, "We need to create still broader

dismissed those who call the church's abortion stance "ideological, obscurantist and conservative," asserting that advocating for abortion access is not "progressive" and the "defense of unborn life ... at every stage of development" is a position that



Catholics on the ground in Albuquerque. They are not happy that the Knights of Columbus and the Catholic hierarchy have been pushing this ban.” Catholics were active in the Respect ABQ Women campaign opposing the ballot measure, and this support was reflected in radio ads, print advertisements in local papers and on social media.

The ban on later abortion in Albuquerque was defeated by a significant margin of 55 to 45 percent when the vote was held in late November. The outcome helped preserve abortion access for women from across the country who are served by one of the few remaining clinics performing later procedures.

### **Women in Ireland, Northern Ireland Advocating for Abortion Access in Cases of Fatal Fetal Abnormality**

A WOMAN KNOWN AS SARAH spoke on BBC radio in October about a fetus with a fatal defect she was being “forced to carry” because the law in Northern Ireland prohibits her from having an abortion, BBC Radio Northern Ireland reported. After meeting with her and other women who were carrying fetuses with fatal abnormalities, Minister for Health Edwin Poots announced later that month that revised abortion guidelines were being prepared. Currently, Northern Ireland only allows abortion to preserve a woman’s life or her physical or mental health.

In Ireland, shortly before the July passage of the

Protection of Life During Pregnancy Bill, which allowed abortion in cases of a threat to a woman’s life, Irish Justice Minister Alan Shatter called for a referendum to broaden the law. He told the *Irish Times*, “I believe it is a great cruelty that our law creates a barrier to a woman in circumstances where she has a fatal fetal abnormality being able to have a pregnancy terminated ... knowing it has no real prospect of survival following birth.” In June, more than two dozen legal experts wrote to the *Irish Times* citing precedents that gave the legislature “the power, and the duty,” to legislate for legalizing abortion for fatal fetal abnormality.

A push to reexamine Ireland’s abortion statutes is taking place at the United Nations. Irish resident Amanda Mellet was the first of three cases presented to the UN Human Rights Committee in November challenging the country’s prohibition on abortion for fatal fetal abnormality on the grounds that it is “cruel and inhumane.”

While Ireland is considering what to do about abortion in circumstances other than those threatening a woman’s life, bpas, the British Pregnancy Advisory

Service, took out an advertisement in the *Irish Times* reassuring women that it would still offer services to the 4,000 Irish women who travel to the UK for an abortion every year. “As if deciding to have an abortion wasn’t enough of a journey... We’ll care for your women until your government does,” the ad said.

## **The Church and Contraception**

### **UK Bishop Acknowledges that Most Catholics Have Rejected the Church Ban on Contraception**

KIERAN CONRY, BISHOP OF Arundel and Brighton and head of Evangelization and Catechesis in England and Wales, admitted in September that most Catholics have rejected the church ban on contraception, according to the *Tablet*. Conry said in reference to the 1968 *Humanae Vitae* encyclical, which the hierarchy cites as the basis of its condemnation of modern contraception, “It’s important to remember that [author] Pope Paul VI made it quite clear you follow your conscience.” In addition, the bishop observed, “Many people may not be happy with what the Church says but it

seems this is not turning people away.” He concluded that Catholics had followed their conscience when deciding whether or not to use contraception and live “with ambiguity” as far as the church’s position was concerned.

### **Increased Condom Use in Sub-Saharan Africa after Pope Benedict’s Affirmation of Condoms for HIV Prevention**

A STUDY PUBLISHED IN THE November 2013 issue of the scientific journal *AIDS* demonstrated that during Benedict XVI’s tenure as pope, condom use increased among Catholics in Cameroon, Mozambique, Rwanda, Uganda and Zimbabwe—by an average of 71.5 percent in a sample of men and women combined.

A research team led by Dr. Jan-Walter De Neve compiled data on condom use at last sexual intercourse from household surveys conducted during the years of Benedict’s pontificate, which lasted from 2005-2013. The five countries were selected as those for which Catholics represented a significant proportion of the population and where HIV prevalence was endemic (affecting between 2.9 and

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14.9 percent of the population). The author wrote that the improvement may have come about as a direct result of the pope's statement approving condoms for certain situations, or indirectly through Catholic leaders, organizations and institutions influenced by Benedict's new stance. Either way, De Neve suggested that "further research should aim to examine ... the potential effects of a papal policy that would fully legitimize condom use (rather than on a case-by-case basis)."

### **Restrictions on Emergency Contraception in Latin America Challenged at Inter-American Commission on Human Rights**

LIMITATIONS ON SOME LATIN American women's access to emergency contraception (EC) took center stage at the Inter-American Commission on Human Rights in October, reported Ecuador's *El Universo*. Currently, Perú, Ecuador, Chile, Costa Rica and Honduras all have some restrictions on the sale or purchase of EC. For instance, in Chile, EC has not been available in the public health system since 2008, while in Honduras buying, using or selling EC is against the law, though this statute is not well-enforced.

Alejandra Cárdenas of the Center for Reproductive Rights advocated for increasing the availability of EC across the continent, which would require countries to "stop misconstruing so-called 'personhood' laws, which already place women's lives and health at grave risk,

to undermine women's ability to prevent unintended pregnancies."

In Ecuador, the Catholic hierarchy has long waged a campaign against EC. When the Constitutional Court restricted access to EC in 2006, the bishops were vocal in their rejection of the treatment because they claimed it was tantamount to abortion. More recently, in April 2013, two bishops, Luis Cabrera Herrera, Archbishop of Cuenca, and Antonio Arregui, Archbishop of Guayaquil, told Catholic News Agency's *ACI Prensa* that EC should be totally banned because it was, allegedly, an abortifacient. The antichoice group Red Vida y Familia released an open letter to Carina Vance, minister of public health, that month. Their request that she issue a blanket ban on EC or resign was followed by Vance's reiteration of her support for emergency contraception in the Ecuadorian newspaper, *El Comercio*.

## **The Church and State**

### **Hungary Updates Concordat Granting Legal and Financial Privileges to Vatican**

IN OCTOBER, THE HUNGARIAN Parliament signed an update to the country's 1997 concordat with the Holy See. The Vatican Information Service and Zenit both published short reports to the effect that the new agreement changed some of the terms of the special

status granted to the Holy See and its institutions within the country's legal structure, but details have been scarce. All that is known is that the new language involves the financial aspects of religious instruction in schools, Catholic institutions of higher learning, the earmarking of a portion of tax revenues for the Catholic church in Hungary, the ownership of religious art, as well as certain church-owned real estate that was not included in the 1997 concordat.

### **US Embassy to Holy See Will Be Moved onto Grounds of Embassy to Italy**

THE US STATE DEPARTMENT announced that, due to security concerns, it will be moving its embassy to the Holy See to a shared space housing the embassy to Italy. The move was prompted by a decision that the free-standing Vatican embassy was less secure than the Italian compound, especially in light of the fatal 2012 attack on a US diplomatic compound in Libya. A State Department official estimated that the change would also save the government about \$1.4 million a year, according to *TIME*.

James Nicholson, former US Ambassador to the Holy See, opposed the move, saying that it will represent a "massive downgrade" in the relationship between the United States and the Vatican. "In the diplomatic world, if you don't have your own separate space, you're on the road to nowhere," he told the *National Catholic Reporter*.

Francis Rooney, another former ambassador, told CNN that the shift will create "a perception among foreign governments and other missions that the United States does not value its relationship with the Holy See."

These claims do not mesh with the statements from the Vatican, however, where the primary concern is that the embassy remain "completely separate" (it will have its own entrance) and that there was "a very good feeling right now" between the Holy See and the US, reported Catholic Online. Ken Hackett, the current US ambassador, concurred: "I see no diminishing in the importance of the relationship at all," he said, according to CNS News.

### **Bishop Paprocki Holds Exorcism after Illinois Approves Same-Sex Marriage**

A BILL LEGALIZING SAME-SEX marriage became Illinois law in November—with the help of Catholic legislators and Gov. Pat Quinn, also a Catholic. Bishop Thomas Paprocki of Springfield responded to the news by holding an exorcism in the Cathedral of the Immaculate Conception, saying that unions for gays and lesbians were a phenomenon that "comes from the devil and should be condemned as such," according to the *Chicago Sun-Times*. The bishop also had harsh words for the lawmakers who supported the bill, calling them "morally complicit as co-operators in facilitating this grave sin."

Exorcisms are traditionally performed by priests with



specialized training on individuals in a private setting. The public reacted to this unusual exorcism, with supporters of the legislation, many of them Catholic, lining up outside the cathedral to express their opposition to Paprocki's ceremony. Prior to the event, 14,000 people nationwide signed a petition asking that the event be cancelled, according to the *Chicago Tribune*.

Paprocki pointed to a statement made in 2010 by Pope Francis, then Cardinal Jorge Mario Bergoglio, on the eve of the passage of Argentina's same-sex marriage law, which the cardinal attributed to the "father of lies," a scriptural reference to the devil. Illinois House Speaker Michael Madigan explained his support for same-sex marriage by quoting a more recent line from Pope Francis about gays: "Who am I to judge?" Cardinal Francis George, a long-time opponent of same-sex marriage in Illinois, wrote in a church bulletin insert after the bill's passage that the church should "adjust to this [law] for the sake of social harmony," the *Sun-Times* reported.

## The Church and Abuse

### Nuncio to Dominican Republic Recalled to Vatican While under Investigation for Sexual Abuse of a Minor

THE NUNCIO TO THE Dominican Republic, Archbishop Josef Wesolowski, came under investigation by



Police escort Argentinean priest Julio Cesar Grassi from a court room in 2009 after he was sentenced to 15 years in prison for sexually abusing a child.

local authorities in 2013 after he was accused of sexually abusing several teenage boys. Subsequently, the Vatican recalled Wesolowski to Rome in a move that Vatican spokesperson Fr. Federico Lombardi assured was "in no way an attempt to help him avoid responsibility for whatever is eventually ascertained."

As a Vatican ambassador, Wesolowski could potentially be sheltered by the Holy See indefinitely because of its diplomatic immunity. Nevertheless, Attorney General Francisco Dominguez Brito said, "We will not allow anyone to use

the Catholic Church or other religious institutions as a shield to commit illegal acts, especially against children," according to the *Irish Independent*.

Wesolowski was the second Catholic cleric to be publicly accused of sexual abuse in the country during 2013. The other reports of abuse related to his friend, Fr. Alberto Gil Wojciech, who allegedly transported altar boys to Wesolowski's home. The locations of both clergymen are uncertain, and Brito has issued an order for Wojciech's detention through Interpol, according to Telemundo.

### Argentinian Priest, Defended by Bergoglio in 2006, Sentenced for Sexually Abusing a Minor

UNDER THE LEADERSHIP OF the former Cardinal Jorge Mario Bergoglio, once a bishop in Argentina and now Pope Francis, the country's hierarchy rallied behind Fr. Julio Grassi, who ran a youth shelter until a television exposé revealed the priest's exploitation of minors in 2002. Bergoglio said in a 2006 interview with *Vientitrés* magazine that "justice will determine" Grassi's guilt or innocence, but the cleric had escaped being relieved of his priestly functions because his case was "different." Furthermore, the cardinal said, "There is a media campaign against him," according to the *Wall Street Journal*.

Grassi was convicted of aggravated sexual abuse in 2009. The Argentine Bishops' Conference responded by commissioning a legal study in defense of the priest, according to Argentina's *Diario Registrado*. When the Supreme Court of Buenos Aires rejected Grassi's appeal in September, he was remanded to a criminal court in Morón, which sentenced him to 15 years in prison. At that time the bishop's office in the diocese of Morón recalled the data amassed by the legal study, which they said "cast doubts" on Grassi's guilt—and thus, canonical proceedings to remove him from the priesthood would be delayed until a possible Supreme Court appeal was decided.

© REUTERS / MARCOS BRINDICCI, 2009



## Peruvian Auxiliary Bishop Resigns amid Sexual Abuse Allegations

GABINO MIRANDA, AUXILIARY bishop of the diocese of Ayacucho in Perú, was dismissed from his post because of allegations that he had sexual relations with minors, Zenit repoted. The news broke in September when Bishop Luis Bambarén, former president of the Peruvian bishops' conference, was being interviewed about another subject by the *Buenas Noches* television program, Perú21 reported.

Bambarén cited the pope's "zero tolerance" for sexual abuse, adding, "Those are very serious crimes, especially when it has to do with a bishop." The bishops' conference has acknowledged accepting Miranda's resignation but has not stated why, according to Reuters.

A report in the *Vatican Insider* said that Miranda sent a letter to Pope Bene-

dict XVI in 2012 recognizing his imprudent behavior but these "alleged shortcomings could not be classified as crimes." In May of 2013, the Congregation of the Doctrine of the Faith ordered Miranda to cease exercising any duties of his episcopal ministry.

While Miranda is not a member of Opus Dei, the Peruvian Opus Dei group released a statement that he "denies any crime related to minors." Cardinal Jean Luis Cipriani of Perú has also disagreed with the Vatican's handling of the case, calling it part of an "organized campaign" to discredit Miranda.

### Other updates:

- Abuse survivors in Milwaukee are asking the Vatican to reconsider its approval of Cardinal Timothy Dolan's 2007 request to shelter

\$27 million in church funds from abuse claims in cemetery funds. Monica Barrett, a survivor of clergy abuse and member of the Survivors and Clergy Leadership Alliance, explained the alliance's announcement in late November. "Ordering that money back as an asset of the bankruptcy affects not only the financial outcome for survivors, but the perception of the Catholic Church as a whole," Barrett told the *Milwaukee Journal-Sentinel*.

- Major donors to the Archdiocese of St. Paul and Minneapolis have indicated that they will discontinue funding until Archbishop John Nienstedt is replaced, according to the *Minnesota Star-Tribune*. Referring to the scandal surrounding Nienstedt's mismanagement of clergy known to have abused children, James R. Frey, president of the Frey Foundation, said, "Given the present circumstances with the archdiocese and the current leadership, we don't plan to continue contributing."
- The Catholic church of Scotland has released information about abuse reports lodged between the years 2006 and 2012, during which time an audit found that 55 percent of complaints were related to sexual abuse. Cardinal Keith O'Brien, the previous leader of the Scottish hierarchy—who himself resigned amidst

accusations of sexual misconduct—halted an independent investigation into sexual abuse that the bishops' conference had commissioned in 2011.

- In his first public statement about the clergy abuse crisis, Pope Francis told a group of Dutch bishops, "I promise compassion and prayer for every victim of sexual abuse and their families," according to the *Irish Catholic*. The Rome Reports news agency said that Francis further instructed the bishops to be close to priests and "support and guide them," since "some of them, unfortunately, failed to fulfill their commitments."

## The Church and Education

### Abortion Coverage Cuts Met with Protest at Catholic Universities

THE ONGOING DEBATE OVER what a "Catholic identity" means in higher education has been invoked during cuts to abortion coverage once offered at two California Catholic universities, Loyola Marymount University in Los Angeles and Santa Clara University. Loyola dropped insurance coverage for "elective" abortions in staff plans, although employees can pay for an additional plan out of their own pockets, the *Los Angeles Times* reported in October. That same month, Santa Clara made a similar move to remove abortion from its

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faculty plans. In both cases, the university administrations cited what Santa Clara President Michael Engh called “our core commitments as a Catholic university [which are] incompatible with the inclusion of abortion coverage.”

This understanding of Catholic identity was challenged by employees at both schools. Anna Muraco, an associate sociology professor at Loyola Marymount, told the *LA Times* that the decision was unfair because it disproportionately burdened female employees. Protesters picketed a Santa Clara forum called to discuss Engh’s announcement about the new policy. English Professor Michelle Burnham discounted the significance of the meeting, as she told the *San Jose Mercury News*: “There’s no indication to us that he’s interested in hearing a truly open discussion.”

## The Church and Reform

### Germany, Vatican Disagree about Pope’s Support for Plan to Offer Communion to Divorced, Remarried

THE GERMAN BISHOPS’ Conference has been moving forward with plans to offer Communion to some divorced and remarried Catholics, and they claim to be doing so with the approval of the Vatican. “We already have our own guidelines, and the pope has now clearly signaled that certain things can be decided locally,” Robert Eberle, spokesman for the Archdiocese of Freiburg,

told the Catholic News Service in November. Just a month before, Archbishop Gerhard L. Müller, prefect of the Vatican’s Congregation for the Doctrine of the Faith, wrote in *L’Osservatore Romano* that the call to give Communion to divorced and remarried individuals was “an objectively false appeal to mercy” that stood to undermine the “entire sacramental economy.” According to Reuters, Cardinal Reinhard Marx of Munich disputed Müller’s order to stop the plan, stating that he “cannot end the discussion.” Francis began addressing the subject of remarried Catholics early in his papacy; in July he announced it would be examined by the synod of bishops in 2014.

### Vatican Conference Discusses Women in the Church

A GROUP OF ABOUT 100 women from around the world gathered at a Vatican conference on the theme “God Entrusts the Human Being to the Woman,” a phrase from John Paul II’s apostolic letter *Mulieris Dignitatem*, which was released 25 years ago. The Pontifical Council for the Laity organized the event held in Rome in mid-October. Among the participants were representatives from the more conservative wing of the church, including Maria Voce, president of the Italian lay movement known as Focolare; American Vicki Thorn, founder of the antichoice Project Rachel; as well as Sheila Garcia and Helen

Alvaré, both formerly employed by the United States Conference of Catholic Bishops. Even among this sub-section of Catholic women, some were in disagreement with the very idea of a separate women’s theology. Helen Alvaré told the *National Catholic Reporter*, “I want to talk about a theology of men and women together.”

### Australian Priest Excommunicated for Support of Women’s Ordination

IN SEPTEMBER, FR. GREG Reynolds of Melbourne, Australia, received a letter of excommunication for heresy and speaking publicly against church teachings, which referred to Reynolds’ homilies supporting women’s ordination that had been reported in Australia’s newspaper *The Age*.

Denis Hart, Archbishop of Melbourne, sent Fr. Reynolds a letter citing “the decision by Pope Francis to dismiss Fr. Reynolds from the clerical state and to declare his automatic excommunication [which] has been made because of his public teaching on the ordination of women contrary to the teaching of the Church,” according to the UK’s *Catholic Herald*.

Referring to the fact that he was sanctioned under Pope Francis, Reynolds remarked to the *National Catholic Reporter*, “I am very surprised that this order has come under his watch; it seems so inconsistent with everything else he has said and done.”

## Endnotes

### Vatican on Unholy Misprint: “Everybody Makes Mistakes”

IN OCTOBER, THE VATICAN announced that it had recalled a batch of 6,000 coins commemorating Pope Francis’ first year in the papacy because the lettering bore an L where it should have had a J—in Jesus. In an unusual admission of fallibility, Vatican spokesman Federico Lombardi told the *New York Times*, “Everybody makes mistakes.” He specified, “Even people who make coins,” but acknowledged later in the interview that the Vatican was responsible for the mold used to mint the coins.

### Frame Up within Religious Order Allegedly a Plot to Keep Top Post

A PRIEST WHO WAS re-elected to the leadership post for the Camillians, a religious order also known as the Order of Ministers to the Sick, allegedly resorted to illegal means to eliminate the competition. The *Guardian* (UK) reported in November that Fr. Renato Salvatore fabricated charges against two other contenders for Superior General of the order, who were then unable to vote against him because they were in police custody. Salvatore was later arrested by Italian police along with five other alleged co-conspirators. It is thought that profits from lucrative construction projects were the motivating force behind the campaign to assure Salvatore’s reelection. ■







# A Morality Tale

CATHOLIC HEALTHCARE OFFERS MORE DOGMA  
THAN SCIENCE FOR KENYAN WOMEN

By Joke van Kampen



## MEET SONIA\*:

Sonia is a 32-year-old nurse in a hospital located in the northern part of Kenya.

*"It will stay with me for the rest of my life, I am sure. She was only 16 and she came to the hospital for an abortion. I sent her away. Abortion is illegal in Kenya, or so I believed at the time. A few days later we heard that she died from complications of an unsafe abortion. I feel an overwhelming guilt—I am even thinking about leaving the profession. I was panicking. I did not think straight: how could I otherwise have sent away a young girl in need of help?"*

How many times have we heard this story all over Africa? More to the point: How many times are we going to hear this story again?

It should not be many more times. Under the new Kenyan Constitution, women have the right to access safe and legal abortion when, in the opinion of a trained health professional, the pregnancy presents a danger to their mental

or physical health. Abortion ended up in the constitution as a result of a balancing act by the drafting committee assigned to constitutional reform. Since the right to life (and life is defined as beginning at conception) is mentioned in the constitution itself, the committee felt that the right to a safe and legal abortion should also be explicitly stated.

The Catholic hierarchy played an important role throughout the constitutional review process.

## MEET PAULA:

Paula is a reproductive health and rights activist in Nairobi.

*"The Catholic church is an impressive lobbying machine. They turned the whole*

*constitutional review process into a debate on reproductive health and rights. Lots of damage has been done in the form of widespread disinformation on all the usual issues. They are also formidable organizers: they have an audience with the president, and they rallied all the evangelicals behind their agenda. All Catholic MPs were summoned to do what the church saw fit; all other Members of Parliament received at least one phone call."*

When it comes to abortion, the hierarchy intimidates, charms, rewards and punishes at all levels. "There are those amongst us who want to kill our children," it thunders from the pulpit Sunday after Sunday. And it works.

\* All names in this article are pseudonyms upon the request of interview subjects—illustrating once more the power of intimidation wielded by the Catholic hierarchy and other conservative forces in Kenyan society.

**JOKE VAN KAMPEN** is a journalist and a specialist in communication for development who lives and works in Malawi.



#### MEET LINDA:

Linda is a health professional who provides abortions.

*"I am not going anymore, to church I mean. I really had the feeling that I was sorted out and under attack. The priest was saying things about murdering children looking straight at me and the whole audience looked at who he was looking at. It gave me the creeps. It also makes me think about the number of Catholic nuns we had at the clinic for an abortion—after all, how dare they accuse me.*

*The church manages to make everybody believe that abortion was and is completely illegal.*

*The government should publish guidelines or an explanation of the new situation but they do not do that. So I am sure that in the entire county where I*

*work we are the only place where you can get a safe abortion. Government hospitals are too confused to provide services when they are needed while the other ones are Catholic and there, abortions are out of the question."*

There is more that the government of Kenya does not do. Catholic health facilities do not provide family planning, for instance. Consider that Catholic schools all over Africa are supposed to follow the official curriculum developed by the nation's Ministry of Education. Along the same lines, hospitals, Catholic or not, should be licensed to implement the health policy put in place by the Ministry of Health, family planning being part and parcel of that policy. In Kenya, the health policy is not uniformly enforced. The Catholic hierarchy preaches its dogmas on reproductive

health and then Catholic-run hospitals enforce them on all clients, both Catholics and non-Catholics.

[If we live to see the day when the silence is broken on the sexual abuse of Catholic nuns by the clergy, the current tidal wave of sexual abuse scandals will look like child's play in comparison.]

#### MEET IRENE:

Irene is a 45-year-old single mother who sells second-hand clothes on the Nairobi Market.

*"My husband left me when my daughter was three. Later I got pregnant again and I did not want the pregnancy. I did what everybody did at that time, I found some miso\*, took it, and went to the hospital as soon as the bleeding started. They were horrible; they left me waiting in emergency for a long time, bleeding and all. They said loudly so that everybody around could hear it: 'You can have a little more of the pain you caused your baby before we help you.' And they called the police, but they said they could do nothing with me."*

Western healthcare, including reproductive healthcare, came to Kenya with the missionaries. It was informed by the moral teachings of the hierarchy on sex, marriage and family. These concepts were developed over centuries in a Western context that was completely alien to African realities. And they were imposed with force. Indigenous habits, rituals and ceremonies that dealt with African sexual and family life were driven underground, mainly because the Catholic hierarchy considered them part of the competition—an African religion.

But the good was tossed out with the bad. Many of these traditions functioned as some sort of initiation or rite of passage into adulthood and sexually active life. Whether these moral systems or rituals had the potential to modernize, to respond to a call for gender equality,

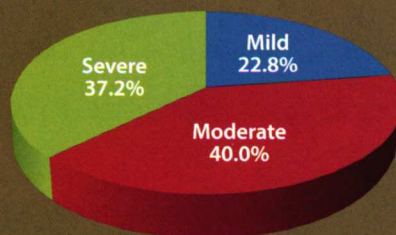
### Women seeking postabortion care in Kenyan health facilities over a 30-day period in 2012

AGE	%
10-19 years	16.5
20-24 years	31.7
25+ years	51.3

RELIGION	%
Catholic	24.3
Other Christian	64.4
Muslim	8.5
Others	2.3

GESTATION	%
12 weeks or earlier	59
After 12 weeks	41

### Severity of abortion complications in women seeking treatment



### Abortion safety in Kenya compared to other East African nations

COUNTRY	Women treated for severe post-abortion complications
Kenya (2012)	More than 1 in 3 (37.2%)
Malawi (2009)	1 in 5
Ethiopia (2008)	1 in 5

Source: African Population and Health Research Center, Ministry of Health, Kenya, Ipas, and Guttmacher Institute, "Incidence and Complications of Unsafe Abortion in Kenya: Key Findings of a National Study," 2013.

\* Misoprostol, a drug that can be used to induce abortion.



to remain meaningful to people in the 21<sup>st</sup> century we will never know: Practices that are rendered semi-illegal tend to freeze in a rigid stupor and can no longer be changed or even discussed. They can be worshipped, though, and they are, by what has become to be known as African traditionalists.

As yet, Africa has had no Alfred Kinsey or Masters and Johnson to examine sexuality scientifically, no fem-

More important is the sublime act of hypocrisy involved with the manner in which both Pope Benedict and Ilo analyze and criticize development policy (from the International Monetary Fund to the Millennium Development Goals). This approach is top-down, has no time for cultural and historical realities in Africa and imposes unworkable concepts on a population rendered dependent. One of Ilo's theses is that "neoliberal

grassroots-oriented and locally designed, with ownership where it belongs and an emphasis on the empowerment of women. But what empowerment agenda is feasible without reproductive choice at its core? What economic independence can be gained when one is pregnant every year? What liberation can be experienced without being boss of one's own belly?

In both theory and practice there is a gaping hole in the logic that says, "We

## When it comes to abortion, the hierarchy intimidates, charms, rewards and punishes at all levels.

inists like sex educator Shere Hite or author and literary critic Camille Paglia. Common arguments against women's rights may be flimsy, but there is a lack of hard-hitting opponents in a position to dismantle them.

### MEET CARRY:

Carry is 35, a never-married single mother and headmistress of a girls' secondary school.

*"Where, I would like to know, am I going to look for a role model or guidance if I do not like the answers of both the missionaries and the African traditionalists? More important, where are my students supposed to look for any sort of moral code that is not based upon hatred of women, or the desire to control every aspect of women's lives?"*

In his book *The Church and Development in Africa: Aid and development from the perspective of Catholic social ethics*, Fr. Stan Chu Ilo states that within Catholic healthcare, services provided to Africans "should be subject to solidarity instead of the object of patronizing charity." This is not a superfluous observation because patronizing charity is exactly the expression that comes to mind when considering the state of Catholic healthcare in Africa.

globalization has brought destruction to Africa." As true as this may be (and it is), exactly the same can be said of the civilization/evangelization project of the Catholic hierarchy in Africa.

It strikes me as intellectually dishonest that Pope Benedict's 2009 encyclical "Charity in Truth" describes a development agenda that might work: one that is

in Catholic healthcare are here to serve the people, but we are also here to teach them how to live their lives."

"At the end of the day," Ilo concludes, "All issues related to HIV/AIDS are moral issues."

And therein lies the problem in a nutshell. Taking the role of moral instructor might be a defensible position for a

## Catholic Healthcare in Kenya

Archbishop Boniface Lele of Nairobi said in a speech before the Catholic Health Commission of Kenya in 2011 that there are 446 Catholic health institutions in the country, including

- Health facilities,
- Community health programs and
- Medical training institutions.

They offer services such as curative, preventive and rehabilitative care, surgery and specialist care, as well as HIV & AIDS care.

These Catholic-run entities may be managed at the local level by the Kenya Episcopal Conference, which operates 53 hospitals, or run by international NGOs like Catholic Relief Services, which partners with the Kenyan government in its HIV & AIDS programs and other community health initiatives.

Rev. Vincent Wambugu, general secretary of the Kenya Conference of Catholic Bishops, gave somewhat different numbers, estimating that the Catholic church in Kenya operates almost 30 percent of all healthcare facilities—including 54 hospitals, 83 health centers and 311 dispensaries.

Source: African Population and Health Research Center, Ministry of Health, Kenya, Ipas, and Guttmacher Institute, "Incidence and Complications of Unsafe Abortion in Kenya: Key Findings of a National Study," 2013.



church, but it is not for people in the healthcare field. For healthcare providers, HIV should be seen as a virus that causes a terminal illness called AIDS, and thus it should be addressed by prevention, treatment and care, not by moral teachings.

#### MEET JOYCE, FAITH AND VICKY:

Joyce, 22, and Faith, 23, are studying medicine in Nairobi, while 19-year-old Vicky is at a secretarial college.

Together, we are watching a talk show on TV where the discussion is about female students entertaining sugar daddies. Relatively well-to-do men want female company and are prepared to pay for it. Facebook facilitates this widespread practice at Kenya's universities. In the studio are two female students and

better grades. I am going to be a doctor so I better learn how to do it properly or I will end up killing people”.

“I slept with the janitor to get a better room in the hostel, though,” Joyce admits.

Vicky is quiet.

On the television the host asks the students whether the experts have convinced them not to go down this road. The girls in the studio look puzzled. Faith, Joyce and Vicky stare intently at the screen. “Frankly, no,” says one of the students. “I simply see no other way to finish my study in due time, otherwise.”

The girls in front of the screen cheer.

Note that one very useful piece of advice has not been delivered to these girls by anyone from the group of

present in the myth of the Catholic nun who quietly but persistently helps women and young people access family planning and condoms, against the wishes of her bishop, because she is loved by the community and driven by compassion.

Apart from the fact that I yet have to meet that wonderful person (I am sure she exists; after all there is truth in every cliché), what good would this approach do? A few years ago, a campaign was conducted in the Netherlands to help young people bring up condom use with a sexual partner. Research had shown that young people did not know how to approach the subject, so tag lines were developed, giving young people sentences like, “Your condom or mine?” These were *Dutch* teenagers in the 21<sup>st</sup> century, brought up in a relatively open

## The Catholic hierarchy enforces its dogma on all clients, both Catholics and non-Catholics.

a whole range of male experts. “These men do not want company,” the talk show host fumes, “They want sex.”

The girls who are on screen, and those in front of the screen, laugh—that much had already occurred to them.

Joyce says, “I had three last year. It did cater for all my needs,” and she displays her iPad.

Faith adds, “I am starting this year. My mother is working very hard and she still cannot afford all the money I need for books, hostel, etc.”

On the show, the experts are trying to convince the girls that receiving favors from older men in exchange for sex is wrong, admonishing them, “You’d better take two jobs apart from your study.”

Joyce, Faith, Vicky respond, “What jobs?” and then, “Because then you can have the feeling that you really did it yourself after all.”

Then Faith replies, “Hello, that is why I do not have sex with the professors for

experts. “Please protect yourself against HIV and unwanted pregnancy,” they should have said. “Please force these men to use condoms. Please tell them that it’s safe sex or no sex.”

Most Kenyan teenagers will receive some sort of sex education. The majority will be subjected to the infamous ABC curriculum, which amounts to Abstain; Be faithful; and if you are too stupid or too morally flawed to accomplish the first two, use Condoms. In a Catholic environment this comes with an additional C—Certainly do not expect us to help you to obtain condoms because we are against condom culture, aka the culture of death.

Both Stan Chu Ilo and Pope Benedict softened their stance on condoms over time. Ilo now thinks that it should be possible for Catholic healthcare providers to cooperate with NGOs that are not “too explicit” about condoms.

Oh, that evasion about condoms. It is

culture when it comes to sex, and still they needed help negotiating safer sex. Do we really think that condoms handed out in a secret, shameful way will turn Kenyan teenagers into confident, consistent and correct condom users?

#### MEET FRANCIS:

Francis is working at the Ministry of Health, and thus does not want anyone to know his real feelings about HIV & AIDS education.

*“Moral messages are limiting the services. The focus is on A and B. It is not helping that key funding from the US is basically doing the same. It also does not help that sex work is illegal, as is MSM [men who have sex with men]. Sex workers are only being harassed and MSM are criminalized. The policy is in profound dissonance with what people practice.”*

After many years of implementing this policy in which the C in ABC is all



but silent, research is starting to show that apart from dissonant, it is also spectacularly ineffective.

In *Poor Economics: A Radical Rethinking of the Way to Fight Global Poverty*, Esther Duflo analyzes several programs providing sex education and HIV & AIDS awareness that target Kenyan school-girls ages 12–15. Firstly, she finds that ABC programs are, in reality, AB programs because “condoms are not discussed.” After 170 teachers in randomly chosen schools had been trained in the AB curriculum, the time spent on AIDS education in schools increased, but there were no changes in reported sexual behavior or even in knowledge about HIV & AIDS. One, three and five years after the training, pregnancy rates (proving risky behavior) were the same in schools where teachers were trained and where they were not. In other words, the curriculum did nothing.

In another program, adolescent girls received one piece of information—that older men were more likely to be infected with HIV than their peers. That turned out to be information that teenagers could turn into safer behavior, as cases of teenage pregnancy where an older partner was involved went down sharply. Finally they gave school uniforms to one group of teenage girls, and school uniforms plus a version of the ABC curriculum to another. The girls who received school uniforms tended to stay in school and the pregnancy rate in this group went down. But nothing happened in the group getting both school uniforms and the program with ABC education. It seemed that the ABC information counteracted the effect of the school uniform. The researchers concluded, “Uniforms

reduce teenage pregnancy by giving girls the ability to stay in school and thus a reason not to be pregnant. But the sex education program, because it discourages extramarital sex and promotes marriage, focuses the girls on finding a husband (who more or less has to be a sugar daddy), undoing the effect of the uniforms.”

*get rid of this thing, maybe I can continue my education. I do not really know. But maybe I should tell my parents and his so that they will force him to marry me. Can I continue my education when I am married, do you think?”*

I take Janet to Irene.



The entrance of the Margret Marquart Catholic Hospital in Kpando, Ghana.

#### MEET JANET:

Janet is 17 and graduating from high school in 2014.

*“I am pregnant, I believe. I am late. I went to a government hospital but they did not want to help me. Maybe I am also HIV positive, what do I know? Where can I go? I do not know what to do. My boyfriend is my age but maybe we made a mistake to have sex. But maybe not—he says it is a sign of love. But now I really do not know. He is going to university; he says I can be his campus wife. Those are women who take care of the students, cook and so on, but they almost never marry them. If I can*

Irene is Vicky’s mother. We are having a drink at the quiet bar in an international hotel in Nairobi. Irene comes here every evening after a day selling second-hand clothes in the market while looking for paying sex partners so that her daughter does not have to do the same.

There are many players responsible for the fact that women and girls are being dealt such a poor hand in Kenya when it comes to reproductive health and rights. However, the Catholic hierarchy is one of the bigger players on the team opposing women’s rights. ■

**With thanks to Michelle Kimathi and Dr. Boaz Otieno-Nyunya.**



# DEVELOPMENT = AID =

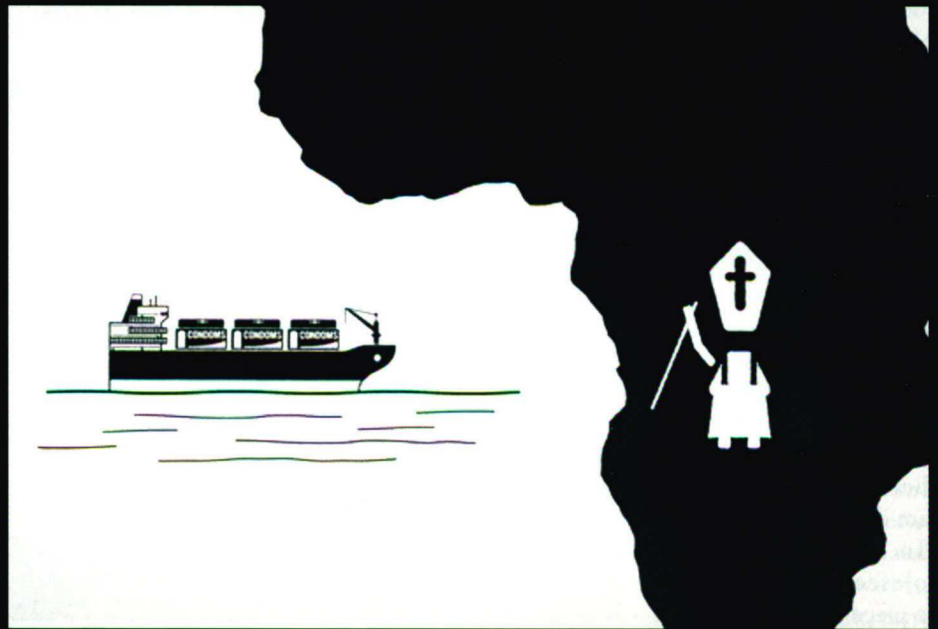
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# Failing the Test

HOW TANZANIAN SCHOOLS DENY PREGNANT STUDENTS THEIR EDUCATION

By Alisha Bjerregaard



Students write at their desks at a primary school in Mt. Kilimanjaro, Tanzania.

© CORBIS/JOHN BRECHER, 2003

**F**OR MORE THAN 50 YEARS, adolescent girls in mainland Tanzania have been subjected to the degrading experience of forced pregnancy testing in

school. Students found to be pregnant face immediate expulsion. “The government strictly does not want pregnant girls in schools. It’s not allowed,” explains the Gender Focal Point at the Tanzanian Ministry of Education.

These practices have a tremendous impact on adolescent girls’ access to education. In the past 10 years alone, the government’s own statistics show that more than 55,000 female students

have been forced out of primary and secondary school because they were pregnant. The actual numbers are likely much higher. Government statistics do not capture the many pregnant students who drop out to avoid formal expulsion and the stigma that accompanies student pregnancy.

School and government officials frame the testing and expulsion practices as efforts to prevent adolescent preg-

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nancy. However, the measures are punitive and, instead of providing adolescents with tools to make informed decisions about sex and reproduction, they aim to regulate and control adolescent girls' sexuality. These practices are not only serious violations of girls' human rights; they also fail miserably in addressing the factors leading to high rates of adolescent pregnancy in Tanzania.

Nonetheless, forced pregnancy testing and the expulsion of pregnant students are policies that receive broad support from government and school officials, communities and families. They reflect the strong moral and social condemnation of premarital sex among female adolescents in Tanzania. There is no corresponding monitoring and punishment of adolescent boys' premarital sexual activities.

*you don't undress fully.... The nurse matron does the testing by pinching [your] stomach and breasts. It hurts."*

Although testing practices vary by school, and not all schools engage in testing, they tend to follow a pattern similar to the experience described by Sophia. Testing is typically a group exercise, with all adolescent girls, not just those suspected of being pregnant, tested on the same day. It is commonly carried out with no advance warning; students often find out just minutes before the testing begins.

In fact, some schools deliberately mislead students about where they are going and why, in order to prevent their "escape" or protest. Students are never asked for their consent to test. A refusal to comply with mandatory testing would be met with disciplinary

and pinching of the breasts and nipples to gauge sensitivity. Many students have described this procedure as painful. One student stressed: "If it was up to me, I would say no, because it's painful when the nurse is doing it."

A healthcare provider typically does the testing, although students have reported teachers conducting the tests. Test results are routinely shared with teachers, parents and sometimes other students, often before being shared with the student herself. The disclosure of test results occurs without the student's consent, a serious violation of patient confidentiality.

As one healthcare provider who performs these evaluations explained, the objective of the testing is solely to "find pregnant girls." Schools seek to identify pregnant students and ensure their

**Public and private, religious and secular, rural and urban, boarding and day schools all engage in mandatory pregnancy testing.**

Mainland Tanzania is far from alone in these practices. Similar accounts of compulsory pregnancy testing and expulsion of pregnant students have been documented in Uganda, Kenya, Ghana, Nigeria and Sierra Leone, among other countries on the continent. This issue does not only affect girls in Africa: a school in the US state of Louisiana engaged in comparable practices as recently as 2012.

#### **A CLOSER LOOK AT TESTING AND EXPULSION IN TANZANIA**

*"You are called by a female teacher by class—Form 1A, 2A—to go report to a certain block," 19-year-old Sophia, a former secondary school student, recounted. "They call the [female] students' names according to the attendance register, one by one. When you get [to the classroom], they tell you that you will be tested. They ask you to lie on the desk.... They release your clothes but*

action. In Tanzania, where corporal punishment is legal, this action would likely be violent. As Joyce, a 17-year-old student, explained: "If you want to be beaten, then you say no. We just have to do it."

For some adolescent girls, the testing may begin as early as 11 years of age. Examinations may then continue throughout adolescence until graduation from secondary school, typically at age 19. Depending on the school or district, forced pregnancy testing may occur anywhere from once a month to once a year. The testing is not limited to particular types of schools—public and private, religious and secular, rural and urban, boarding and day schools all engage in this practice.

The most common form of pregnancy testing is a physically invasive process of manually pressing on the abdomen, sometimes accompanied by a squeezing

immediate removal from school. No one provides care or counseling to the student, even in cases of sexual violence—pregnancy is treated exclusively as a disciplinary offence, to be condemned and punished.

Expulsion is immediate, and there are no exceptions. All pregnant students are automatically and permanently excluded from the school in which they were enrolled. Once forced out for pregnancy, students are not permitted to return to any public school to continue their education, effectively locking all but the wealthier students out of the formal education system.

Being cast out of school does not always mark the end of a pregnant student's ordeal. "Impregnating" a student is criminalized under Tanzanian law, and so some schools may also bring pregnant students to the nearby police station. There, they or their families



may be unlawfully harassed, detained and imprisoned until they reveal the name of the man or boy who “caused the pregnancy.” Media reports reveal that some girls have been detained for days and even imprisoned for up to six months for failing to reveal a man’s name. These adolescents sometimes face harsh detention conditions and may be denied parental or guardian visitation.

One regional commissioner in Tanzania recently took these appalling tactics a step further. He ordered the arrest of all pregnant students, apparently in an effort to reduce the high numbers of pregnancy-related dropouts in his region. But his rhetoric reveals the punitive intent: “I think the practice of arresting only those who make girls pregnant is not enough, we now need to also arrest those who get pregnant; we’ll only leave out someone who was raped, not someone who did it voluntarily.”

#### TURNING A BLIND EYE TO RIGHTS VIOLATIONS

These practices—forced pregnancy testing, expulsion, arrest and imprisonment—constitute serious human rights violations. In addition to clearly infringing on adolescent girls’ right to education, they violate their rights to nondiscrimination, dignity, privacy, liberty and security, health, information and life, as well as freedom from torture and cruel, inhuman or degrading treatment. These are entirely unacceptable responses to adolescent pregnancy.

What this oppressive system does achieve, however, is a convenient abdication by government and schools of their responsibility to girls. By focusing exclusively on blaming and punishing adolescent girls for their pregnancies, and by removing pregnant students from the school environment at the earliest opportunity, officials permit themselves to turn a blind eye to the very real causes and consequences of adolescent pregnancy.

According to UNICEF, Tanzania “has one of the highest adolescent pregnancy

and birth rates in the world.” More than 44 percent of adolescent girls have either given birth or are pregnant by the time they turn 19; many of these pregnancies are unplanned or unwanted. There are many reasons for the high rate of adolescent pregnancy. Principal among them is the failure to provide young people with access to the information and services that would allow them to prevent and plan for pregnancy.

Comprehensive sexuality education, a critical tool in addressing adolescent pregnancy, is glaringly absent from Tanzanian primary and secondary schools. Vocal religious opposition has effectively shut down government plans to introduce a national sexuality education curriculum in public schools. Current curricula largely fail to offer students any meaningful information about sex, reproduction or contraception.



In April 2013, a billboard in Nairobi and two newspaper ads brought a life-affirming message to Kenyans: “Good Catholics Use Condoms.” The ads, sponsored by Catholics for Choice as part of our *Condoms4Life* campaign, rebutted attempts by the Kenyan bishops’ conference to ban an ad supporting condom use. It sparked a national conversation about the Vatican’s ban on the use of condoms and the fact that Catholics can, in good faith, protect themselves and their partners with condoms.

**Read more about the impact of Catholic bishops on the provision of healthcare in Kenya on p. 14.**



Where sexuality (or “life skills”) education is offered, the focus is on abstinence. One government-issued teaching guide, for example, instructs teachers to simply inform adolescents that premarital sex “is strictly prohibited.” As studies have repeatedly shown, abstinence-only education is entirely ineffective: it not only fails to delay sexual activity, but may lead adolescents to expose themselves to unnecessary risks by discouraging those engaging in sex from using contraceptives.

Sometimes schools provide misinformation: one set of government teaching materials on HIV & AIDS unabashedly declares that “contraception causes infertility, promiscuity and prostitution.” Teachers lack the training to teach “life skills” and have expressed discomfort about discussing sex and sexuality

norms—they should not be having sex. Access to information and contraception, many believe, will only “promot[e] promiscuity among th[is] age group.” Providers may also stigmatize adolescents who seek services, berating them for requesting HIV tests or asking for pregnancy-related advice.

The government’s failure to provide adolescents with the information and services they need is considerable. Despite repeated policy commitments, adolescent-friendly health services have not received the resources necessary to make them available and accessible to young Tanzanians. As of 2010, these services were virtually nonexistent. Data from 2010 further reveals that only 10.7 percent of sexually active adolescents between the ages of 15 and 19 reported using a contraceptive method.

cial steps—but they are not sufficient.

Governments must also ensure respect for and fulfillment of adolescents’ rights to sexual and reproductive health information and services, including through comprehensive sexuality education and accessible, adolescent-friendly services. Schools must accommodate pregnant and parenting students and guarantee their right to education. This requires respecting adolescents’ evolving capacity and autonomy to make independent decisions about their sexual and reproductive lives—and giving them the means to do so.

This last piece is the most critical. It requires adults—government and school officials, teachers and healthcare providers, parents and grandparents, community members and civil society activists, religious and political leaders—

## Pregnancy is treated exclusively as a disciplinary offence, to be condemned and punished.

with students, leading them to avoid the subject altogether.

Many adolescents, therefore, are unaware of contraceptive methods that would prevent pregnancy. Sophia’s story is representative: “I didn’t know how to use contraception and didn’t have the idea of using it. I just [had sex] once and then I got pregnant.” Pregnant at 19, she was forced to drop out of secondary school.

For those adolescents who attempt to seek reproductive health information and services at local healthcare facilities, another set of challenges awaits. Some providers in public and private healthcare facilities in Tanzania unlawfully deny adolescent girls access to reproductive health services, acting on their personal biases about female sexuality and premarital sex. Many decide that unmarried adolescents are not entitled to services because—according to social

Against this backdrop lies the reality of adolescent sex. In mainland Tanzania, early marriage is legally sanctioned (approximately 40 percent of adolescent girls are married by 18), and poverty routinely forces young women into coercive sexual relationships to meet basic needs and educational costs. Sexual violence—particularly in or en route to school—remains pervasive. It is not uncommon for teachers to be the perpetrators of this violence. Adolescents’ ability to negotiate safer sex or prevent pregnancy in these contexts is severely constrained.

Adolescent pregnancy requires a holistic, rights-based approach that tackles both its causes and its consequences. The solution lies in efforts not only to *protect* adolescents’ rights but also to *respect* and *fulfill* those rights. Strengthening protections against sexual violence and early, forced marriage, for example, are cru-

to face their own discomfort with adolescent sexuality and address this reality head on. It necessitates a shift from a model of blame and punishment, regulation and control, to one that treats adolescents as rights holders, entitled to actively participate in decisions that will shape their lives.

This shift will not happen easily. It goes to the core of deeply entrenched social and cultural norms, which are often the strongest source of resistance to change. But incremental change is already underway. Tanzania is currently considering a new national educational policy framework that will facilitate pregnant students’ return to school. Although many aspects of this proposed framework remain problematic, it nevertheless represents a significant first step towards acknowledging both adolescent sexuality and adolescent rights. ■





Safiya Hussaini stands outside a Sharia court in northern Nigeria. She had been convicted of adultery and sentenced to death by stoning. Hussaini was appealing the sentence because she said her infant daughter was conceived by rape.

© REUTERS/VINCENZO PINTO, 2002

# The Untold Story of Africa's Secular Tradition

By Leo Igwe

**U**NLIKE IN EUROPE AND IN other parts of the Western world, secularism has not succeeded in defining the political landscape in Africa.

**LEO IGWE** is a former Catholic seminarian and current freelance journalist and human rights activist. He holds an MA in philosophy from the University of Calabar in Nigeria and is working on a PhD project at the Bayreuth International Graduate School of African Studies in Germany.

In fact, the secularization of Africa has been marked by contrasts and contradictions, false starts and setbacks, misconceptions and misrepresentations, dilemmas and ambiguities due to the complex interplay of religion and politics in the region. The process of separating religion and state has been under siege due to the powerful influence of Christian churches—including support from the Vatican and American evangelical groups—and Islamic organizations

funded and backed by Saudi Arabia, Iran and other Organization of Islamic Cooperation (OIC) countries. The major challenge is that the notion of secularization is largely misrepresented by politicians in Africa, who are bent on sustaining the image of a “religious continent” to further their own interests.

Rooted in the European Renaissance and the Enlightenment, secularism guarantees the state's neutrality and impartiality on religious matters and provides



institutional protection against the establishment of theocracy and religious dictatorship. Constitutionally, separating religious and state authorities guarantees the equality of individuals of different faiths and of none before the law and protects the human rights of all, including the rights of religious minorities.

Africa is religiously and culturally plural. Hence, it is imperative that governments be secular—that is, unbiased for or against any religion. But this is often not how it turns out. Many African states are constitutionally secular in principle, but in practice there is a lot of melding of religious and political spaces. Religious groups pressure governments to make their dogmas and doctrines state policies.

As Nigerian columnist Abimbola Adelakun observed: “Religion in Nigeria, by the way, is about politics and politics is about contesting spaces. When sects push for space for their religion to thrive, it is not necessarily about social equality. The aim is their cut of socio-political relevance and the capital they can build with it.”

Religious groups interfere with state matters as they contest for space and influence. Many of the *de jure* democracies we have in Africa today are really

only quasi-democracies—de facto Christian, Islamic or “chrislamic” theocracies. Many politicians regard the idea of separating religion and state as a Western notion that is alien to African political culture and values. Some view secularism as a legacy of European cultural imperialism and political irreligionism. They equate secularism with atheism and think secularization is a process of eliminating religion from society and enthroning atheism as the state “religion.” Some Africans think separating religion and state is incipient communism—a creeping socialist agenda. To certain Muslim eyes, the roots of secularism lie in Christian Europe, making it a repugnant worldview to Muslim theocrats, who do not subscribe to the notion of separating mosque and state.

But the idea of separating religion and government is not new to Africa. Elements of secularism are identifiable in pre-colonial African societies, unlike what some African religious leaders would have us believe. For example, in 2006, Professor Maake Jonathan S. Masango from South Africa told the US Congressional Human Rights Caucus that “in the African tradition, religion is a very integral part of our culture. So it is not easy to simply place things in compartments;

‘this is the religious part [and] this is the secular part.’” Such misrepresentations serve the interests of priestly politicians and political priests. On the contrary, in Africa, worldly and otherworldly things have actually existed in compartments, not merged as contemporary religious ideologues claim. Unfortunately, the colonial mentality and Christian and Islamic indoctrination prevent many Africans from acknowledging the secular elements and roots in their culture.

## SEPARATION OF RELIGION AND STATE IN PRE-COLONIAL AFRICA

Kingdoms and chiefdoms, or their variants, prevailed in pre-colonial Africa. Magico-religious beliefs were strong and widespread. Priests, soothsayers and diviners were among those social actors who managed the communities.

Still, political and spiritual roles were separate and distinct, and these royal and clerical powers were not always invested in one person. The kings and chiefs were not the priests or clerics. The chiefs handled secular issues and usually referred spiritual matters to the priests. Secular and sacred spaces were not one and the same. The palace was distinct from the shrine. The distinct roles of traditional rulers and priests/priestesses have been

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documented in communities in Nigeria, Ghana, Uganda, Tanzania, Burundi and Zambia. Indeed, there was the notion of the divine rights of kings, which meant that the kings were chosen by the gods, not that the kings were priests. Among the Azande in Central Sudan, the duties of kings and princes were separate from those of the oracles. And for the Ibos in Southern Nigeria, the functions of the traditional rulers—the *Ezes* and *Obis*—were different from those of shrine managers (*Didia afia*) and other custodians of the local deities and spirits.

There were, however, also cases where the chiefs were the priests and performed political as well as religious duties. These were the exceptions, not the rule, in pre-colonial Africa. In the Mamprusi region in contemporary Ghana, the

mental institutions to assert their power and legitimacy over the colonies in Africa. The state bureaucratic system they established was supposed to be secular, but it was not. The colonial establishment had a religious layer—a strong Christian religious coating and character. The colonial presence comprised not only administrators, explorers, armies and settlers, but also missionaries sent to Africa by different Christian religious orders and denominations in Europe. The colonial state system was not religiously neutral. Through the colonial alliances with churches, Christianity was introduced into the African political process.

This meant that Christian colonial authorities faced resistance from Muslim-dominated parts of Africa. (Before

nial establishment. The church had a vested interest in the colonial status quo. In fact, some colonial governments provided financial aid to mission schools. State grants were critical to the sustenance and survival of Christian mission schools in Nigeria.

This was not the case in Muslim-majority communities. Muslims opposed European Christian domination and the rule of “infidels.” They mobilized against colonial oppression and exploitation, but for reasons that were incompatible with secularism. According to historian Benjamin Talton, Sheikh Almadou Bamba, a Muslim leader who founded the Mouride Brotherhood in late 19<sup>th</sup> century Senegal, was an example of an African leader who worked to separate “from colonial authority rather than challenge it.” Bam-

**The idea of separating religion and government is not new to Africa. Elements of secularism are identifiable in precolonial African societies, unlike what some African religious leaders would have us believe.**

Gambarana, as the chief of Gambaga is called, is the only chief in the area who has both political and spiritual powers. Other chiefs do not; they have priests who carry out religious functions and responsibilities. The Gambarana, by contrast, is both the chief and the chief priest of Gambaga.

So the idea that the separation of religion and state affairs was completely unknown in precolonial Africa is patently untrue and does not reflect the social and political reality at this phase in African history.

#### SECULARISM IN COLONIAL AFRICA

The situation changed with the advent of colonialism. The colonial authorities introduced new dynamics to politics and religion in Africa. These dynamics transformed state-religion relationships in the region.

Colonial authorities enthroned the European model of legal and govern-

European colonists arrived in Africa, Islamic rule and religion held sway in parts of the continent. Muslim clerics and warriors from North Africa and the Middle East had colonized many parts of the region through trade, preaching and holy wars.) Through their policy of indirect rule and military conquests, colonial governments were able to forge alliances with local Muslim rulers and establish political control over these communities. However, Muslim theocrats opposed colonial rule because they saw it as a front for Christian domination and expansionism. This opposition galvanized into an anti-colonial struggle that engulfed the region.

The Catholic church did not play an active role in the early days of the struggle against colonial authorities because the hierarchy of the African church was mainly white missionaries, some of whom were also part of the colo-

ba's goal in establishing his fraternal organization for Sufi Muslims was to “protect Islam from the corruptive forces of European rule,” and not directly oppose European rulers, although he was targeted by colonial authorities all the same.

Other Africans—Christians, traditionalists or non-believers—allied with liberation movements from other countries in their fight for independence and self-rule. The movements against colonial domination had a religious undercurrent, as politics in postcolonial Africa would reveal.

#### SEPARATING RELIGION AND STATE IN POSTCOLONIAL AFRICA

The early days of independence were promising for secularism in Africa, with the separation of church and state offering a solid framework upon which to build modern, progressive states. The prospect of shaping a free, democratic



and secular Africa was bright. Many countries adopted a secular constitution establishing a wall separating religion and state—with the powers of the presidents on one side and those of priests and bishops, imams and sheikhs on the other. But decades after independence, many of the secular hopes and promises have been dashed. Some governments have pulled down this wall of separation or have gone so far as to merge religion and state. Many African politicians have campaigned with, and were elected for, religious reasons. Others campaigned as democrats but ruled as theocrats. This trend has been mainly due to pressures from religious groups and institutions.

At the end of colonial rule, Muslim-majority countries in Africa adopted Islam as the state religion and sharia

of Kano, police enforcing the Islamic principle of *Hisbah*—maintaining a society in conformity with the laws of Allah—destroyed over 240,000 bottles of beer as part of its crackdown on “immorality” in the state.

The separation of religion and state in Africa has had some of its most pronounced breaches in matters concerning sexuality education and the reproductive rights of women. The Catholic hierarchy in Africa opposes sex education in schools as well as the use of condoms, even with the continent gripped by the HIV & AIDS pandemic. The hierarchy continues to frustrate African governments’ plans to make contraceptives more accessible and abortion safe and legal. The hierarchy in Uganda, under the aegis of the Uganda Joint Christian

woman shall have the right to enjoy reproductive rights including the right to medical abortion in cases of sexual assault, rape, incest and where the continued pregnancy endangers the life or the physical, mental, psychological or emotional health” of the pregnant woman. The Catholic hierarchy in Nigeria, in the name of its “prolife” campaign, continues to block the government’s efforts to provide legal protection for the lives and health of women by guaranteeing access to safe and legal abortion.

#### THE ENDANGERED STATE OF SECULARISM

Zambia’s Frederick Chiluba, a Pentecostal Christian who ruled the country from 1991 to 2002, declared Zambia a

**The separation of religion and state in Africa has had some of its most pronounced breaches in matters concerning sexuality education and the reproductive rights of women.**

(Islamic law) or its adaptation, as state law. For example, shortly after Nigeria returned to democratic rule in 1999, Muslim-majority states in the north imposed sharia law in a country that “was supposed to be secular,” as Ali Mazrui, a writer on African and Islamic studies, observed. The espousal of sharia has had numerous negative impacts on human rights in the region. In 2003, a sharia court sentenced a Nigerian woman to stoning for adultery. In 2010, Sani Ahmed Yerima, a Nigerian senator, defended his marriage to a 13-year-old girl by citing Islamic law. The freedom of religious minorities has also suffered in the region. Since sharia came into force, non-Muslims have been subjected to discrimination in the workplace, in education and in political appointments. Churches have been destroyed, Islamic dress and codes curtailing drinking have been imposed on non-Muslims. In November in the Nigerian city

Council (UJCC), has come out against the proposal to legalize abortion from Sarah Opendi, the state minister for health. The executive secretary of the UJCC, Fr. Silvester Arinaitwe Rwomukubwe, explained his opposition to the proposal in an interview with Uganda’s *Observer*, stating that abortion was against the teachings of the Bible and the church. Health experts say that at least 1,500 girls in Uganda die every year from complications resulting from unsafe abortions.

In Nigeria, the Catholic hierarchy recently pressured Governor Rochas Okorocha, the governor of the Imo state in the southern region, to repeal a law that had legalized abortion—according to the local archbishop’s interpretation of it. Archbishop Anthony Obinna mobilized the hierarchy and the community against the governor because of a section of the law that stated: “Every

Christian nation shortly after he was elected. Chiluba was praised by Christian groups and leaders across the world, including American evangelist, Pat Robertson. The case of Chiluba is indicative of the endangered state of secularism in Africa.

In particular, it demonstrates that there is an international dimension to mixing religion and politics in the region. African religious organizations and leaders often act under the influence of the Vatican and the Organizations of Islamic Cooperation. They receive moral and financial backing from rich and powerful evangelical and Islamist groups and institutions around the globe. Until African politicians begin to muster the will and the statesmanship to neutralize these pressures from theocratic establishments, the promise of a secular Africa will continue to elude the people of this region, and the idea of an Africa where religion and state are separate will remain a pipe dream. ■



# Religion, Custom and Colonialism

## WEST AFRICA'S OBSTACLES TO ABORTION ACCESS

By Codou Bop

**F**OR AFRICAN WOMEN, ASSERTING control over their bodies is a major challenge, with abortion one of the most contested areas related to their sexual and reproductive lives. While abortion should be considered a simple public health issue in the political realm, it is mostly seen through a cultural, moral or religious lens, which means the severe consequences of restrictive abortion laws on the lives and health of women are often not addressed. There is a general lack of consensus about the beginning of life based upon religion and custom. Because of antiabortion legislation dating from the colonial era, African women who decide to abort continue to pay a heavy toll in terms of mortality and morbidity. This article aims to analyze some of the social, legal and religious—specifically Muslim—aspects of the abortion debate. It focuses especially on the Francophone countries of West Africa, which form a geographical unit that was occupied in precolonial times by powerful empires (those of Mali and Ghana, for example), and which share the same cultural heritage, the same experience of French colonization and where

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A bus shelter in the Nigerian state of Zamfara bears a sign denoting that it is for women only. Zamfara extended sharia law from civil to criminal law in 2000.

Islamization dates back to the 11<sup>th</sup> century in some countries.

Except for Mauritania, all countries in West Africa are secular republics, but in every country, Islam and customary norms weigh heavily on family law and the status of women. For instance, sharia, a type of Islamic law, was adopted into the secular legal system in parts of Nigeria and Mali, while in Sierra Leone, Islamic law is only recognized for Muslims in certain circumstances, including questions of marriage and divorce. These norms also come into play when governments seek to legislate for the promotion of women's rights

or when attempts are made to implement international and regional instruments on women's rights. However, religious and cultural precedents are wielded to the greatest effect when governments try to craft laws that would make any change in power relations within the private sphere. This includes provisions aiming to give women and girls more control over their bodies; greater freedom of choice of which person to marry; protection against violence, especially marital rape; and access to family planning or abortion. National policies related to these or any other women's rights are still strongly



and negatively influenced by interpretations of religious and cultural norms that are unfriendly to women. This trend is even more worrisome today with the recent surge of Islamic extremism in the region, including in its jihadist form. (For example, the occupation of Northern Mali by the group known as Al Qaeda in the Islamic Maghreb.)

#### **THE STUBBORN REALITY OF UNSAFE ABORTION**

In 2003, the African Union drafted the Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa. Article 14, which pertains to health and reproductive rights (see p. 38), reads: "States Parties shall ensure that the right to health of women, including sexual and reproductive health is respected and promoted. This includes among others: the right to control their fertility; and the protection of the reproductive rights of women by authorizing medical abortion in cases of sexual assault, rape, incest, and where the continued pregnancy endangers the mental and physical health of the mother or the life of the mother or the fetus." In 2007, the African Union drafted the Plan of Action on Sexual and Reproductive Health and Rights for 2007–2010, also known as the Maputo Plan of Action, which has nine areas of action, one of which is the reduction of the incidence of unsafe abortion.

But these principles have not trickled down to abortion availability for women; according to World Health Organization data from 2011, the unsafe abortion rate in West Africa is 28 percent among women aged 15–44, and for the same women, maternal mortality due to unsafe abortion is 12 percent.

On paper, most governments are committed to reducing unsafe abortion. Except for Mauritania and Niger, all 17 West African countries signed and ratified these regional documents. Four of those countries (Mali, Guinea, Burkina Faso and Benin) allow abortion on some of the grounds indicated in the African Union's instruments. The others, such as Senegal, still prohibit abortion except when a wom-

an's life is at risk—not based on sharia law, as is the case for Mauritania, but based on a French law prohibiting propaganda on contraception and abortion that dates back to the 1920s. This law was enacted after World War I by a right-wing regime to encourage population growth. At that time, West African countries such as Senegal were still French colonies, but they did not repeal the law even after gaining their independence.

In these countries abortion is still a crime, but therapeutic abortion is permitted by the Code of Medical Ethics. In Senegal, for example, induced abortion, though not explicitly defined in the Penal Code, is punishable by imprisonment and fines. Article 305 of the code reads: "Whosoever, by food, drink, medicine, violence, or by any other means, provokes an abortion in a pregnant woman, whether or not with her consent, will be punished with a prison sentence of one to five years and a fine of 20,000 to 100,000 CFA francs [around \$40–200 USD]. The woman who induces her own abortion, or who has consented to the use of means administered for that purpose, will be punished with a prison sentence of six months to two years" and a similar fine.

Although induced abortion remains unlawful, services are available for postabortion emergency care.

#### **ISLAMIC POSITIONS ABOUT ABORTION: NO CONSENSUS**

This article focuses on Islam because the majority of people in West Africa are Muslim and Islam affects non-Muslims, as mentioned earlier in the examples of sharia adopted as civil law. Islamic religious leaders in West Africa condemn abortion, but when viewed in their totality, a dominant feature of Islamic teachings is that there is no consensus about the morality of abortion. The Solidarity Network of Women Living under Muslim Laws (WLWML) has been among the first to highlight the "myth of an homogenous 'Muslim world,'" stating that "a) laws said to be Muslim vary from one context to another and b) the laws

that determine our lives are from diverse sources: religious, customary, colonial and secular." The lack of a Muslim consensus on abortion stems from the multiplicity of sources, which include the four canonical schools of law (Hanafi, Maliki, Shafi and Hanbali) and many modern thinkers. Each of the four schools has its own approach to abortion.

A review of chapters (Surah) of the Qur'an, or of the Sunnah of the Prophet Muhammad, brings the striking revelation that there are no precise directions pertaining to abortion. There is, however, great emphasis placed upon infanticide, which concerns already-born babies. With respect to abortion, the debate in both canonical and non-canonical sources centers on the beginning of life, which is invariably linked to the moment when the soul enters the fetus.

The Qur'an and the Hadiths (sayings) of the Prophet Muhammad give clearer insight into the phases of fetal growth, which are indicated to be seven, the seventh being the moment when the fetus receives its soul (ensoulment). The Qur'an states:

"We created man from an essence of clay: then placed him, a living germ, in a secure enclosure. The germ We made a leech; and the leech a lump of Flesh; and this We fashioned into bones, then clothed the bones with flesh. Then We develop it into another creation (Surah Al-Mu'minoon, 23: 12–14)."

An assumed authentic Hadith from the Prophet Muhammad says that a human being starts when a fertilized ovum has been in the uterus of the mother for 40 days. Then it grows into a clot for the same period; then into a morsel of flesh for the same period; then an angel is sent to that fetus to blow the soul (*Rub*) into it and to write down its age, deeds, sustenance and whether it is destined to be happy or sad.

From other sacred sources, it is understood that ensoulment only happens after 120 days, and abortion is allowed before this period. But, because of the lack of con-



sensus between the four canonical schools of law about the moment when the soul is breathed in the fetus, the canonical schools and related religious leaders dominant in each country may allow abortion with restrictions or forbid it. For example, since 1965, abortion is allowed in Tunisia up to the end of the third month of pregnancy. It is performed by trained doctors in healthcare settings for married as well as unmarried women. In West African Francophone countries where abortion is forbidden, this is due to the influence of the Maliki school of thought, which is the most conservative and forbids abortion, as well as the influence of the 1920 French law discussed above.

In addition, ensoulment is not the only consideration in Islam's ethics about abortion. Sharia also allows abortion in some other cases, such as when doctors declare with reasonable certainty that the continuation of pregnancy will endanger a woman's life. This permission is based on the principle of the lesser of the two evils, known in Islamic legal terminology as the principle of *al-ahamm wa 'l-mubimm* (the more important and the less important).

#### THE AFRICAN WOMEN'S MOVEMENT AND ABORTION

The right to safe and legal abortion, or other rights such as the right to express one's sexual orientation, are not central to the West African women's movement's platform, except for individual women who embrace feminism or who are members of groups like the African Feminist Forum. For this group of women, access to free and medicalized abortion is a political issue: it's about refusing the religious and customary rule that a woman's life is worthy only if she is a mother. It is also a statement that sex for pleasure is as much a women's right as a man's right. It's about a radical change in power and class relations, as wealthy women have the means to get an abortion in the best clinics and are protected by their class status. Expressing these opinions publicly exposes one to stigma, or to being considered brainwashed by

Western feminists. This stigmatization may come from Muslims, from Christians—most of whom are Catholic and follow the Vatican's position on sexuality—or from proponents of traditions that are pronatalist.

The material conditions in which the majority of African women live are characterized by low social status, deep poverty, lack of education and poor basic living conditions (limited access to water, to income-generating activities, to land, to healthcare services, education about the law or the means to defend oneself). Given those conditions, the majority of women's organizations choose to work to improve other facets of their sisters' lives. Those who are active implementing women's sexual rights usually fight for access to family planning or to put an end to violence against women.

Presently, in addition to prochoice feminists, there is an important lobby made up of female lawyers' organizations working towards reforming abortion laws. They hold workshops with high-ranking officials of the health ministry, members of parliament and gynecologists, as well as religious and cultural leaders. These efforts have achieved little, as they only target the law, and legal reform alone does not necessarily change conservative opinions about an issue as sensitive as abortion. Additionally, the majority of African women are uneducated and often unaware that there are laws passed to defend their rights, among which may be the right to abortion.

Another point worth raising is the scarcity in Africa of funds needed to implement activities aiming at changing women's social conditions and status. Most governments do not fund women's organizations active in civil society. Ruling parties may, however, provide funds to their women's wing.

Therefore the large majority of African women's organizations, like all NGOs, are dependent on donors to get funds, which unfortunately forces them to depend on the donors' agenda. Donors, whether they are United Nations agencies, aid agencies or international NGOs, all have their own

agendas that may or may not coincide with the needs of African women. In that case, the African women's organization usually complies with the donor's mission because this granting agency is their only source of funds. As far as sexual rights are concerned, donors may fund activities related to family planning, HIV & AIDS, opposing violence against women, but in some cases avoid programs related to abortion. The situation was worse between 2001 and 2009, when US President George W. Bush's administration withdrew funding for US international organizations that were partners of African associations that spoke, advised or educated about abortion or lobbied for the reform of abortion laws. Sadly, these strictures are still prevalent.

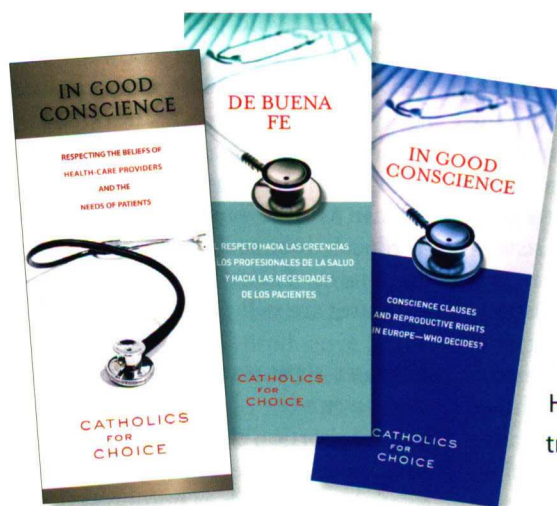
#### OLD AND NEW METHODS OF CONTROL

Unsafe abortion claims the lives of many African women every day. This raises related issues, such as unintended pregnancies, access to family planning and the right to safe sex and to ownership over one's body. Furthermore, Africa's ongoing problem with abortion accessibility and safety reveals the extent to which women's bodies are the battlefield of old and new ways to control women—especially their reproductive functions and their sexuality. All over the world, women resisted and still resist this oppression, especially when it is in the name of religion or custom. African women take part in this struggle within alliances they built at the regional and international levels to demand equality and the promotion and protection of their rights. At the national level, they fight for the repeal of laws against abortion. Unfortunately, an absence of political will and increased pressure on Muslim populations, including women, to embrace a narrower Islamic view of abortion have so far impeded their struggle. For these reasons, women living in West Africa will continue the fight for the legalization of abortion as part of the global effort to expand sexual and reproductive choices. ■



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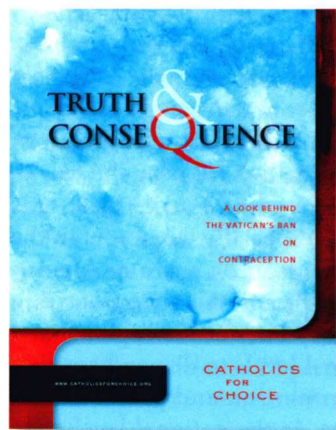


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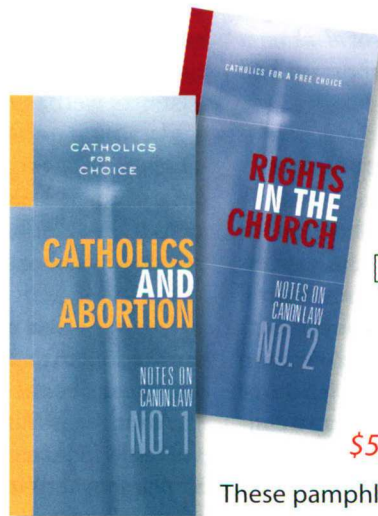
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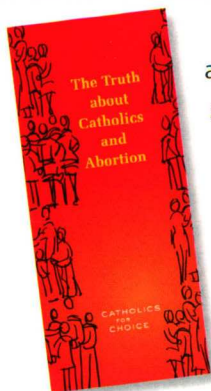
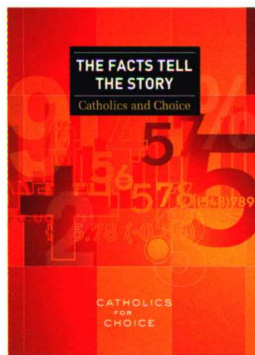
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# Rwanda: Where Abortion Can Lead to Prison

By Chantal Umuhoza



© AFP PHOTO/HO/SHANNON JENSEN, 2010

A woman waits to receive family planning counseling at the Musha Health Center in Kigali, Rwanda.

**W**OMEN ANYWHERE IN the world can find themselves in a position where they have to choose whether or

**CHANTAL UMUHOZA** is a Rwandan citizen currently pursuing a Master's degree in development studies with a major in Gender and Human Rights at the Erasmus University of Rotterdam in the Netherlands. She is also project coordinator of the safe abortion action fund at the Rwandese Association for Family Welfare (ARBEF).

not to carry a pregnancy to term, but depending upon where they live, abortion may be safe and available, or, as it is in Rwanda, laden with needless dangers that destroy women's lives each year. The right to make this decision whether or not to have a child has been confirmed in international governmental agreements such as the Programme of Action from the International Conference on Population and Development (Cairo, 1994), which says that governments should respect the rights of individuals to decide

and act freely and responsibly regarding how many children they want to have and when. Nevertheless, many countries that theoretically recognize reproductive rights still hold on to their restrictive abortion laws, and thus the unsafe clandestine abortion services that thrive under such conditions. Rwanda is one country where women risk not only their lives but their freedom when they decide to have an abortion. Rose, a 23-year-old serving a five-year prison sentence on abortion-related charges, summed up



what is lacking in Rwanda's commitment to women's health and rights: "I really think prison should not be the solution to solve the problem of unwanted pregnancies that end in unsafe abortions; this could be resolved if these abortion services were made legal," she told researchers in a study published by Rutgers WPF in 2011.

Though there are glaring exceptions, Rwanda has made tremendous progress in advancing women's rights and promoting gender equality. The country is known for having many women in political positions; more than 60 percent of the seats in parliament are filled by women. Many laws and policies to eliminate discrimination against women have been put in place, such as those affirming property rights and fighting gender-based vio-

#### THE MANY PERILS OF UNSAFE ABORTION

There is plenty of research documenting the connection between unintended pregnancy and the unsafe abortion services that are many women's only recourse. Findings from the first national study on the incidence of unintended pregnancy and abortion in Rwanda show that nearly half (47 percent) of all pregnancies in the country are unintended and approximately 22 percent of all unintended pregnancies end in induced abortion. According to a 2009 study, Rwanda's abortion incidence is 60,000 abortions per year, or 24 per 1,000 among women aged 15–49. The abortion rate is relatively low—Rwanda's rate is significantly lower than that of Eastern

complications that required medical treatment. But of these, just 17,000 received adequate treatment in a health facility, meaning that 30 percent of the women who needed care did not receive it. Women fear accessing medical services for complications from an abortion because of the possibility that health professionals may judge them or even turn them into the authorities for prosecution—with good reason.

On paper, abortion carries fewer legal risks now than it used to in Rwanda. In 2012, recognizing how many women were obtaining clandestine abortions in defiance of the law, Rwanda revised its law on abortion, in force since 1977. The previous law had criminalized abortion in almost all circumstances; abortion was

**Many faith-based organizations** have consistently and actively advocated against the decriminalization of abortion in Rwanda.

lence, and progress has been made in promoting girls' education. Women's health hasn't been ignored in Rwanda, which is among the most populous sub-Saharan countries with a population of 11 million and has a fertility rate, or ratio of live births to total population, of 4.6 per 1,000. More women are using contraception: as the Guttmacher Institute reported in 2010, 44 percent of married or cohabiting Rwandan women were using modern contraception at that time, up from 4 percent in 2000.

But the increase in contraceptive use has not kept pace with the growing desire for smaller families, nor does it extend to the increasing proportion of unmarried young women who are sexually active. The unmet need for family planning in Rwanda is 19 percent according to 2013 figures from USAID, but this number does not adequately convey the consequences suffered by some women who cannot obtain contraception—unintended pregnancy, unsafe abortion and possibly death or imprisonment.

Africa (38 per 1,000), and lower than that for the African continent as a whole (28 per 1,000).

Still, abortion places a heavy burden on Rwandan women and the healthcare system because almost all abortions are unsafe: that is, performed by unskilled people, often using traditional methods, and in unsanitary environments where safety cannot be guaranteed. A 2004 study of four health districts in Rwanda estimated that 50 percent of obstetric complications were a consequence of spontaneous and induced abortion. Unsafe abortion and the resulting fatal complications affect poor women more than wealthier women because women with few means who are in desperate situations resort to the cheapest means to have an abortion, including using traditional medicines.

The risks of an unsafe abortion do not end with the procedure itself. The same Guttmacher study showed that 24,000 of the approximately 60,000 women who had an abortion in a given year suffered

only allowed to save the life of a woman when two or three doctors authorized it.

Under the new abortion law there is no criminal liability in the case of pregnancy due to rape, incest or forced marriage, or if there are health complications for the woman or the fetus. However, abortion is still criminalized. A woman who carries out a self-induced abortion is liable to a term of imprisonment of one to three years and a fine of 50,000–200,000 FRW (\$75–300 USD), and a person who causes a woman to abort with her consent risks a sentence of two to five years under Article 163 of the penal code. The law also requires that women seeking an abortion must obtain authorization from a court and the signature of two doctors. This can be a significant barrier for women because these authorizations can cost money, waste time and dangerously delay critical healthcare.

In a country where doctors are scarce and the court system difficult to access, particularly for poor women, abortion is,



in effect, still prohibited for almost all Rwandan women. Women continue to be arrested and imprisoned for abortion in Rwanda, even those whose situations could be exempted from criminal liability under the new law.

The Rwandese Association for Family Welfare (ARBEF), a member association of the International Planned Parenthood Federation (IPPF), was established in 1986 as the first NGO addressing and advancing women's sexual and reproductive health and rights in Rwanda. As the leading organization in the country advocating for safe abortion, ARBEF has carried out studies about women who have been imprisoned on abortion-related charges and has engaged policymakers in debates about abortion to lobby for policy change. In the four prisons that were visited during a 2011 study, 152 women were serving sentences for abortion and eight of them were arrested when they were still minors (under 18 years old). Most had no legal representation during their trial, since most of them are from poor families and the vast majority of these women have little education. Women have been arrested and convicted for abortion in cases of miscarriage or stillbirth. Young women—who are particularly vulnerable to unwanted pregnancies given the social constraints on contraception—are at a high risk of being charged and imprisoned due to abortion. Of the women in prison for abortion, 90 percent were 25 or younger at the time of their arrest. Many were detained after seeking emergency medical treatment for complications from an unsafe abortion.

It is not hard to see multiple human rights violations in the detention of women for their healthcare choices. But Rwanda committed to uphold women's rights in its 1979 ratification of the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW), a binding treaty requiring all countries that have signed to commit to ensuring respect for women's and girls' human rights and fundamental freedoms. Rwanda backed down

from its initial reservations to Article 14(2)(c), the section affirming abortion rights in the Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa (the Maputo Protocol). Why would a country that has made remarkable progress in promoting women's empowerment and gender equality still be repressive when it comes to a woman's right to choose?

### CULTURE AND CONTRACEPTION

As in many African countries, sexual activity is taboo in Rwanda, especially for unmarried people, and this belief has always been and still is embedded in its social structures. Traditionally, information about sex would only be given to people who were about to get married. Girls were expected to stay virgins until marriage. Those who got pregnant before they were married would become outcasts and sometimes would be thrown in rivers and lakes and left to drown.

Things have changed for people coming of age in Rwanda—an exposure to technology may be part of it—and many young people become sexually active before marriage. However, the traditional view of sexuality still plays a big role—not only in families, but also in different institutions and policies. Despite the reality of sexual activity among students and the risk of unintended pregnancy or STDs, there is no sexuality education in schools. When the government does attempt to address teenage pregnancies it mainly does so by promoting abstinence, and only sometimes the use of condoms.

Young people who do seek out contraception find that is not easily accessible, as it is available at health centers where adult and married women go for the same services. Young women who are brave enough to seek contraceptives at health centers are often judged by health providers. They are intimidated from seeking a service that is unexpected of unmarried girls and women, which demonstrates that the stigma against sex outside of marriage is com-

mon among health providers. Emergency contraception (EC) is not included among the available methods and it is generally not known among young people. Only those in urban centers can buy EC from private pharmacies, but it is expensive.

A lack of access to contraception—and a poor understanding of how contraception and reproduction work—were recurring themes in the personal stories of women imprisoned for abortion collected by ARBEF in its 2011 study. “I had little information on contraceptives at that time but had difficulties on where I could get those services,” said Brenda, a former university student. “I had never before heard of contraceptive pills,” a young woman named Charlotte said. Maria, another woman serving a sentence for abortion, said that, as the only girl in a family of boys, the only sex education she received was from friends.

Cultural norms may be very concerned with controlling young women's sexual activity, but a different standard exists for men. A study about sexual violence in Rwanda conducted in 2008 by UNIFEM discovered that 86 percent of female respondents had been forced into having sex, or had experienced an attempt at forcing them to have intercourse, in familiar settings such as the family or the workplace. Several of the women interviewed by the ARBEF team mentioned being coerced into sexual activity, whether by a teacher, an older man or an employer, or exploited because of their economic needs. Among these was Anne, who was 17 years old when she was imprisoned for having an abortion. She was made pregnant by her secondary school teacher, who offered to pay for some of her educational costs. She was reported to the police by her elder brother.

Family plays a powerful role in enforcing the traditional stigma associated with unwanted pregnancies among unmarried women. Often, girls who get pregnant before marriage are shoved into arranged marriages to avoid bringing shame on the family. Girls'



decisions to have an abortion are also often made to avoid bringing shame to their families. In fact, one of the reasons the investigation into abortion in Rwanda led to prisons is that in “no other place” could the researchers “find women who aborted ready to accept this status [of having had an abortion] and to accept our interview; the same for health providers or other people who conducted or helped to abort illegally,” according to the 2013 paper by ARBEF and IPPF. Otherwise, stigma made it very unlikely for women to admit to having had an abortion.

Different religions play a big role in suggesting what sexuality is and should be in Rwanda. More than 70 percent of Rwandans belong to one of several Christian religions. Sexual activity and pregnancy out of wedlock are considered to be sins that must be avoided. “Out of fear of my dad who is a pastor, I arranged with the local leader to get me traditional medicine to do an abortion,” recounted Clarisse from prison. Religion also plays a role in the development of public policies; for instance, many faith-based organizations have consistently and actively advocated

against the decriminalization of abortion in Rwanda for many reasons, one of these being that accessible abortion is considered likely to promote promiscuity among young people.

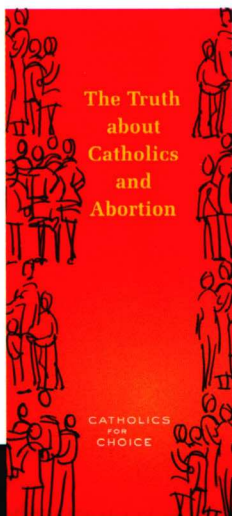
The study by ARBEF and IPPF examined the views about abortion held by a group of policymakers, public servants and representatives from faith-based organizations. “Policymakers were guided by moral and religious considerations rather than by evidence-based approaches,” the researchers said, characterizing the overall attitude towards abortion as “disapproval.” Possible adverse health implications for a woman or a fetal abnormality were the circumstances in which there was the most support for legal abortion. Study participants were unaware of the number of deaths due to unsafe abortion that occur each year in Rwanda, but when asked for methods to improve the situation, there was some support for improving contraceptive access and sexuality education.

Not even comprehensive and youth-friendly contraceptive services can prevent unwanted pregnancies completely, and as long as these exist, so will abortions. The question shouldn’t be whether

to restrict abortion or not, because even restrictions do not stop women from having abortions—they are merely left with only unsafe options. Unsafe abortions are preventable and a woman’s decision to have an abortion should be respected. Rwandan culture attempts to control young women’s sexuality by denying them information about sex or contraception, and society denies them any safe, legal alternative to bearing an unwanted pregnancy. As Rose said from the penitentiary, “I really think prison should not be the solution to the problem of unwanted pregnancies that end in unsafe abortions.” This should be just as evident to policymakers—many of whom, in the IPPF study, knew of women who had died or almost died as a result of an unsafe abortion. Perhaps Rwanda’s first step must be to acknowledge something noted by Dr. Mahmoud Fathalla, former president of the International Federation of Obstetricians and Gynecologists:

“Women and girls are not dying because of diseases we can’t treat.... They are dying because societies have yet to make the decision that their lives are worth saving.” ■

## What does the church teach about abortion?



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Church teachings on moral decision-making and abortion are complex—far more complex than the bishops would have us believe. This publication from Catholics for Choice reveals how church teachings leave ample room for Catholics to affirm that abortion can be a moral choice.

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A sign in Zambia's capital Lusaka advertises one of the many unregulated abortion clinics where unsafe abortion causes approximately 30 percent of maternal deaths.

# Understanding Abortion Access in Africa

By Catholics for Choice

**W**HEN DR. NKOSAZANA DLAMINI-ZUMA BECAME the first woman elected chairperson of the African Union (AU) in 2012, she remarked, "My election is not a personal victory but a victory for the African continent in general and for women in particular.... it is only if men and women reach their full potential that we as a continent shall reach our full potential." The status of African women is a good reflection of the situation in the continent itself, where

they have been at the heart of the long tradition of African cooperation. The African Union, founded in 2002, had its antecedents in the Organization of African Unity, formed in 1963, but the Pan-African Women's Organization dates back to 1962.

Every African nation except Morocco is a member of the African Union, whose management functions are handled by the AU Commission (AUC). African jurisprudence on rights predates the union, however. One of several early human



rights documents, the 1981 African Charter on Human and Peoples' Rights, was the precursor to the 2003 Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa, better known as the Maputo Protocol, which was the first international treaty to explicitly guarantee a right to abortion.

In reality, many African women face numerous obstacles when trying to exercise that right, in no small part because governments have failed to back abortion access. Women then must take matters into their own hands, leading to the current high unsafe abortion rate of 28 per 1,000 women in Africa overall.

African women fending for themselves is nothing new. In a speech before the African Union 50<sup>th</sup> Anniversary Heads of States Summit in July 2013, Nigerian-British scholar Amina Mama extolled African women, who have been “creatively fending for themselves and their dependents ... before, during and since colonialism, despite colonialism, and with minimal government support.” A report written by the AUC Depart-

#### PROTECTION OF LIFE

At the UN level, no human rights document recognizes the right to life before birth. So in Madagascar, one of the African countries whose constitution mentions the protection of life, the wording still leaves room for allowing abortion when a woman's life is threatened by a pregnancy.

#### INTERNATIONAL AND REGIONAL LAW ON WOMEN'S RIGHTS

##### *The Maputo Protocol*

A majority of AU member states have ratified the protocol, which went into effect in 2005, with only two countries signing with reservations to Article 14, the section affirming the right to a safe abortion.

Article 14[2][c] of the Maputo Protocol reads:

“States Parties shall take all appropriate measures to: protect the reproductive rights of women by authorizing medical abortion in

**Confusion about when abortion is legal—or if it is legal at all—exists among women, policymakers and providers in many areas, making safe procedures needlessly difficult to access.**

ment of Social Affairs and Ipas, “Interpreting and Implementing Existing Abortion Laws in Africa,” takes the creative tactic of finding unexplored room for improvement in abortion access *without* challenging the existing legal framework head-on.

The legal status of abortion in Africa is, on paper, better than in some Latin American countries where abortion is effectively outlawed—no African country has a complete ban on abortion, and postabortion care is required in all cases and all nations. But confusion about when abortion is legal—or if it is legal at all—exists among women, policymakers and providers in many areas. As the AUC and Ipas pointed out, the letter of the law is not the full story.

The following are some strategies for broadening the interpretation of current laws.

#### DEFINITION OF HEALTH

Statutes allowing abortion for health reasons deserve a closer look. The World Health Organization's definition of the word health—“a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity”—encompasses cases of rape, incest or a threat to a woman's mental health.

cases of sexual assault, rape, incest, and where the continued pregnancy endangers the mental and physical health of the mother or the life of the mother or the fetus.”

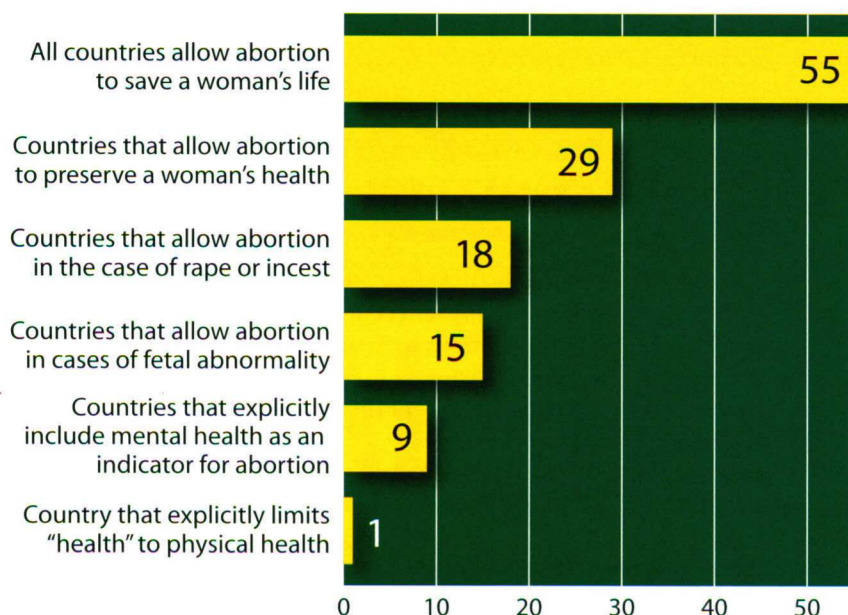
The African Commission on Human and People's Rights, which developed the protocol, was able to marshal such strong support for abortion access because it was equipped with the proper authority. The African Charter specifies that the Commission may “formulate and lay down principles and rules aimed at solving legal problems relating to human and peoples' rights.” African legal scholar Charles Ngwenya said that including the right to abortion in Maputo was a strategic move, ensuring that “the violation of abortion rights by the nation-state cannot be insulated from human rights scrutiny by the African Charter treaty bodies.” In other words, a woman's right to reproductive healthcare lies above the fray of national politics and shifting political agendas.

Women's right to reproductive healthcare is based upon the right to dignity and to be free of “cruel, inhuman and degrading punishment or treatment”—which extends to women seeking postabortion care.

Most African states have human rights principles embedded in domestic laws, so that any nondiscrimination principles are



## Legal Status of Abortion in Africa



Source: African Union Commission Department of Social Affairs and Ipas, "Interpreting and Implementing Existing Abortion Laws in Africa," 2013, on file

amplified by the robust understanding of discrimination found in the Maputo Protocol. One of these parallels can be found in Article 21 of Uganda's constitution dealing with "Equality and freedom from discrimination," which says, "All persons are equal before and under the law."

The AUC's 2011 African Charter on Human and Peoples' Rights pointed out Nigeria's high maternal mortality rate and recommended that Nigeria "ensur[e] that unsafe, out of hospital abortions are prevented." Decriminalizing abortion is a proven way to prevent unsafe abortion, so urging governments to prevent unsafe abortion is another oblique method of challenging the status quo.

Reducing maternal mortality has the potential to gather broad political support. In 2010, the African Union Commission adopted the Campaign for Accelerated Reduction of Maternal Mortality in Africa (CARMMA), which has been launched by over 40 AU nations. In 2012, the AUC's Annual Status Report on Maternal, Newborn and Child Health in Africa pointed out the relationship between restrictive (or poorly implemented) abortion laws and high maternal mortality and urged countries to reform these laws.

The AU is currently formulating a detailed implementation strategy for the protocol.

### UN Treaties

Because the constitutions of most African nations establish international treaties as having an equal—or in some cases, a

higher—level within national law, international conventions favoring reproductive health can provide a fulcrum for shifting domestic policies.

For example, every country on the continent—with the exception of three—has ratified the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW). The CEDAW committee has equated the refusal to provide women's reproductive health services to discrimination and directed states to use a broad definition of health extending to mental health. According to CEDAW, the state must create a framework allowing women to access safe procedures "with the necessary legal security" for women and for providers.

### Colonial law and the Commonwealth

A nation's colonial past or present Commonwealth ties can act as a conduit for legal precedents affirming women's rights into domestic policies. Sierra Leone is one of several Commonwealth countries to model its abortion policy after England's 1938 *Rex v. Bourne* decision, which established necessity—that is, threats to a woman's mental and physical health—as grounds for legal abortion.



### ETHIOPIA

In 2004, Ethiopia, which previously allowed abortion only in cases where a woman's life or health was at risk, passed a more liberal law allowing abortion in cases of rape, incest, fetal abnormality and for women with physical or mental disabilities.

The Technical and Procedural Guidelines for Safe Abortion Services implementing the law in 2006 stated that unsafe abortion is one of the top 10 reasons for hospital admissions among women. The guidelines cite Ethiopia's commitment to women's rights through CEDAW and the unsafe abortion rate as the impetus for developing national standards for health workers.

Ethiopia has since established programs to raise awareness about legal abortion, reduce stigma and train more providers. In 2010, 15 percent of women seeking abortion care needed treatment for complications of a previous unsafe abortion, down from 50 percent just two years earlier.





#### GHANA

Ghana's 1985 law is one of the most liberal in Africa, yet it remained unimplemented until the Ministry of Health began creating structures to make abortion available in 2005.

The law states that abortion should be legally available to protect the life or health of a woman, in cases of rape and incest, and if there is a fetal abnormality. Ghana's maternal mortality ratio was 580 per 100,000 live births in 1990 but by 2010 had dropped to 350, according to UNFPA data. Still, in 2010 the Guttmacher Institute estimated that 11 percent of maternal deaths were due to unsafe abortion.

Policymakers in Ghana have rallied around decreasing maternal mortality. According to Hon. Nana Oye Lithur, Minister for Gender, Children and Social Protection,

"We have been able to work within our law, with the kind assistance and support of our partners to achieve a lot in

Overall, according to Dr. Victor Mukonka, director of public health and research for the Ministry of Health, unsafe abortion contributes to 30 percent of Zambia's maternal deaths.

"The Ministry of Health is taking firm and steady action on maternal death.... It should be noted that safeguarding women's reproductive health is one of the key national health priorities, which is now (finally) receiving its due."

In 2009, the Ministry of Health published guidelines for the implementation of the abortion law and is addressing the lack of providers. A study of 25 hospitals published by Ipas in 2011 found more safe abortions were being provided in two areas, with a decrease in postabortion care being observed in some regions.

One of the biggest obstacles to accessing a safe, legal abortion in Zambia remains in place, however: the requirement that women receive permission from three physicians for the procedure. Also, while a 2005 amendment expanded legal

**In Ethiopia in 2010, 15 percent of women seeking abortion care needed treatment for complications of a previous unsafe abortion, down from 50 percent just two years earlier.**

addressing maternal mortality and reducing unsafe abortion in Ghana.... The current policy and legal framework is satisfactory, and we are working hard on improving services, training healthcare providers, police officers, judges and empowering women with knowledge on sexual and reproductive rights."

The Ghana Health Service's 2005 guidelines raised awareness among providers and the general public about the legality of abortion, as well as establishing standards for the provision of abortion and contraception and the training of more abortion providers.

Ghana's protocols for medical abortion and for the broad interpretation of health now follow WHO standards.



#### ZAMBIA

Since 1972, abortion has been legal in Zambia under a wide variety of circumstances: to preserve a woman's life, physical health or mental health; in the case of fetal impairment; or

for economic or social reasons. But in 2000, a survey of adolescents in urban Zambia found that two-thirds of unwanted pregnancies were terminated through unsafe abortions.

abortion access to children who had been raped, this does not apply to adult women.

#### HOMEGROWN SOLUTIONS TO WOMEN'S REPRODUCTIVE HEALTH NEEDS

"The secret of African resilience is something we take so much for granted that we too easily overlook it," Nigerian scholar Amina Mama said in her speech before the African Union. She focused on "African women's invisible work" on sustaining communities and society itself. As Dr. Mustapha Sidki Kaloko, AU Commissioner for Social Affairs, says,

"Africa can generate homegrown solutions to its problems, which are not completely alien to the continent as some of them are consistently being used to drastically cut down the mortality and morbidity in many countries."

Zambia, Ghana and Ethiopia have shown that the political will to put women's health first can unearth tremendous room for improvement within existing laws. This approach holds promise for the rest of Africa, but perhaps any region living under restrictive laws can also learn from African creativity for addressing women's reproductive health needs. ■



# An Abortion in Brazil

THE CASE THAT SAVED A LIFE AND DIVIDED THE VATICAN

By Muriel Fraser

**O**N HIS FIRST FOREIGN VISIT in the summer of 2013, the new Pope Francis was in Brazil to reach out to Catholic youth from around the globe for World Youth Day. Just four years earlier, however, the Catholic hierarchy had squared off with medical professionals over the fate of just one young Catholic, a 12-year-old Brazilian girl and her right to access an abortion. When a local archbishop excommunicated several people who helped the girl obtain an abortion, the Vatican, surprisingly, was divided. There was a call for mercy from the Brazilian hierarchy, seconded by a top cleric in Rome, competing with the usual condemnation of any and all parties associated with abortion. This break in ranks foreshadowed Francis' own more pastoral vision of a merciful church—if not yet a change in the official teachings on abortion.

On February 25, 2009, a little girl was brought to a clinic in Pesqueira, a small city in the hills of northeastern Brazil. The nine-year-old complained of abdominal pain, headaches, nausea and dizziness. Raped by her stepfather over a period of years, now she was four months pregnant and carrying twins. Dr. Nadegi Queiroz, a gynecologist in the Pernambuco state legislature, was one of several doctors who said that the child's uterus

was too small to contain one growing fetus, let alone two, meaning her life was in danger from the pregnancy.

Dr. Sérgio Cabral, a senior doctor at the maternity hospital linked to the University of Pernambuco in Recife (CISAM), agreed. He said that the girl was in danger of suffering a ruptured uterus, catastrophic hemorrhage and miscarriage, with the added risks of diabetes, hypertension, seizures due to eclampsia and future sterility. There was no hope for the fetuses, since four months is well before viability.

## MEDICAL TREATMENT DICTATED BY THE ARCHBISHOP

Under Brazilian law, the patient was entitled to abortion on two grounds: because her pregnancy was life-threatening, and also because it was the result of rape and was less than 20 weeks along. But when Archbishop José Cardoso Sobrinho of Olinda and Recife stepped in, he chose to ignore both the imminent risks to the girl's safety and her rights under Brazilian law. "God's law is above any human law," he said. "So when a human law ... is contrary to God's law, this human law has no value."

After the discovery of the little girl's pregnancy she was interviewed by the police and two days later, on Friday evening, brought from Pesqueira to a hospital in the coastal city of Recife for an abortion. Aiming to stop the procedure, the archbishop put pressure on the

administration of the government maternity hospital in Recife where she had been admitted. On Saturday, February 28, she had already begun the course of drugs, only to have the hospital announce on Sunday, without further explanation, that it was "postponing" the procedure.

This gave Archbishop Cardoso more time. He couldn't get the rapist to assert his "paternal rights" and obstruct the abortion, as he was already in jail, so the archbishop turned his attention to the little girl's parents. Her mother refused to even speak to him, but on Tuesday the child's biological father was talked into attending a meeting with the archbishop, the diocesan lawyer, two priests from the diocesan council and his own parish priest, who leads a charismatic musical group known as the "Resurrection Band." Confronted with five religious figures, the father agreed to oppose the abortion.

That same day, Cardoso announced that his lawyer was about to file a complaint with the public prosecutor. He also approached the state governor, claiming that the treatment would result in a double murder. When the child was first admitted, the Recife hospital had said that only the mother's permission was needed. Yet on Tuesday, after legal threats by church officials, the hospital backed down. The administrators claimed that they must wait until the family could agree among themselves. That meant an

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indefinite postponement.

During this time, the archbishop talked much about the law of God, but didn't mention the plight of the little girl. However, Paula Viana, spokesperson of women's rights group Grupo Curumim, laid it on the line: "With each passing day, the risk is higher, the girl feels ill and already has other complications. There must be immediate medical intervention."

Finally, the mother took matters into her own hands. Realizing that her daughter's treatment was being directed not by the doctors, but by Archbishop José Cardoso Sobrinho, she checked the child out of the maternity hospital on Tuesday evening and brought her to the university clinic. This hospital wasted no time and performed the procedure on Wednesday morning, March 4.

#### **"THANK GOD I'M EXCOMMUNICATED!"**

As soon as the news got out, the lawyer for the archdiocese announced that he would file a complaint of murder against the girl's mother with the public prosecutor. The following day, March 5, Archbishop Cardoso announced the excommunication of everyone involved—the doctors for performing the abortion and the girl's mother for allowing it—but not the stepfather who had raped her.

The archbishop's announcement of excommunication for those involved with the abortion backfired badly. The director of the university clinic, Fatima Maia, even treated the public censure as a badge of honor: "Thank God I'm on the list of the excommunicated!" Many prominent Brazilians, like the Catholic theologian João Batistiole, also spoke out against the censure. Government officials, too, expressed their disbelief. Health Minister José Gomes Temporão said, "The church can have an opinion, but health works in defense of life." His colleague, Minister of the Environment Carlos Minc, added, "This is medieval." And President Lula da Silva himself criticized Archbishop Cardoso and praised the doctors for saving the little girl's life.

Shaken by the public outcry, the Brazilian bishops issued a statement on

March 12, affirming that the abortion should not have been allowed, but indicating that neither the mother nor the doctors deserved to be excommunicated under canon law. Dimas Lara Barbosa, secretary-general of the National Conference of Bishops of Brazil (CNBB), justified the change, saying "We must take the circumstances into consideration," according to the Agence France-Presse news agency. This is not a novel interpretation of church law, as canon law does mention mitigating factors such as those who act under the influence of grave fear or out of a desire to defend another.

The Vatican's initial reaction on Saturday did not back the CNBB. Instead, Cardinal Giovanni Batista Re, prefect of the Congregation for Bishops, focused on the public outcry over the CNBB's initial statement, saying that "the attack on the Brazilian church is unjustified." But on March 15, 10 days after the excommunication was announced, Archbishop Salvatore Rino Fisichella, president of the Pontifical Academy for Life, jumped in to try to contain the damage. He expressed the fear that the absolute ban on abortion, even to save the life of a woman, made the church appear "bereft of mercy" and that this "has affected the credibility of our teaching." To counter this impression, he adopted the interpretation of canon law advanced by the Brazilian bishops and suggested that the mother and doctors were not subject to excommunication, in line with the CNBB follow-up statement.

Archbishop Fisichella's attempt at damage control misfired. His reading of canon law was met by a chorus of outrage from key figures at the Vatican. These included the prominent theologian Archbishop Michel Schooyans, who said, "We cannot allow ... enemies from within to create a breach in the Church's doctrine on abortion."

Others objected to Archbishop Fisichella's statement by citing one of the popes who is currently proceeding towards sainthood, Pius XII. This pope explicitly forbade midwives to sacrifice the fetus, even in order to save the life of a woman.

On June 8, Benedict XVI discussed the case with his secretary of state, Cardinal Tarcisio Bertone, and ordered that a statement be published reaffirming that the church's teaching on abortion had not changed. Archbishop Fisichella was obliged to issue a clarification, which amounted to a retraction.

With the papacy of Pope Francis, many hope that Benedict's interpretation of canon law will give way to a more nuanced approach. Initially, during the new pope's visit to Brazil in July, a message was quietly inserted into World Youth Day booklets, saying, "Abortion is an attack on the very nature of woman, which is to be a mother." On September 20, when Francis addressed a group of Catholic gynecologists, his whole talk on the "gospel of life" continued the party line against abortion and contraception—in other words, about exactly those topics that he had told *La Civiltà Cattolica* the day before that he wished the church to be less "obsessed" about.

Even so, many hope that Francis will take a more pastoral approach than his cloistered predecessor. His own experience of poverty has led him to see abortion as only one issue among many facing the church. This recently emboldened the Nigerian Bishop Hyacinth Egbobo to take a similarly pragmatic stand. "We are dying of lack of food," he said, "Please keep in mind that we have more pressing problems here than what is bothering the West, and which you tend to dump on us—like same-sex marriage or abortion."

Four years before the papacy of Francis, Archbishop Fisichella realized that punishing those who help an abused child does indeed make the church appear "bereft of mercy," and that this is part of what "has affected the credibility of our teaching." It remains to be seen whether Francis' stated wish to de-emphasize abortion will mean that more women get access to reproductive healthcare without the hierarchy's interference. The hopes pinned on Francis suggest that the Catholic faithful are longing for the Vatican to show more mercy. ■



# After Tiller: Is Anybody Out There Listening?

By Ruth Riddick



Dr. Susan Robinson at the Albuquerque, NM, clinic where she practices. From Martha Shane and Lana Wilson's *After Tiller*, a documentary about four doctors who provide third-trimester abortions.

Reproductive rights activist and former service provider **RUTH RIDDICK** won a freedom-of-information judgment against Ireland at the European Court of Human Rights in the *Open Door Counselling* case (1992). She regularly reviews books and films for *Conscience*, most recently Cheryl Parry's theater piece, *The Magdalene Laundries* (2012). She was a contributor to the "Why I Am Prochoice" issue (2013).

SOMETIMES LIFE JUST trumps fiction. Had young filmmakers Martha Shane and Lana Wilson approached Central Casting for *After Tiller*, their film project about late-term abortion providers under siege, they could hardly have assembled such a boiler plate cast: two men and two women—one

radical with a 1960s Peace Corps background, one Republican horse farmer, one articulate lesbian, one grandmotherly type. True, all four will never see their 50<sup>th</sup> birthday again and they're all white. But you can't have everything....

And Shane and Wilson's film is full of things we apparently can't have. Where in the US are the young doctors from dif-



fering backgrounds and traditions willing and able to serve communities desperate for still-legal services? Where is the peace of mind for providers suffering daily harassment from zealots who have no care for women or the law? Perhaps most important of all, where is the political movement offering meaningful support and advocacy for abortion providers and the care they provide? (Although *After Tiller* carefully doesn't say it, the film suggests that the prochoice movement has hung these doctors out to dry.)

Nor can we attend a screening of this documentary without being subjected to a "security check" occasioned by concern for the filmmakers' safety. Do you expect your bag to be searched when you enter a movie theater? To be frisked? Didn't Benjamin Franklin caution against giving up freedom for security for surely we will lose both? Welcome to the very latest frontier in the abortion wars: an art house cinema in deepest liberal Manhattan.

**T**HE IDEA FOR *AFTER TILLER* CAME from our frustration with coverage of the assassination of Dr. George Tiller in May 2009," Lana Wilson told *Conscience*. "The story was treated as controversial because of the abortion angle, with the media afraid of seeming biased if they gave any more information about Dr. Tiller beyond a basic bio." With a reporter's instinct, Wilson became interested in how a deeply religious person like Tiller could become such a target for a fanatic that he was gunned down in church. "He had been shot before," Wilson reminded us. "He went back to work providing abortions the next day. Who does that? Most people in the community don't. What motivates a person like that?"

Born in 1941, George Richard Tiller became nationally known in his thirties as medical director of Women's Health Care Services in Kansas, one of very few nationwide to provide legal later abortions during his tenure there (1975–2009). The practice was originally his father's, and he took it over only after learning the story of a woman who had

## After Tiller: The Doctors



**Dr. LeRoy Carhart** served as lieutenant colonel in the US Air Force for 21 years and now works full-time providing abortions. He founded the Abortion & Contraception Clinic of Nebraska (ACCON) in Bellevue, Neb., with his wife, Mary Lou Carhart, in 1992. Dr. Carhart was trained to do third-trimester

abortions by Dr. George Tiller and was an associate physician at Dr. Tiller's clinic in Wichita, Kan., from 1998 until Tiller's assassination in 2009. After Dr. Tiller's death, Dr. Carhart decided to start providing late abortions at his own clinic in Nebraska.



**Dr. Warren Hern** is the director of the Boulder Abortion Clinic in Boulder, Col. He has been performing abortions in Colorado since 1973 and founded his own private practice in 1975. He began doing third-trimester abortions in 1982 and, along with Dr. Tiller, is one of the leading

worldwide experts in that field. A scholar as well as a physician, Dr. Hern received his PhD in epidemiology from the University of North Carolina School of Public Health in 1988 and has also studied fertility and the use of contraceptives in Perú's Shipibo Indian communities for the past 40 years. He has written extensively about that research as well as about abortion practice and women's rights in numerous publications.



**Dr. Susan Robinson** is board certified in obstetrics and gynecology. She started doing abortion care after the John Salvi shooting rampages at two abortion clinics in Brookline, Mass., in 1995 and has been doing abortion care exclusively since 2001. She has worked in private abortion clinics

and in several Planned Parenthood affiliates, and she has taught abortion care to doctors, nurse practitioners and physician assistants. From 2005 to 2009 she worked with and learned from Dr. George Tiller at Women's Health Care Services. She is now doing late abortion care again with Dr. Shelley Sella, working under the auspices of Dr. Curtis Boyd and psychologist Glenna Halverson-Boyd at Southwestern Women's Options in Albuquerque, NM.



**Dr. Shelley Sella** is board certified in obstetrics and gynecology and worked as a home birth midwife in Santa Cruz, Calif., from 1987 to 1989. She performed her first abortion in 1990 and, 10 years later, she began providing abortions exclusively. From 2002 to May 31, 2009, she was

mentored by, and worked with, Dr. George Tiller. Following his assassination, a friend of his, Dr. Curtis Boyd, invited her and her colleague, Dr. Robinson, to begin offering third-trimester abortions at his clinic in Albuquerque.





"THE MOST **COMPELLING**  
and **IMPORTANT** documentary of the year."

- *Filmmaker Magazine*

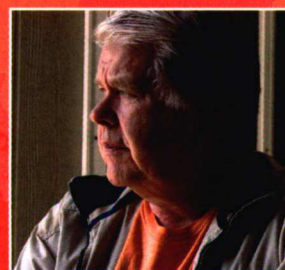
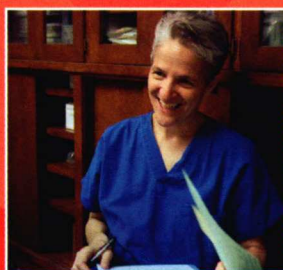
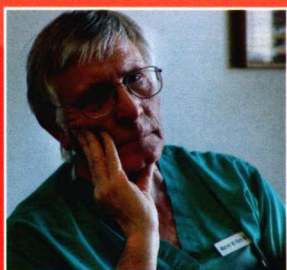
"One of the most  
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"**TERRIFIC.**"

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# AFTER TILLER



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recently died from an illegal abortion.

(Although we no longer hear much from them, doctors often become advocates for legal abortion from a conviction that allowing women to die in the back-alleys is unethical. This voice is integral to abortion law reform and most successful when aligned with an assertive prochoice movement. Is such a coalition at work in the present political landscape? If so, it's hard to discern.)

Dr. Tiller focused on providing abortions for women who discovered severe or fatal birth defects late in pregnancy. He also offered legal later terminations where two doctors certified that carrying the fetus to term would cause the woman "substantial and irreversible impairment of a major bodily function." In other words, George Tiller worked to save women's lives.

A lightning rod for militant activists, Tiller's clinic was firebombed in the mid-1980s and picketed daily for a period of five years prior to his murder. Tiller himself was shot in both arms in the early 1990s before being fatally injured while serving as an usher at the Reformation Lutheran Church in his native Wichita.

The murderer, now serving a life sentence, is reportedly a troubled antichoice activist with a history of mental illness. Scott Roeder was careful to shoot Dr. Tiller in the eye, thereby avoiding the body armor that his victim had worn constantly since being advised to do so by the FBI a decade earlier. In his prison confession, Roeder stated that he felt no remorse for the killing.

**A**S WILSON COULD NO LONGER ask Dr. Tiller about his unwavering motivation, she and Shane went in search of other doctors continuing to provide these services. "We asked ourselves: were there any doctors left, or were they all scared away?" They found four of Tiller's colleagues and friends. The two men were immediately willing to be interviewed. The women, however, were shy of the media disdained by Tiller, who believed that publicity for service providers distracted from the

needs and stories of the women who come for their help. A year into the project, they finally came on board, trusting the filmmakers not to sensationalize or exploit their work.

The four doctors who appear in *After Tiller* are Dr. LeRoy Carhart, Dr. Warren Hern, Dr. Susan Robinson and Dr. Shelley Sella (see panel). Professionals offering lawful services, they live and work in the shadow of the Tiller assassination and face constant disruption

feature-length documentary, is to enter the surreal. Whether sitting at a desk, walking the countryside or showing a prized horse, the doctors are plainspoken and seem accepting of their bizarre circumstances. Only Warren Hern directly addresses any political issues, dating the abortion wars from the 1970s. He would sound jaded but for his personal happiness. To the viewer, it's inconceivable that his love story could emerge, much less thrive, in such a chronically chal-



Antiabortion protestors in a scene from Martha Shane and Lana Wilson's *After Tiller*.

tion and threats of violence. That Tiller's fate hangs over each of them is most poignant for Robinson and Sella, who worked with him in Wichita and were displaced by the murder. All share an everyday heroism: they do not surrender to fear.

To spend time with these men and women, as we do in the course of this

lenged life. But what do we know?

**T**HIS IS ANOTHER QUESTION *AFTER Tiller* addresses head on: what do we know of later abortion? We meet some of the patients and hear their stories even as we marvel at how closely the doctors listen and watch how deep their compassion reaches. "The reason so many patients agreed to participate in the film is because they never thought they would end up in such a desperate situation and saw sharing their stories as the only way anyone could possibly understand," Shane explained.

Some of the clinical scenes are unbearably moving as we come to realize that, for the women and their families, these doctors are the last refuge in grotesque crises. We watch the dreadful decision-making process as clinicians struggle to reconcile anguish with options, despera-

### After Tiller Recognitions

- Independent Spirit Award nomination for best documentary
- Four Cinema Eye nominations (for best film, direction, production and debut)
- Satellite Award nomination for best documentary
- Named one of the five best documentaries of the year by the National Board of Review



tion with the law—all to the off-stage noise of an antichoice protest that may at any time turn murderous.

“Our goal was to humanize the story,” Wilson insisted. In general, the critical response to *After Tiller* suggests that the filmmakers have been successful, and the film itself was nominated for a Grand Jury Prize at the 2013 Sundance Film Festival.

Sara Stewart wrote in the *New York Post*: “*After Tiller* is groundbreaking in giving voice not only to the doctors, but

was like in the backalleys. In the intervening years, countless writers have found ways of accompanying women across state lines, into counseling services and as far as operating rooms in order to capture and broadcast their stories. In this respect, *After Tiller* is simply the latest telling. So, the question for the film’s audience, as for the prochoice movement, becomes, “Is anybody out there listening?”



*After Tiller* directors Martha Shane (L) and Lana Wilson.

to those who always seem to get overlooked in the high-volume political debate about this topic: the women themselves.” In the *Austin Chronicle*, Kimberley Jones added that the women interviewed “explain why they’ve chosen to terminate their pregnancies in the third trimester—one is motivated by dire economic straits, another doesn’t want to carry to term the product of a rape, while several cite lethal fetal conditions.”

It has become a truism of public debate that women are silent about their abortions. Yet, to a great extent, it’s more accurate to say that we aren’t hearing them. Women have been bearing witness to personal abortion experiences since before *Roe v. Wade*, and there’s still a generation alive willing to talk about what it

“AS DOCUMENTARY FILMMAKERS, we’re interested in different points of view and we want to portray that,” said Martha Shane. With an optimism appropriate to their age and advantages, the filmmakers plan to tour the country raising consciousness at screenings in as wide a range of venues as possible. “I really hope that antichoice people come to see the film, hear the women and get to know the doctors,” Shane continued, recalling how she engaged amicably with clinic protesters during filming.

Veteran film critic AO Scott dismissed her as naïve. “It would be nice to believe that a movie like this could provoke civil and respectful dialogue about an intensely polarizing issue,” he wrote in a *New York*

*Times* review. “But let’s not kid ourselves.” Scott bluntly labelled the film “a partisan document in the culture wars.”

Of course, Wilson and Shane do describe themselves as having been pro-choice when they began the project, and the partisan charge has some merit. The experience of producing *After Tiller*, however, has added nuance to their position. “I started out more judgmental,” Wilson now admits. “I took my privileges for granted, which I didn’t understand until I met the doctors and heard the stories.” In common with many of their peers, Wilson and Shane also acknowledge that they didn’t know much about third-trimester abortion. “The prochoice movement has some discomfort about late abortion,” Shane explains, confirming that she now has a much clearer idea of the complexities involved. “I think that my sense of compassion for those patients and what they’re going through increased exponentially because of this experience,” adds Wilson. “And I think I’ve become a less judgmental person in general as a result.”

“Our agenda is not political, but humanist, and we hope that no matter where audiences stand on this issue, *After Tiller* will lead them to look at it in a very different way,” Shane stated. “We hope that our filmmaking will help people evaluate their positions in a more honest, thoughtful and complicated way.”

THERE’S A FINAL ISSUE HAUNTING *After Tiller*: where is the generation represented by Shane and Wilson? When Carhart, Hern, Robinson and Sella hang up their stethoscopes, who will be left? The women who need these services, certainly, but who will be there to help them? Who will perform the legal abortions nobody wants to publicly support? To listen to the women who aren’t otherwise being heard? To support doctors and patients politically?

If *After Tiller* inspires young doctors and advocates to enter the field, it will have succeeded in a mission Wilson and Shane never knew they had in a generation yet to prove itself. It would be a worthy outcome for their efforts. ■



# The Signs of the Times: Four Generations of US Catholics in Transition

By Tom Kam

## American Catholics in Transition

William V. D'Antonio, Michele Dillon and Mary L. Gautier

(Rowman & Littlefield, 2013, 216 pp)

978-1442219922, \$25.06

**A** *AMERICAN CATHOLICS IN Transition* presents findings from the most recent national survey of US Catholics performed by sociologist William V. D'Antonio and collaborators. Collectively, the measures followed by the author over the past 25 years can serve as indicators of the "signs of our times" that reflect the vitality of the Catholic community and serve as portents for the future. They paint a reassuring picture of Catholics' strong faith and their desire to live lives and build communities that reflect their understanding of God. However, the findings also depict a challenging reality, documenting the institutional church's increasing inability to respond to the social and spiritual needs of changing communities. The "signs of our times" translate into an impetus to change.

Completed in 2011, the survey is the fifth in a series of national surveys on

Catholics in the United States conducted by D'Antonio, the first completed in 1987 with subsequent surveys occurring every six years. The periodic nature of these surveys has allowed D'Antonio to track core variables and to

examine trends over time. In response to the increased percentage of Catholics who are Hispanic, the 2011 survey is the first to be conducted in both Spanish and English, allowing analysis of the similarities and differences between Hispanic and non-Hispanic Catholics. Throughout, the book utilizes data from other sources, including the

Census Bureau and the Pew Forum on Religion, to contextualize or support the findings.

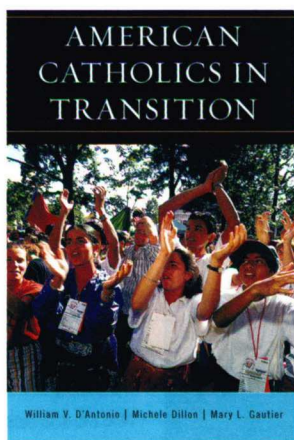
The results of this latest survey, coupled with those from previous surveys, provide a rich database that allows the reader to follow the faith experience of US Catholics. In presenting his findings, the author utilizes a framework that divides Catholics into four generations: pre-Vatican II Catholics (born 1940 or earlier); the Vatican II generation (born between 1941 and 1960); the post-Vatican II generation (born

between 1961-78); and Millennial Catholics (born between 1979-1993). Findings are carefully contextualized within the social and political context of each generation. This approach allows the reader to follow a generation's experience and to relate the data to the lived faith experiences of the members of diverse Catholic communities.

The information for 2011 reflects a faith community whose demographics, expression of faith, leadership and relationship to church authority have significantly changed over the last 25 years. The heavily Catholic communities once located in the Northeast and Upper Midwest are now evenly distributed across the US, comprising 24 percent of the population within each of the four census regions. Catholics are clearly on a journey from a church whose membership was primarily the descendants of white European immigrants to an ethnically diverse community with 32 percent of its members now of Hispanic descent.

The expression of the Catholic faith, as reflected by compliance with doctrine regarding marital relationships and sexuality, shows an independence of thought and a distancing from the hierarchy. Leadership structures and core institutions that were vital to the formation of Catholic faith and that responded to the educational and social needs of the faithful are now challenged by the aging of priests and nuns. Despite the influx of new Catholics fueled by Hispanic immigration, the percentage of the general US population that is Catholic remains the same, with an estimated 16 to 20 million individuals who were born Catholic no longer identifying as such.

D'Antonio's research also reveals a core foundation of shared values, perceptions and beliefs that cross generations and the lines between Hispanics and non-Hispanics. Of particular note is a persistent belief in core teachings that include the bodily resurrection of Jesus, the importance of the sacraments, the teachings on Mary



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# Bookshelf

## **Believing in Russia: Religious Policy after Communism**

*Geraldine Fagan (Routledge 2013, 291 pp)*

Geraldine Fagan, a Russian news correspondent specializing in religious policy, draws back the curtain on the surprisingly varied spiritual landscape after the fall of Communism. One of the misconceptions she corrects is the idea that Russia has ever been monolithically Orthodox. Russia has always had its Buddhists, Jews and various Christian groups, and the Orthodox church has long struggled with its dissenting sect of Old Believers. Nevertheless, while the Orthodox church is a force to be reckoned with in modern Russia both culturally and politically, Fagan disputes the usual portrayal of Vladimir Putin as an emblem of orthodoxy, pointing to many statements exposing his distance from the religious establishment.

Since around 1997, Russia has witnessed a wave of persecutions affecting non-Orthodox churches, some of which were unable to meet the legal requirements for official registration, while others were subjected to arbitrary local laws preventing freedom of association. Still, conservative Orthodox forces wish religious strictures had gone further. The author signals several areas to watch in Russia's religious future, including the importance of media campaigns, such as the ones that coined the terms "spiritual security" and "traditional religion" for a crusade equating non-Orthodox with anti-Russian and the possible rise in extremist forms of Islam.

## **Sex + Faith: Talking with Your Child from Birth to Adolescence**

*Kate Ott (Westminster John Knox Press 2013, 164 pp.)*

Written by a theologian with a background in both sexual ethics and youth education, *Sex + Faith* is a resource designed to help parents talk and listen to their children about sexuality within a Christian framework. One of the most important messages is that parents cannot be effective teachers without themselves remaining open to learning—either from their children or from the world their sons and daughters are growing up in. The author provides Bible verses that help frame the sample conversations and questionnaires, and the book's practical demonstration of an accepting yet structuring parental presence is especially helpful. Ott's even-handedness about sexual orientation and emphasis on the importance of service are other strong suits.

## **My Journey from Silence to Solidarity**

*Roy Bourgeois; edited by Margaret Knapke (fxbear 2<sup>nd</sup> edition 2013, 46 pp)*

Fr. Roy Bourgeois has consistently called for women to be admitted into the priesthood. Because of this stance, he was told by the Congregation for the Doctrine of the Faith in 2008 to recant and stop speaking publicly on the issue. When he continued his advocacy, Bourgeois was expelled from the Maryknoll community in 2012. This booklet traces the development of his ideas related to women's involvement in the church. It includes copies of the documents with which he was notified of his dismissal and subsequent statements he has made expressing his unshaken belief that "the ordination of women in the Catholic church is inevitable, because it is rooted in love, justice and equality."

*(continued on page 52)*

the Mother of God, as well as concern for the poor. A significant majority of Catholics indicate that their Catholic identity is a "very important part" of who they are. A majority of Catholics indicate that it is personally very meaningful to them that Catholics can disagree with doctrine—yet remain loyal to the church. For instance, only 19 percent of Catholics believe that church leaders have the final say on the morality of abortion, and a mere 10 percent believe the hierarchy has the final say on contraception.

There is strong majority agreement on the desire of the laity to participate in key decisions that impact their parish communities. In addition, there is a shared perception by a strong majority of Catholics that the pedophilia scandals have compromised the political and pastoral legitimacy of the bishops. Finally, a majority of those Catholics who have left the church agree that their primary reason for leaving was a divergence with teachings on human sexuality and marriage.

**D**'ANTONIO RECOGNIZES THE serious implications of his data, but he omits a strong rallying call in response to these findings. I fear that the absence of such a call diminishes the challenges that are before us and weakens the potential impact of this important work.

However, even if a call for action were issued, it is unclear to whom it would be addressed. Historically, the Catholic directive is to look to our hierarchy to lead. However, the US hierarchy sits fat and happy and is unlikely to move in a new direction. The arrival of Pope Francis may have signaled a new presentation, but it remains to be seen if his recent enunciation of the word "gay" and his stated desire for a theology of women are an actual acknowledgement of the need to revise current doctrine on gender and human sexuality.

This leads to the logical conclusion that the inspiration to change should be



addressed to the constituency that has the most to lose—the laity. Here, D’Antonio’s work provides a great service to Catholics in the US, for he not only reminds the reader of the strong doctrinal support for lay leadership, but more importantly documents the committed faith, and the social and political capital, to be found within the laity.

The magic question is how to engage and unlock the power of Catholic laypersons—a question that has already been tackled by many. Perhaps the solution lies in shifting our focus from empowering the laity to force bishops to create the change we desire, to empowering the laity to create that change. What would happen if on a diocesan level “high-end” Catholic donors organized to use their financial clout to ensure that dioceses do not fire gay or lesbian staff because they choose to marry? What would be the result if we convened Catholic women who are theologians, elected officials and the leaders of religious communities to develop and implement strategies that position Catholic women in leadership roles throughout the church? How can we use our shared commitment to the poor to engage Catholic justice organizations, social scientists and elected officials in the development of a national Catholic justice agenda? How can we use the technological tools of online crowdsourcing and innovation jams to engage hundreds of thousands of Catholics in the envisioning of our future church?

*American Catholics in Transition* is a strong body of work that reflects both the expertise and the love D’Antonio and his collaborators have for the church. With both affection and skill, they have captured the promise and challenges of the contemporary Catholic church. The book also clearly reflects that we are a community in transition, whose future will be significantly different than our past. What remains to be seen is whose leadership will shape that future. ■

## The Christian Adoption Movement: A Mirror of Salvation or Redemption by Force?

By Denise Shannon

### The Child Catchers

Kathryn Joyce

(PublicAffairs, 2013, 352 pp)

978-1586489427, \$26.99

**B**Y MY LIGHTS, THE MOST fundamental tenet of reproductive rights and justice maintains that the decision to have a child or not is up to no one but the pregnant woman. We most often apply this principle to the abortion decision, but it also applies to the determination to raise a child. Who can say what is the right set of reasons for wanting to raise children? It is not, I’ve always thought, ours to judge. As I read Kathryn Joyce’s new book *The Child Catchers*, however, I struggled to apply this respect for childrearing decisions to the people she writes about, who, for reasons of faith, adopt children, sometimes serially. Joyce’s focus is on the Christian adoption movement, and she shines a bright light on its practices and underlying philosophies.

The first clue that *The Child Catchers* will not be a book that glorifies adoption is, of course, the title. If you’ve ever seen the film *Chitty Chitty Bang Bang* you’ll

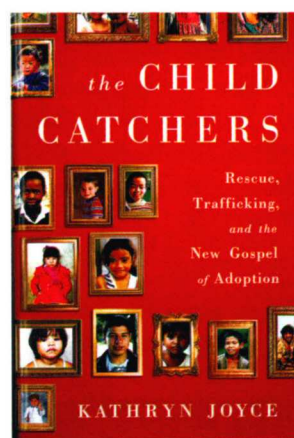
recall that the wicked “child catcher” plucks up children and imprisons them. No, Joyce is no unconditional fan of adoption, it seems, and readers of her new book on the subject will likely come to share her skepticism. Her account reveals

a disturbing culture that reeks of imperialism, racism, coercion and willful ignorance of corruption.

Joyce takes us to evangelical churches across the United States, where adoption has become a mission unto itself, a grand cause that serves multiple purposes. Adoption is seen as a mirror of Christian salvation, a way to spread the gospel as

well as an integral part of antiabortion politics. At the Saddleback Church, Pastor Rick Warren has led the congregation in a campaign to “end the orphan crisis” while simultaneously bringing orphans into the Christian fold. Among these evangelicals, adoption is both a service to people in need and a calling.

But there’s the rub. Just who are the people in need? What orphan crisis? These questions are central to the opening tale of Joyce’s book, an account of post-earthquake Haiti. Depicted by the US media and political leaders as



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# Bookshelf (continued from page 50)

## **All Good Books are Catholic Books: Print Culture, Censorship and Modernity in Twentieth-Century America**

*Una M. Cadegan, (Cornell University Press, 2013, 230 pp)*

Between 1917 and 1966, the US Catholic community underwent transformations that found a mirror in the Catholic literary and artistic world. This specifically Catholic creative vision was forged at a time when the hierarchy maintained an Index of Prohibited Books, and when Catholic intellectual efforts were often not welcome in either secular or Catholic institutions of higher learning. Writers in this period were forging an American Catholic cultural aesthetic, one that was steeped in the theology and symbolism of tradition and provided a corrective to the sometimes inaccurate portrayal of Catholicism in America. The author evokes a time when authors—both lay and clergy—tackled the challenges of the modern world because “modernism ... was part of the air they breathed—officially to be avoided theologically and philosophically, but de facto something within their literary job description.”

## **Called to Serve: A History of Nuns in America**

*Margaret M. McGuinness (New York University Press, 2013, 266 pp)*

*Called to Serve* is about women religious engaged in service to the community, beginning with the not-so-distant past in which all nuns were cloistered. Only in the mid-16<sup>th</sup> century did the Ursulines begin challenging the mandate that all nuns should keep to their convents. Once different orders of sisters began arriving in the Americas, they responded in distinct ways to the needs of their new locales, some concentrating on indigenous communities while others focused on recently arrived immigrants. Among many other attributes, these women provided a supply of cheap labor that helped build Catholic institutions, particularly schools in the years before Vatican II. The author doesn't stop there, however, and goes on to examine the different paths nuns have taken in response to the social issues of today, from ministering in the wake of the 9/11 attacks to Sr. Margaret McBride's sanctioning of a life-saving abortion, subsequent excommunication and reconciliation with the church.

## **Conscience and Calling: Ethical Reflections on Catholic Women's Church Vocations**

*Anne E. Patrick (Bloomsbury, 2013, 197 pp.)*

Sr. Anne E. Patrick has collected stories of women religious whose commitment to their consciences and vocations put them on a collision course with the institutional church. This is normal, the author says, asserting that “disputes and conflict have been some part of Christian life from the very beginning.” A frank look at the conflicts between religious men and women includes several emotional stories. One involved nuns who were forced to deny their conscience-based decisions, as during a 1982 incident in which officers from the Sisters of Mercy were forced to withdraw a letter they had submitted in support of offering tubal ligations in Mercy hospitals. Another story depicts a saga that took place in Key West in 1989. A priest had decided to eject the Sisters of the Holy Names from land that once belonged to the order but was taken over by the archdiocese. He was unmoved by protests, including one that involved a biplane flying along the coast with the message “Father, please keep the nuns.” If the ongoing dispute between the Leadership Conference of Women Religious and its Vatican investigators can only end with one side falling in line with the other, why, Patrick asks, should sisters be the ones to change?

*(continued on page 54)*

victims of a backward nation rather than a natural disaster, Haitian children were seen as orphans to be rescued *from Haiti itself* even when they had family. The American misperception of Haiti's needs perfectly exemplifies the rot at the core of the Christian adoption movement, in which a misguided savior complex assumes that tickets to America for a handful of children are the solution for an entire country living in poverty.

Next, Joyce examines the relatively recent history of international adoption in the United States, beginning with Harry and Bertha Holt, the deeply conservative Christian couple who single-handedly popularized the adoption of Korean orphans into Christian homes after bringing home eight Korean children to join their six biological children. The Holts' ad hoc adoption services evolved into one of the largest and the longest standing international adoption agencies in the world. Though now joined by numerous Christian agencies promoting adoption, the Holts instituted a specific brand of Christian adoption, combined with the notion of saving children “both body and soul.”

Joyce is a harsh critic of international adoption, but domestic adoption hardly gets a pass. She offers an incisive history of the “Baby Scoop Era,” the years between 1945 and 1972, when abortion was outlawed and single motherhood was outside society's norms. Unmarried pregnant women often found themselves in either unwed mothers' homes, run like dormitories, or in “wage homes,” where they were unpaid servants to families that housed them through their pregnancies. It is a brutal story of isolation, bullying and deception, in which adoptive parents' wishes and rights almost always trumped those of the birth mother.

Today, unmarried pregnant women in the United States have more options, but a bias persists among many conservative Christians that adoption is the right solution in every case of unintended pregnancy. So-called crisis pregnancy centers (CPCs) have sprung up across the country, which, rather than



offering women the full range of options, instead attempt to persuade pregnant women to carry their pregnancies to term and relinquish their children for adoption. More than 4,000 CPCs operate across the country, and many receive government funds. Affiliated maternity homes offer pregnant women the hard sell on adoption, and the price of the care they provide is the woman's agreement to give up her child.

One more uncomfortable aspect of the Christian adoption movement concerns race. Joyce peels back the veil on how adherents use the "orphan crisis" as a way of trying to redeem conservative Christianity's history of racism. Of course, bringing children of color into white families and practically erasing their ethnic origins does not make for honest or effective reparations for this admittedly painful legacy.

It is difficult to disagree with Joyce's cogent and well-researched criticisms of the Christian adoption movement. As the mother of an adopted daughter from China, I was forced to ponder my own situation, though it was far from the first time. With her two white moms, I worry about my Asian-born daughter's racial identity. I can only hope that the efforts my partner and I take in relation to our daughter's ethnic background give her a healthy sense of who she is and her place in the world. And I hope that she is helped by our open honoring of her first parents.

My fierce love for my daughter is matched by an equally fierce respect for her first mother, a Chinese woman we likely will never meet, but who gave my daughter life and then gave her up. We do not know for sure the circumstances under which my daughter came to be in an orphanage. We cannot even hope there was no coercion, because China's one-child policy is coercive, as are poverty, sexism and just about any other circumstance I can imagine that would have led to my daughter's abandonment. Joyce is right to remind us that adoption is not a solution to social ills any more than it is a pathway to heaven for adoptive parents. ■

# The Power of the Catholic Voice: In the Words of Chicago Catholics

By Regina Bannan

## An Irrepressible Hope: Notes from Chicago Catholics

Claire Bushey, editor; artwork by Franklin McMahon

(Acta Publications, 2012, 84 pp)

978-0879465001, \$9.95

AM READING THIS BOOK A FEW days after Fr. Helmut Schüller's talk in Philadelphia. When you read this review, he will be long gone, back to Austria. I hope you had a chance to listen to him—the leader of the reform group known as the Austrian Priests' Initiative was banned from speaking on Archdiocese of Philadelphia property, but the video of his speech is available at [catholictippingpoint.org](http://catholictippingpoint.org), and he did speak at Chestnut Hill College here. You can also catch some of Schüller's reforming spirit and his message about parishes by reading *An Irrepressible Hope: Notes from Chicago Catholics*. It's a book by and about Catholics in Chicago, but in some ways it could be about Catholics anywhere.

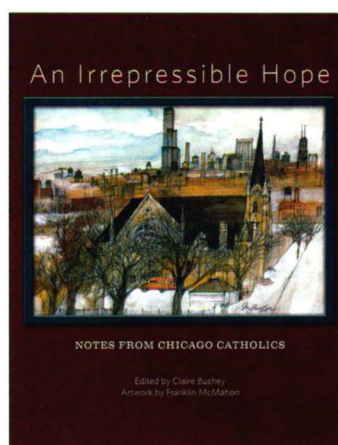
Reading *An Irrepressible Hope* in a public place had me, a Philadelphia Catholic, trying to hide my tears. So much resonated with my own deep feelings of connection and love and mission, formed in parishes early in my life and

affirmed in early adulthood. This connection is examined in "Welcome," the first section of the book. After that comes "Struggle," which contains stories of people who left the church or suffered because of it due to a lack of

welcome, especially regarding women's and LGBTIQ issues. These narratives reveal the pain that a deeply loved institution can cause. "Redemption," the third section, manages to be imaginative, hortatory and fun, for the most part.

This collection of notes from Chicago-area Catholics started as a project to gather

thoughts on the qualifications desired in a new archbishop after Cardinal Francis George submitted his pro-forma resignation on his 75<sup>th</sup> birthday. (He's still there, just in case you thought you missed some news.) In the introduction, Claire Bushey writes that these "essays from pew-sitters and pulpit-pounders alike would document the splendid variety and vibrancy of the Chicago Catholic church." Tales of Father Jack Egan, Cardinal Joseph Bernardin and parish life reinforce the distinctive Chicago story. If the city is anything like Philadelphia, people sometimes know the parish geography



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## Bookshelf (continued from page 52)

### Test Tube Revolution: The Early History of IVF

John Leeton (Monash University Publishing, 2013, 90 pp.)

This slim volume tells the story of Australian scientist Carl Wood and his team's breakthroughs in the field of in vitro fertilization during the 1970s and '80s. While the first baby born through IVF in 1978 was thanks to British scientists' ingenuity, there had been a parallel effort in Australia, led by Wood and other OB/GYNs who were responding to their infertile patients' desire for children. The first Australian IVF child was delivered in 1980, and the story of how this achievement came to pass is the unifying thread of this collection of anecdotes and biographies of major Australian fertility researchers. The advances in IVF came despite funding problems, political conflicts in both academia and the government, and ethical and legal dilemmas. Leeton, one of the researchers on the project, captures the excitement in fertility science at a time when male infertility had no treatment, fallopian tube blockage could seldom be treated in women and there was no such thing as a sperm bank. One scientist was so excited, in fact, that he brought two sheep to stay in a hospital overnight for animal trials, not thinking of the noise that would disturb the human patients in the same wing. The author also compares Australian debates over embryo storage with similar battles in Europe and the US.

## BOOK REVIEWS

better than the neighborhoods. This geographical backdrop grounds these vignettes.

But do we have "irrepressible hope" for the Catholic church today? Are our tears more about our despair? Marian Ronan's book on baby-boomer Catholic writers' failure to mourn, *Tracing the Sign of the Cross: Sexuality, Mourning, and the Future of American Catholicism* (Columbia University Press, 2009), probes this sadness that seems to overwhelm us, mostly unacknowledged. Do we have any hope that the next archbishop of Chicago will take these descriptions of vibrant parish life seriously? Some reform groups are proposing that bishops be elected. Will

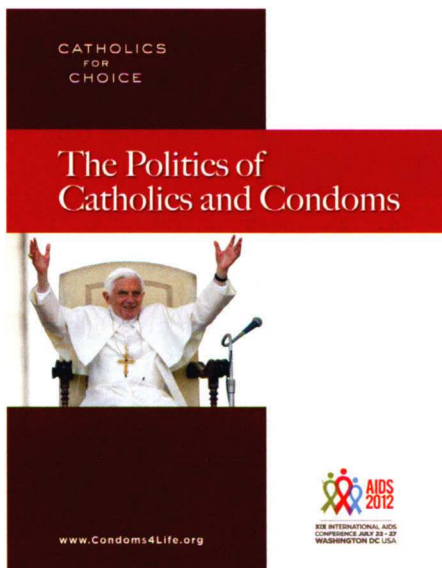
### Do we have any hope

that the next archbishop of Chicago will take these descriptions of vibrant parish life seriously?

that happen? Will it matter? Will priests as well as "Catholic citizens" follow Helmut Schüller and make vibrant parishes?

*Irrepressible Hope* identifies the various authors by parishes or other current faith locations—and by baptismal dates, which range from 1925 to 2000 and are well distributed. It doesn't contain all Vatican II people, in other words, but rather the real age profile of Catholics today. In the interests of full disclosure, I was baptized in 1943 in New Jersey and have been a part of an intentional Eucharistic community in the Philadelphia suburbs since 1978. Yet I still believe in the power of the parish. I commend the writers in this anthology for identifying the strength and compassion that these real sites of Christian community can model for the universal church. ■

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# Reports Worth Reading

## **Insurance Coverage of Abortion: Beyond the Exceptions for Life Endangerment, Rape and Incest** *Heather D. Boonstra, Guttmacher Policy Review, Summer 2013*

This article provides a new look at the decades-old problem of the 1976 Hyde Amendment, which bans the use of federal funds for abortion services except in cases where a woman's life is in danger. Hyde established a troublesome precedent for denying public funding for abortion, one that is now rearing its head again in light of the Affordable Care Act and its implementation in state abortion policies.

The author debunks a number of assumptions, among them that instituting parity in abortion access for the low-income women most affected by Hyde will cause a steep increase in the number of abortions. Massachusetts, which provides abortion coverage for Medicaid enrollees and for individuals with subsidized private plans, saw a decrease in the number of abortions at the same time as the number of individuals with insurance coverage increased. If Hyde were to be repealed, Boonstra estimates that granting abortion access to these Medicaid-eligible women nationwide would only result in a 2.5 percent increase in the abortion rate.

## **Abortion Restrictions in U.S. Foreign Aid: The History and Harms of the Helms Amendment** *Sneha Barot, Guttmacher Policy Review, Summer 2013*

The Helms amendment, enacted in 1973, states that foreign aid must not "pay for the performance of abortion as a method of family planning or to motivate or coerce any person to practice abortions." Even within the current embattled political environment, there are opportunities for reducing its pernicious influence on US foreign assistance. Currently, medicines and equipment that have use in both abortion and post-abortion care are avoided altogether by federal aid programs because of what the author calls "a

pervasive atmosphere of confusion, misunderstanding and inhibition around other abortion-related activities beyond direct services" emanating from Helms.

This paper proposes that there is currently enough political will to forge a consensus for abortion care under certain circumstances—namely rape, incest and life-threatening emergency. Even with Helms in place, the US could extend its relief efforts to include the needs of women who have been sexually assaulted, particularly within a conflict situation. This less-stringent interpretation of the policy would have a positive effect on women's health abroad and set an example for common ground in the domestic reproductive rights debate. Such a step would represent a consensus that applying reason and coherence to the issue of abortion is both possible and preferable to the current situation that impacts the most vulnerable women most severely.

## **Forced Out: Mandatory Pregnancy Testing and the Expulsion of Pregnant Students in Tanzanian Schools** *Center for Reproductive Rights, 2013*

This comprehensive report collects a significant body of research on an under-investigated population: adolescent girls in Tanzania. Schoolgirls in Tanzania are caught in a vicious cycle whereby they are denied sexuality education, prevented from obtaining contraception, forcibly tested for pregnancy by school officials and then, if pregnant, expelled from school and never allowed to return. Neither the testing—performed through invasive manual procedures—nor the expulsions are mandated by law. In fact, Tanzania has signed onto international conventions supporting women's rights and affirming individual dignity, yet these principles are not to be found in school policies that not only condemn pregnant girls to a likely future of poverty, but sometimes subject her or her family to imprisonment in the name of finding the man who impregnated her.

*Forced Out* relates the stories of several girls who are among the 55,000

adolescents whose schooling has been cut short over the past decade due to pregnancy. Some of these girls became pregnant from rape, while others were in consensual relationships with peers—boys who often took no responsibility for the pregnancy and, regardless, were allowed to continue their schooling. Many of the narratives reveal young women with little if any understanding of pregnancy or contraception; most received poor prenatal medical care.

## **Fifty Years of Family Planning: New Evidence on the Long-Run Effects of Increasing Access to Contraception**

*Martha J. Bailey, National Bureau of Economic Research, October 2013*  
University of Michigan economist Martha Bailey tracked the long-term effects of US family planning policies on the American family by comparing contraceptive access by state and over time. The early 1960s saw the introduction of the birth control pill as well as legal decisions such as *Griswold v. Connecticut* (1965) that removed obstacles to the sale of modern contraceptives. Encouragement also came from the federal government, which from 1964 through 1973 dedicated funds to family planning under the aegis of several initiatives, among them the 1964 Economic Opportunity Act (EOA) and the Title X family planning program, which was passed in 1970 with bipartisan support.

This period in which policies were making contraception more accessible resulted in a 2 percent increase in adult incomes for children born during this time. Children whose mothers could access family planning displayed college completion rates that were 2-7 percent higher than for those who could not access family planning. The report contains a number of helpful graphs illustrating the salutary effect of contraceptive access among different groups. Since many of the family planning policies enacted during this period affected lower-income individuals, the author pays special attention to the data on the wellbeing of poorer families.



*"[T]he right wing of the church ... generally have not been really happy about Francis' election."*<sup>a</sup>

—Archbishop Charles Chaput of Philadelphia, speaking about Pope Francis.

*"Not having a degree frees her to enter into a marriage with proper roles in which her husband will provide for her and their children.... Since the purpose of a college degree is for a job, it becomes unnecessary for our daughters to have such a credential."*<sup>b</sup>

—A post listing reasons "to not send your daughter to college" on the "Fix the Family" blog.

*"I think it would probably be wiser and more helpful for the future of the Church here if he were not to be back in the country."*<sup>c</sup>

—Msgr. Leo Cushley, Archbishop of St. Andrews and Edinburgh, telling the BBC why Cardinal Keith O'Brien should not return to Scotland after the Vatican had told the cardinal to leave his country when his sexual misconduct with other priests became known.

*"[O]ut on the beach and boardwalk a kind of sadness envelopes [sic] me as I see so many young girls and women denude themselves. I walk, I do not sit on the beach, lest my celibate eyes were to alight on a particular woman and stare too long."*<sup>d</sup>

—Msgr. Charles Pope writing on the Archdiocese of Washington's blog comparing modern beach fashions with "the times ... before the revolution" when "modesty" reigned at the beach.

*"Heads of the church have often been narcissists, flattered and thrilled by their courtiers."*<sup>e</sup>

—Pope Francis, speaking to *La Repubblica* about some "courtiers in the curia."

*"I suspect when these [far-right] organizations need money, they try to stir up a hornet's nest or storm by attacking a Catholic organization, usually falsely accusing them of being anti-life, pro-contraception, either pro or soft on abortion, etc., etc.... It's simply a money raising scheme with little regard for the human lives which they allege they seek to protect—well maybe it is only pre-born human life in which they are interested."*<sup>f</sup>

—Bishop Robert Lynch of St. Petersburg, Florida, calling ultraconservative groups "not really pro-life but merely anti-abortion" in their attacks on charities like Catholic Relief Services.

*"I'm also going to let my Parish know exactly how you voted, so come re-election time, you will not be re-elected."*<sup>g</sup>

—Father Brian Sistare, a Rhode Island priest, in an e-mail allegedly sent to state senators who voted for same-sex marriage.

<sup>a</sup> John L. Allen, Jr., "Right Wing 'Generally Not Happy' with Francis, Chaput says," *National Catholic Reporter*, July 23, 2013. <sup>b</sup> Raylan Alleman, "6 Reasons (+2) to Not Send Your Daughter to College," *FixTheFamily.com*, September 8, 2013. <sup>c</sup> BBC, "Monsignor Leo Cushley says Cardinal Keith O'Brien should not return to Scotland," September 15, 2013. <sup>d</sup> Msgr. Charles Pope, "Pardon some 'plain talk' about beachwear. But we need to regain our senses at the beach," Archdiocese of Washington Blog, September 2013. <sup>e</sup> Eugenio Scalfari, "Starting from the Second Vatican Council, open to modern culture," *La Repubblica* (Italy), October 1, 2013. <sup>f</sup> Bishop Robert Lynch, "Hurricane Heading towards Africa," 2013. <sup>g</sup> Bob Plain, "Priest to legislators: I will campaign against you from church," *RIFuture.org*, August 7, 2013.

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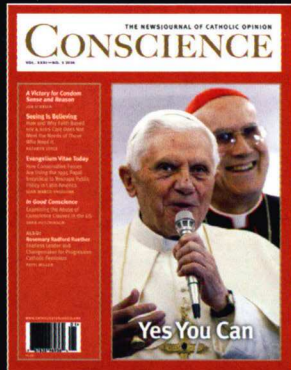
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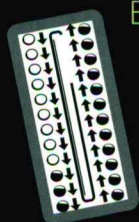
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### Index: Africa by the Numbers



ETHIOPIA

CONTRACEPTIVE USE  
**DOUBLED**  
BETWEEN 2005-2011.<sup>1</sup>

ZAMBIA

**45%**

**of children  
under 5**  
are chronically  
malnourished.<sup>2</sup>  
2007

KENYA



The number  
of women who  
own cell phones  
**nearly  
doubled**  
between  
2006 and 2009.<sup>3</sup>

*A record* **25**  
*national teams*  
*entered the*  
*2014 Women's African*  
*Football Championship.*<sup>4</sup>



MALAWI



Rate of HIV+  
pregnant  
women  
**dropped  
by half**  
in 10 years,  
to **11%**<sup>5</sup>  
1999-2010

NIGER

*Has the world's  
highest fertility rate —*  
**7 children per  
woman.**<sup>6</sup>



2013

CHAD

Teenage  
pregnancy rate  
is one of the  
highest in the  
world at

**48%**<sup>7</sup>  
2011

SOUTH AFRICA

WOMEN HOLD **41%** OF  
THE SEATS IN PARLIAMENT.<sup>8</sup>  
2011

See page 56 for citations.