Safe & Legal Abortion: A Challenge for Democracy

Adriana Gómez
Few issues provoke as much controversy, dispute and debate as abortion. Nonetheless, every year over 43 million abortions are performed worldwide. Clearly, women’s voluntary termination of pregnancy is a concrete, irrefutable and statistically impressive reality: 43 million women from a dizzying range of backgrounds, ages, religious beliefs, educational levels and marital statuses make the decision to interrupt an unwanted, unplanned, unexpected, force and/or mistimed pregnancy for an equally diverse set of reasons, but never for sport. Nearly 20 million of these abortions are clandestine and illegal, and some 70,000 women die each year as a result of these unsafe procedures. Unsafe abortion is one of the leading causes of maternal mortality, despite overwhelming proof that the termination of pregnancy in sanitary conditions has a very low level of risk.

Women who have clandestine abortions do so in a wide range of circumstances. Some illegal procedures take place in exclusive (and expensive) private clinics, with safe, high-quality care at the hands of trained professionals. These health-care providers often use manual vacuum aspiration with anesthesia and follow up on their client’s health after the procedure. However, other abortion methods are very dangerous: they are performed in places that lack even the most minimum standards with regard to safety and hygiene and are performed by untrained practitioners. The methods used in these cases include the insertion of a tube into the uterus or a crude curettage called “raspaje.” Often, it is the woman herself who tries to abort on her own by taking some toxic substance or by inserting sticks, plants or other objects. Some women even hit their abdomen or throw themselves down stairs to provoke a “miscarriage,” even at the risk to their own lives.

The abortion pill Misoprostol is a safe method when prescribed and supervised by a health professional, but when used illegally, it may also present a risk to the woman’s health. She must purchase the drug on the black market and may not have appropriate counseling about how to use it. Despite the dangers involved, in some countries – such as Brazil – Misoprostol is gaining popularity as women continually search for new ways to resolve their situations of unwanted pregnancy. An abortion provoked by an orally ingested drug offers a greater degree of autonomy and freedom when safe, legal abortion procedures are not available.

What hasn’t gotten enough attention in any of the debates on the subject is the terrible indignity of clandestine abortion, even in those procedures performed in fancy private clinics. The very nature of this act clearly reveals the extent to which women are trapped by a religious moral discourse that views all abortion as a crime and all women who abort as criminals, no matter what their circumstances. Thus, women who abort also bear the burden of guilt and social condemnation. However, when chosen in full conscience, voluntary abortion is an act that, in and of itself, can be extremely liberating and a moment of tremendous relief.

For this reason, we want to draw attention to the difficulty with which modern societies in general and decision-makers (members of government and the legislature) in particular address this concern. Modernity apparently has not prepared them to reflect objectively on the issue of abortion in its distinct and complex facets: social and economic equity; public health; and human rights. This situation occurs especially in countries in which abortion is totally prohibited or is limited to certain, restricted causes or within limited time periods. However, even in those societies in which abortion is criminalized, the termination of pregnancy continues to be a prickly issue, an upsetting subject that is avoided and hidden when ever possible, an inappropriate topic.

It is also striking that those who wear sackcloth and ashes in the name of “the rights of the unborn” whenever a law to decriminalize abortion is discussed, fail to decry the needless deaths of women as the resort of clandestine abortions. Making abortion illegal does not prevent it from happening. Do these lives not matter? Is the potential life of a fetus worth more than the life of a woman?
Why Don’t We Talk About Abortion?

First of all, abortion is a women’s issue. It most directly impacts women’s lives, bodies and sexual and reproductive lives. Men do not get pregnant, and they do not have to resort to abortion, except symbolically.

Talking about abortion implies an interference with the gender identity that culture and religion have prescribed for women: motherhood as an undeniable and God-given destiny. A woman who refuses to accept a chance at motherhood, a woman who rejects bearing another human being in her body by aborting or attempting to abort is seen as perpetrating a heresy, an immoral act, an abominable crime. Even though this denial of maternity by means of an abortion may be the decision of a woman who was raped and who does not want to bear a rapist’s child. Even though the pregnancy implies a risk to her health or life. Even though her contraceptive method failed or she was unable to access contraception. Even though the fetus has a serious birth defect incompatible with life outside the womb. Even though the woman’s socio-economic reality makes it impossible for her to have more children. Even though she has an illness (such as cancer) whose treatment could prejudice the pregnancy or result in her death by delaying the treatment to bring the pregnancy to term. Or simply because she did not plan to become a mother at this time or perhaps never wanted to be a mother.

In the most extreme expressions of this religious morality, some profoundly fundamentalist ideologies maintain that women should sacrifice their very lives to this maternal mandate. As Jaime Guzmán – the Chilean senator and supporter of Pinochet who spearheaded the legal changes to overturn therapeutic abortion in Chile in 1989 – once said: “The mother should bear her child, even though it is abnormal, even though she did not want it, even though it is the product of rape, or even if its birth results in her death… She has the duty to be subject always to the moral law, no matter what pain this implies, because it is precisely what God has imposed upon humanity.”

On the other hand, public debate on abortion and a more objective reflection on the issue is also hindered by the fact that abortion is rarely identified as a matter of human rights, rather it is always decried as a criminal act, a scandal, a violation of laws both human and divine, the murder of an innocent being. The complex reasons why women resort to abortion are rarely examined. Indeed, patriarchal control is exercised with all its force over women’s bodies, sexuality and reproduction. Women’s status as rights bearers is ignored, as is their ability to make moral decisions regarding what is best for themselves (and often for their families), with dignity, liberty and autonomy. The decision to have children or not to have them; to be sexually active or to be celibate; to have a heterosexual partner, a partner of the same sex or no partner; to form a family or not, and if so, what sort of family it will be; to marry, to live with a partner or to remain single must be made by each individual, in accordance with her own
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Around the world, decriminalization at various levels seems to be a growing trend, both among secular states as well as those nations professing an official religion. This trend includes countries in which many different faiths are practiced, some of which severely condemn abortion. Nonetheless, some international powermongers have developed reactionary campaigns, especially the Vatican and some U.S. administrations, such as the aggressive policy of the Global Gag Rule under Ronald Reagan (1984) and George W. Bush (2001).

Since 2001, however, 29 new countries have liberalized their abortion laws, including Belgium, Canada, France, South Africa, Spain and Switzerland.


beliefs and convictions. But this does not happen in most Latin American and Caribbean countries.

The public health perspective on abortion is probably the most widely accepted by society, above all in those contexts in which many women die as the result of unsafe and unhygienic circumstances and many others are permanently injured by often-times irreversible side effects, such as infertility or obstetric fistulae. This aspect is also directly linked with economic concerns, since the cost of treating the complications of unsafe abortion in the healthcare services can be quite expensive and have a detrimental impact on the already-limited public health budgets. It also has an impact on health-care professionals who witness women die as the result of clandestine abortions and who wonder how these deaths can happen if there are means to prevent them.

The social aspects of abortion are relevant because the poorest women are those who most often resort to abortions in unsafe conditions; they have the least access to information, resources and counseling, and as a result, they most commonly risk their lives and health. Poor women are the ones who end up seeking emergency care as the result of a botched abortion; they are the ones who are reported to the police, arrested and eventually imprisoned for abortion. However, the social injustice implied in this reality has not been recognized, as abortion is a hidden problem that is also influenced by discrimination based on socio-economic status. Indeed, the experience of unsafe abortion is accompanied by many other exclusions and needs that are characteristic of poor women’s lives, but these matters are of little concern to society, which either ignores or pretends to ignore these unjust and inequitable realities.

Nonetheless, abortion is a reality that will not just go away if we refuse to look at it. Women abort, families abort, men abort/abandon and society also encourages abortion by not offering support, aid and protection for motherhood as a socially meaningful experience. Abortion exists and has always existed in all societies, and it will probably continue to exist, although experience shows that where abortion is legal – and accompanied by easily accessible contraceptive services and comprehensive sex education programs – abortion rates drop considerably, and the associated mortality rates are nearly nonexistent.

Our Region: Many Practices, One Reality

Abortion is illegal in most Latin American and Caribbean countries, although in some cases there are exceptions for extenuating circumstances in which abortion is not considered a crime. However, these legal reasons for abortion are not always applied in practice. In a very few countries in our region, abortion is legal, such as Cuba and Puerto Rico. Nonetheless, over 4 million abortions are performed in Latin America and the Caribbean every year, and as elsewhere throughout the world, these mostly clandestine and unsafe procedures are the leading cause of maternal death.

The heavy-handed influence of the Catholic Church is one of the most significant factors in the continued existence of these restrictive and punitive laws. The Catholic hierarchy exerts a constant pressure on public officials at all levels to prevent changes to these laws, and this pressure extends to the general population. Congregations receive a constant bombardment of sermons on the evils of abortion and the fire and brimstone that await those who terminate their pregnancies. Pope John Paul II was particularly enthusiastic in his attacks against sexual and reproductive rights, especially with regard to abortion. Pope Benedict XVI has been equally concerned about the issue and has sponsored a worldwide campaign against abortion, with the solid support of U.S. policy under the Bush administration.

But the Church does not limit itself to the issue of abortion, it also attacks emergency contraception, condom use, sex education and sexual diversity, among other issues related to sexual and reproductive health and rights. Public policies that address these issues have
been identified by the Catholic Church as being in violation of Church doctrine, despite concrete realities like the HIV/AIDS epidemic, adolescent pregnancy (even among girls nine- and ten-years-old), sexual violence and women’s deaths due to illegal abortion, all concerns that demand public policies calling for prevention initiatives and the promotion of sexual and reproductive rights. This violation of the separation of Church and State thus reveals the unreasonable influence of organized religion on the public sphere, not only by the Church hierarchy but also from extremely conservative sectors linked to the far right. However, in many countries, governments and political parties that claim to be progressive and leftist don’t bat an eye as they trade women’s rights, especially the right to abortion, to suit their own interest and political alliances.

Examples of this terribly detrimental situation, the result of collusion between the ecclesiastical hierarchy and the political elite, can be found throughout the world and especially in Latin America and the Caribbean:

**Nicaragua:** The right to therapeutic abortion was overturned with serious consequences for women’s lives and for human rights in general, with the support of President Ortega and the Sandinista Party, in alliance with the Catholic Church. Several women leaders who defend women’s human rights continue to be persecuted and threatened.

**Brazil:** Legislative proposals to decriminalize abortion have been stymied, and the Catholic Church is developing campaigns against safe and legal abortion, condom use and sexual diversity, using undue influence and media resources (videos and advertising that manipulate images of fetuses, etc.). In a recent visit, Pope Benedict XVI called for the rejection of proposals for the decriminalization of abortion, which had a very strong impact.

**Chile:** The Parliamentarian Front for Life successfully challenged the National Regulations on Fertility Regulation in the Constitutional Tribunal, which ruled that emergency contraception could not be distributed in public health-care services. The democratic government has shown no interest in reinstating the law for therapeutic abortion; and as a result, abortion is illegal in all cases.

**Central America:** Conservative members of Parliament have joined to promote the signing of a subregional document against abortion in El Salvador and Guatemala; the process is underway in other countries.

**Dominican Republic:** In this country, the Catholic Church has an agreement with the State through an historic document called the *Concordato*, and as a result, the influence of the religious hierarchy hinders the revision of punitive laws on abortion, which are among the most restrictive in the world.
According to information from the Center for Reproductive Rights, at the dawn of the 21st century, abortion at a woman’s request is accepted in over three-fourths of the world populations, for reasons related to social and economic factors and for a wide range of medical reasons (these countries include the most advanced democracies as well as some countries from the former Soviet Union); in nearly 15% of the world, abortion is allowed only if the woman’s life is in danger (as in most Muslim countries, nearly all of Latin America, most of Africa, and in Europe, only Ireland); and only in the remaining 10% is abortion totally prohibited.


**Ecuador:** The Catholic Church and conservative sectors are urging constitutional reform to overturn therapeutic abortion. Therapeutic abortion has been legal for several decades. The ecclesiastic hierarchy has actually accused President Correa of promoting abortion in his constitutional reforms, which has unleashed open confrontation on the matter.

**Uruguay:** President Vázquez vetoed the Law to Defend Reproductive Health despite overwhelming support by different social sectors (including members of Parliament, physicians, students, union leaders and women). This law would have included women’s right to abortion until the 12th week of pregnancy.

**Argentina:** The National Campaign for the Right to Safe, Legal and Free Abortion started in 2007. This past year, in an historical achievement, a legal decree was passed condemning physicians who deny women legal abortions. At the same time, however, Córdoba prohibited the distribution of emergency contraception.

**Mexico:** The constitutionality of the Law on the Legal Termination of Pregnancy (LTP), which allows abortion until the 12th week of gestation at the woman’s request, was challenged by the Comisión Nacional de Derechos Humanos (National Commission on Human Rights) and the Procuraduría General de la República (National Attorney General), which argued that it violated the...
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“protection of life” guaranteed by the Mexican Constitution. On August 28, 2008, the full session of Mexico’s Supreme Court ruled in favor of the law.

Colombia: In 2006, the Constitutional Court recognized that therapeutic abortion could be performed for pregnancy resulting from rape and in the case of serious fetal malformations. However, abortion is still considered a crime and there is no real guarantee of access for all women.

Other countries – like Venezuela, Paraguay, Bolivia and Costa Rica – also confront serious situations in this regard and have not been able to move forward towards legislation that is more favorable to women and their sexual and reproductive choices.

Discourse, Alliances, Agendas

Civil society’s possibility for generating actions with impact at the level of public policy and legislation depends greatly on the organizations ability to identify the problems that they wish to address and then plan the best strategy to achieve these goals. This includes political reflection, definition of discourses, structuring of important alliances, generation of agendas for shared work and fundraising to make these processes possible. The issue of abortion has other specific challenges.

In this regard, the Latin American and Caribbean Women’s Health Network, LACWHN, has from the outset been very profoundly committed to the objective of making abortion a right for all women as a free, safe and legal practice. No more women should die as the result of clandestine and unsafe procedures. In this effort, LACWHN has linked this issue with other historical campaigns of activism, such as May 28, International Day of Action for Women’s Health, which has given pride of place to the issue of abortion. LACWHN was also one of the organizations responsible for the creation and development of the September 28 Campaign for the Decriminalization of Abortion in Latin America and the Caribbean. While, the current coordination of the September

The Alienated Body

The feminists of Padua, Italy, have written that women link the problem [of the criminalization of abortion] to motherhood by force… We must fight against anything that opposes voluntary maternity: “The issue is being able to be a mother whenever we want to be, only when we want to be, but as often as we want to be.”

The three primary reasons why these women believe that abortion may be necessary are: 1) when the woman’s health or life is in danger; 2) when the pregnancy is the result of rape; and 3) if the fetus has a serious malformation.

Beyond these three reasons, they agree that when a woman decides to terminate a pregnancy, it is not on a whim, but because something has happened to her or within her that make it an unwanted pregnancy.

The decriminalization of abortion, whether for the three reasons cited above or for more reasons or for other reasons, does not free the woman from the sense of alienation resulting from the arbitrary nature of “being able to” and “not being able to.” She is at the mercy of a power apparatus that speaks for her, decides for her and takes action against her, depriving her of sovereignty over the most fundamental and intimate territory: her own body.

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The campaign confronts serious organizational challenges, LACWHN will strongly support the future course of the campaign with the certainty that networking implies strengthening women's voices and demands.

At the same time, in Chile, LACWHN is carrying out a project with the support of the Safe Abortion Action Fund (SAAF), sponsored by the International Planned Parenthood Federation, IPPF. The project Construcción de Redes de Ciudadanas y Ciudadanos y Generación de Condiciones en el Espacio Público para una Discusión Socialmente Validada hacia la Despenalización del Aborto Terapéutico en Chile (Building Citizens’ Networks and Promoting Conditions in the Public Sphere for a Socially Valid Discussion Toward the Decriminalization of Therapeutic Abortion in Chile) works with individuals, community organizations and public decision makers to promote the conditions to support arguments in favor of the right to freedom of choice with regard to therapeutic abortion, which had been legal in Chile until the end of the military dictatorship. The idea is for these actors to be able to argue with a greater degree of legitimacy at the local level of public debate, so that they can have an impact on the sexual and reproductive health policy agenda, including policies related to therapeutic abortion. The project also recognizes the obstacles that prevent abortion from being perceived as a valid option, despite the ideological advances evident in the population, which is increasingly open to debating the issue of abortion and accepting certain reasons for its decriminalization.

Under the SAAF project, a critical mass of individual members has been incorporated into Citizens’ Networks in five cities throughout the country, organized in territorial and operational working groups to implement the project, through which they share relevant technical and political information and arguments. The networks also organize public actions and link their work with the activities of their organizations of origin.

Also in Chile, with the support of the Ford Foundation, Corporación Humanas has created a fund to support women’s groups’ activities to work towards the reposition of therapeutic abortion in the country. This initiative favors many women’s organizations, academic entities and social research groups that have a history of involvement with the issue of abortion. These actions reveal that there is a rebellion underway in Chile, a country in which the laws are extremely restrictive with regard to abortion and the influence of the conservative ecclesiastical hierarchy is very powerful. There is a growing social consciousness about the need to take action so that women are respected as rights bearers, so that they can take control of their own bodies, sexuality and reproduction; so that they can have an abortion if they do not want to bear a child or so they can become mothers in the best possible circumstances. Because these matters concern freedom of choice, these are issues of citizenship and democracy.

In this context, several months ago, two extraordinary events on abortion were held in Chile. The Workshop on Communication and Abortion was given by Frances Kissling, former President of the U.S.-based Catholics for Choice during July 16-18, as part of the SAAF/LACWHN project with the already-established working groups of the Citizens’ Networks.

The other event was a reflection workshop entitled “Sharing Experiences for Accessing Safe Abortion,” which was held June 23-24 by the Mexican group Grupo de Información en Reproducción Elegida (GIRE, Information Group for Reproductive Choice) and led by GIRE’s founder, Marta Lamas, and the group’s director, María Luisa Sánchez. This workshop shared, analyzed and reflected on the experiences of GIRE, presenting the political, institutional and communicational strategies that have been key in promoting the decriminalization of abortion in Mexico and for improving access to sexual and reproductive health services. These two initiatives both provide valuable resources for the women’s health movement in Chile, especially for advancing their agendas on the issue of abortion.
In this issue of the *Women's Health Journal*, we are pleased to share interviews with two longstanding activists for the right to decide whom we mentioned earlier, Frances Kissling and Marta Lamas, and also Susana Rostagnol, an Uruguayan scholar and researcher who taught several courses in Chile and whose experience as an activist for sexual and reproductive rights is highly relevant to the subject. Finally, we also include three presentations by Chilean colleagues, Gloria Maira, Verónica Díaz, Marcia Tijeros, Gloria Salazar and Paulina Vidal, who share their experiences and reflections on women’s rights and on the issue of abortion.

Adriana Gómez

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**Tongued-Tied Traps**

Language reinforces the criminalization of abortion, blaming the woman even through the very words that are used. Abortion that is not spontaneous is referred to as criminal to distinguish it from miscarriage. The woman who is pregnant is already called a *mother* and the embryo and later the fetus are called a *child*, despite the fact that these terms are not really fully applicable if there is no consent. Even the word *abortion* is not truly reflective of the comprehensive reality, and thus, feminists are increasingly using the more accurate term: *voluntary interruption [termination] of pregnancy.*

FRANCES KISSLING
You Can Be a Feminist and Be Against Abortion... But You Are Wrong!

Frances Kissling, the founder of the United States organization Catholics for a Free Choice, has long been a committed champion of women’s right to access safe, legal abortion. Her prodigious efforts have drawn special attention to the fact that Catholic women can make the personal decision to have an abortion in keeping with their own conscience and moral authority and that they shouldn’t be excluded from their congregation and their faith as a result. During the 1970s, after the ruling of Roe vs. Wade, Kissling was the director of one of the first legal abortion clinics in the United States. In 1982, she started Catholics for a Free Choice (today, Catholics for Choice, CFC), an international reference on issues related to sexuality and reproduction from a perspective of ethics, social justice and human rights. In 2007, Kissling retired from her post as president of CFC, after holding the position for 25 years.

Kissling has worked with unflagging dedication to erase the stigma from everyday language used to talk about abortion, in which this medical procedure is often discussed as a crime and the woman who aborts as a criminal. To overcome this cultural obstacle, CFC has published countless documents and papers. Some correct the myth that abortion is a sin, focusing rather on the realities of women who decide to terminate a pregnancy, revealing the social, health-related, ethical and personal reasons that might underlie such a decision. Other publications have drawn attention to the contradictions between the official posture of the Catholic hierarchy and the Church’s position on abortion through history, which has changed considerably over time. CFC argues that when a woman carefully examines her conscience and decides that abortion is a morally acceptable act for herself at a specific moment, she is not committing a sin and should not be excommunicated.

Another priority in the work of Kissling and CFC has been to look at the attitudes of people who identify themselves as Catholic in relation to issues like reproduction, sexuality and contraceptive use. Over the years, CFC has undertaken surveys in several countries to discover the true personal behaviors and beliefs of Catholic men and women. In this regard, the 2004 publication A World

View: Catholic Attitudes on Sexual Behavior and Reproductive Health recognized the existence of over one billion Catholics throughout the world, many of whom live in Latin America and the Caribbean. However, the survey also found that the numbers of the faithful are dwindling and that there is a huge gap between official Church policy on modern contraception and the opinions of Catholic women, who really make the final decision about their own bodies. Recent surveys in the U.S. also confirm this gap between policy and practice, revealing that the overwhelming majority of Catholic couples use modern contraception, which has historically been prohibited by the Catholic Church.

Another of CFC’s landmark actions has been the Condoms4Life campaign. This historic defense of the use of condoms to prevent HIV/AIDS was an international effort to counter the late Pope John Paul II’s call for Catholics to refrain from using condoms, with special reference to Sub-Saharan Africa, where rates of HIV transmission are notoriously high. No small wonder that the pope was accused of promoting a subtle form of genocide.
Likewise, the international See Change campaign calls for the Holy See’s UN status to be revoked. Using this undue influence, the Catholic Church has interfered in international conferences of transcendental importance to women’s status, including the International Conference on Population and Development (Cairo, 1994) and the Fourth World Conference on Women (Beijing, 1995). This influence is also felt at the national level where the ecclesiastical hierarchy meddles on a daily basis in the affairs of government, especially in the most progressive public policies.

Kissling reflected on all of these issues during her visit to Chile, where she met with local organizations struggling to change the legal status of abortion. In Chile, abortion is totally illegal, actively penalized and stigmatized by conservative sectors and the Catholic Church, despite growing civil support for women’s right to freedom of choice. In the following interview by Adriana Gómez, Kissling shares her wise and enthusiastic perspective on a range of topics.
Frances, has it been worth it to dedicate your life to such complex issues as abortion and reproductive choice? Was it worth all the suffering? Were you ever afraid of the risks involved?

It has been a great privilege. Was it worth all the suffering? First of all, there was no suffering! Risk? What risk? There was no risk! This is the 21st century. What bad things are going to happen because you speak out for abortion or because you speak out for women’s rights? The Church can’t really do anything to me. Okay, the anti-abortion groups could have, but they didn’t! I never felt threatened, so I wasn’t worried.

I thought that I was doing the right thing, I was often – almost always – with people who agreed with me. I always felt appreciated. There were always women and people I would meet anywhere in the world who would tell me I was doing great work and that I was wonderful. I could see the positive effects of my work over time on the way people talked about abortion. I feel I have had an influence and a voice. How many women get to have a voice and be heard in the universe? So of course it has been wonderful, wonderful work over the years.

I was very fortunate in Catholics for Choice; that I worked in an organization where change was respected. When I started in my work, it was totally domestic, in the United States, and then it had a dimension in Latin America, in Europe, in the UN, so I was constantly expanding. You start with the issue of abortion and then you start working on separation of Church and State, then on HIV/AIDS and human rights. So it has been nothing but a wonderful, rich work experience.

Are you still a Catholic?

Yes, I am still a Catholic. You always ask the question: What does this mean “to be a Catholic”? Am I a Catholic in a traditional sense of what being a Catholic is? No, of course not. I believe that the stories of Catholicism are valuable stories with a good lesson for humanity that you can learn from. Do I believe that they are the truth? No, of course not. But I do not think that’s important.

There was a man called Jesus Christ. He had ideas. They were advanced ideas, and they were universal ideas that have had relevance even to this moment in history. There was also a man called Buddha, who had similar ideas. And there was another one called Muhammad, and many, many, many others. These ideas are all very similar; they’re very human ideas. And for some of us, the way those ideas have been expressed resonates from the man called Jesus, and for some, from the man called Buddha and for some, from the man called Muhammad.

For me, they resonate from the man called Jesus; that was my childhood; those were my stories. And so these stories have meaning for me, but I don’t take them literally. I don’t believe that Mary was a virgin. I don’t believe that her body went up into Heaven, because I don’t believe that there is a Heaven or a Hell. But I believe that the concept of heaven, hell, virginity, all of these concepts and these stories have value. But they do not have an absolute value. They do not have to be the only “good.” It can be good to be a virgin; it can be bad to be a virgin.

Why are men afraid of women?

Men have always been afraid of women, and they are still afraid of women. They are afraid of us because we make life, and they don’t. It’s simple, it’s eternal, and until we can figure out how to make men pregnant, we will have this problem. [She laughs.] And so, they’ve done all these things to compensate for the fact that they can’t give life. The priesthood is one of these forms of compensation. If they let us be priests and bishops, then what do they have left? They can’t give life, they are no longer the priest, and we have everything. This is what they are afraid of. They are afraid of the loss of power to female energy and female power, which is so strong. And I think the thing that is actually more interesting in a way is why it has taken women so long and still women don’t have this sense of their own power. How long we have not understood as a group the power we have. How long we have let them take power away from us, simply because we give life and they don’t.
Women Are Moral Agents

Abortion is a complex moral matter. It cannot be reduced to either absolutism: “rights of the fetus” nor “rights of the woman.” For CFFC, a central value in this complex matter is the recognition that women are competent, capable moral agents who must be recognised as having both the moral and the legal right to make the decision about whether or not abortion is justified in their specific circumstances. Some women will make decisions others evaluate as “good;” some women will make decisions others evaluate as “bad.” No one, however, can make this decision for a woman.

The Spanish feminist Victoria Sau says that a truly modern and developed society is one in which motherhood is valued, abortion is safe and legal, and prostitution does not exist. What do you think of this?

I am sure we could think of some other things that would be important elements of a modern society that we don’t have yet. Possibly you could add that children are valued. I think that in essence she’s right about the centrality of those things.

Now, what is complicated for feminism is the issue of prostitution, because feminists have different ideas about what prostitution is. I have no moral objection to prostitution. At the same time, I think it would be better if sexuality were not a commodity. To sell your body, in the present construction, it’s not the worst thing in the world, if it’s a choice. But underlying this notion of it being a

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modern world if there were no prostitution is the theory that prostitution is never necessary. That women and men are living in circumstances and relationships in which they give themselves to each other out of desire and desire for a relationship, a desire to share themselves in equality and affection, and that then prostitution is not necessary. But everything has its exception. You have to look at these issues more holistically.

There is no question that abortion should be legal. At the same time, it would also be a modern society if abortion were largely unnecessary. But it should be legal.

How do you talk about abortion with men? Is it different talking with young men and older men?

There are some differences. I have a desire to talk to young men about abortion. When I make speeches, there are always young men in the audience, and they always have very emotional feelings about abortion. I think older men have more anger about abortion. Either they are fine with it – “Abortion is not my business. If a woman wants to have an abortion, it’s her business” – or they are really, really, really angry, and they are very hard to talk to. But the young ones are often not angry; they are confused. They are more honest about their desire to be involved in reproduction in a positive way, and I think as a result of feminist, they have been told that they should be involved. So they feel the concept of fatherhood in a more connected way than men of older generations do. So I would say, I want to speak to them with affection for where they are and to help them to understand their limits in this arena, to validate their feelings and to help them find ways to be part of reproduction but to also accept that there are limits and to live with those limits, to find a way to live creatively with the limits of biology.

Can you be a feminist and be against abortion?

Yes, but you are wrong! I don’t think that we should automatically rule out anyone. For example, I have this experience of being Catholic for choice. I have this experience of people saying to me: “You cannot be a Catholic and be for choice.” So I have sympathy for this issue. I don’t think that everyone who is against abortion hates women. There are people who hate women who are against abortion, but they are not the only people who are against abortion. I have met people who I would call politically progressive, who have fought against violence against women, who have fought for women in the workplace, who have fought for the rights of women to be autonomous beings, who have a lot of problems with abortion, and I am not prepared to say that they are not feminists.

Frances Kissling shared her personal experiences and philosophy with the Chilean women’s movement.

Adriana Gómez
Learning to Listen

Part of the new ethics of abortion is how the abortion debate is going to be conducted in society. People on all sides of this question have face one of the most divisive, polarised, ugly, and sometimes violent debates. This ugliness, polarisation, and certainly verbal violence, is something in which both those who support abortion and those who are opposed to abortion have participated. As a result, we have had a discourse on abortion that is really puny, in which most decent people, both pro-life and pro-choice, have been left behind and out of the discourse.

Those who are opposed to abortion talk to each other most of the time, those of us who are pro-choice talk to each other and not the “other” most of the time. If there were to be anything new in the ethics of abortion, I would say it should be an ethical commitment to rational, civil discourse and an openness to curiosity on the part of partisans on both sides of the question. None of us is curious enough about what someone who disagrees with us thinks on this issue. The majority of the time, when we listen to someone with whom we disagree, our mind is immediately constructing how to destroy the argument of the other. But the reality is that we are facing a highly complex issue. That does not mean one cannot have strongly held values which support one position or another. But there is good in the concerns, values, and principles of those who are opposed to abortion as well as in the concerns, values and principles of those who support abortion. We probably could get a lot further on this issue if we started to look for the good in the other’s position rather than for the ways in which we can destroy that with which we disagree.

GIRE, the Grupo de Información en Reproducción Elegida (Reproductive Choice Information Group) is a touchstone in Mexico and throughout the region on issues of sexual and reproductive rights and above all on abortion. The active participation of GIRE in the women’s movement has been of vital importance in promoting the recognition of women’s right to choose a safe and legal abortion. GIRE lobbied for this right with policymakers and raised the consciousness of the general citizenry. In this decades-long effort, GIRE has worked with such organizations as Católicas por el Derecho a Decidir (Catholics for the Right to Decide), Ipas México, Equidad de Género and the Population Council. GIRE has challenged the very language used to address this issue, giving new meaning to terms such as “the right to life” by looking at them from a woman’s perspective. This group has also placed great value on technical/political work, without detracting from activist and grassroots efforts. GIRE has dialogued with policymakers, academics, legislators and physicians, as well as with young people, and has also worked on the defense of emblematic cases, such as that of Paulina, a young girl who was denied a legal abortion by the Mexican government for a pregnancy resulting from rape. GIRE also has developed a high-quality line of communications initiatives with considerable impact.

In order to share their experience and contribute to building strategies in Chile, the team from GIRE presented a workshop under the direction of the group’s founder, Marta Lamas, and GIRE’s current director, María Luisa Sánchez. In the following interview by Adriana Gómez, Marta Lamas refers to the voluntary termination of pregnancy, VTP (in Spanish, interrupción voluntaria del embarazo or IVE) which was approved in Mexico City in 2007, setting a precedent in the struggle for safe, legal abortion.

Abortion has long been a topic of public debate in Mexico. When did women first begin to make demands?

In 1935, during the government of Lázaro Cárdenas – the most left-leaning president Mexico has ever had – Ofelia Domínguez, a female physician, brought up the issue of abortion. She argued that abortion should be offered in the public health services in safe, hygienic conditions. A serious women’s movement was already active in Mexico in the 1930s and talking about abortion. Then there were a series of setbacks, and only with the second wave of international feminism did a feminist organization in Mexico dare talk about abortion in 1972, using a classic discourse: my body is mine. But efforts at that time didn’t go much beyond the theoretical.

In 1976, a group of feminist organizations created the Coalición de Mujeres Feministas (Coalition of Feminist Women), which agreed to get a law passed decriminalizing abortion. That same year, through the National Population Council, the government organized a huge meeting on abortion with some 80 experts from a range of disciplines, and the conclusion from the meeting was that abortion should be decriminalized. The government shelved the matter, but we feminists presented a bill for Voluntary Motherhood, inspired in the work of the Italian feminists: “So women may have all the children that they want but only the children that they want.” And that was also shelved.

As you can see, it has been a very long road, and over time, we have developed a number of different strategies to achieve our objectives. The approval of the legal [voluntary] termination of pregnancy in Mexico City is one of the results of those efforts.
What are the most recent strategies developed by the feminists?

Some of us decided to professionalize the discourse so that our adversaries would actually listen to us. We needed them to understand what we were saying, because otherwise we were just preaching to the choir. Decades ago, Patricia Mercado, María Consuelo Mejía, Sara Sechovich, Lucero González and I started to reflect on the following: “Our adversaries, in general, are male chauvinists who do not care very much about women. They are not interested in the discourse of women’s liberty, but they may just listen to matters of social justice, public health or democracy.” So we started to look at what was going on in other societies, and although we didn’t like it very much, we realized that we needed men’s support. Like Valéry Giscard d’Estaing, in France, who was able to say, “As a Catholic, I am against abortion, but as President of all the citizens of France, I cannot refuse to see what is happening in society.” We also learned from the Auxiliary Bishop Emeritus of Madrid, Alberto Iniesta Jiménez, who in 1985 remarked with regard to the proposal to decriminalize abortion: “My conscience totally rejects the possibility of abortion, but my conscience does not reject the possibility that the law not consider it a crime.” The weight of this statement was much greater than anything the Spanish feminists had been saying about abortion for quite some time.

So we slowly realized that, in a patriarchal and machista society, we needed to have prestigious men who were our allies as spokespersons, no matter how strong our arguments. From their prestigious positions, they could say the same things that we were saying. Now, this sort of man doesn’t just appear spontaneously: you have to train them, learn how to work in their shadow, even do the work for them. We have had to give them arguments that we ourselves had written and that they used word for word! For example in 1996, there was a paid insert in the newspaper, signed by scientists, philosophers, artists, public figures, important women and men, in support of the decriminalization of abortion. It had a huge impact, but not because it was signed by feminists. So this is one aspect of the strategies that began to be prioritized by some women and organizations committed to abortion.
Have these strategies also implied the need to change the most radical feminist discourse, the rights-based discourse for example? Is there a cost?

Everything depends on the context in each country. Achieving the legalization of abortion, making sure that the procedure is available in the public health services free of charge, requires that a number of political and technical factors come together. It also means working with grassroots women, mobilizing women on a neighborhood level with consciousness-raising activities that train them to go out and talk about the issue. All this demands a certain degree of expertise, although it is not viewed as such but rather is considered “activism.” Nonetheless, there are women who have a greater level of awareness and experience, who know the grassroots women and know how to mobilize them.

On the other hand, we also need people who can present arguments using a discourse that is sometimes legal, sometimes medical, sometimes bioethical or philosophical to promote the reasons why abortion should no longer be a crime. And you can’t just wing it. I cannot improvise a legal argument if I haven’t studied law or a medical argument if I haven’t studied medicine. It would be a grave mistake to think that political debate is more important than the technical arguments or vice versa. You need both sides of the coin, both theory and practice together, to transform the way in which society perceives and understands the issue of abortion. Not only is there more than one way to skin a cat, you actually need to use a wide range of strategies and methods. You still need to have women in the streets demanding that the law be changed, because no matter how convincing our legal, medical or ethical arguments, without the component of activism, the public decision makers will say: “Well, it’s just this handful of educated experts, but society as a whole is not asking for this.” And on the other hand, if there are just women’s groups protesting, but when it comes time to discuss the issue, to go before Parliament and reason our case, no one can present a coherent argument, then all they see is public outcry, but they do not hear our reasoning.

The division of labor in the movement is not exclusionary; these two aspects are absolutely complementary. It is essential that there are women carrying out the grassroots work, in the communities, in the neighborhoods, to generate a critical mass that is willing to shout: “We want free and legal abortion!” But we also need to train our spokespeople. They must be public figures, people who are well known, and not necessarily feminists. In Mexico, we have used famous lawyers and doctors, men whom we have had to gentle along and help learn the discourse that we are interested in presenting. And then there are the spokeswomen from the movement, who must have a really solid medical, legal, bioethical and philosophical discourse. By combining these many elements, we are able to get our arguments in favor of abortion heard in a range of spaces. For example, there are women who have a great deal of political sensibility, who are able to go to a union and talk with the men and explain to them why the decriminalization of abortion is of interest to the union. If you are involved in the
workers’ movement, if you have shown solidarity with their struggle, if you have worked with and for them, that experience and commitment matters, and you’ll have an influence in that union. So we have to look for these points of strength. We need to evaluate the context and decide who is the most appropriate person, who will be best received by a given sector.

We have relied a great deal on the daughter of a judge and the sister of a famous physician to gain access to these public figures with greater ease and with a better chance of them actually listening with open ears to our arguments. These may seem like very basic strategies, but sometimes we forget about them and don’t use them. In this regard, we need a shot of humility, because people are not going to open their doors to us just because we are defending the best cause – women’s liberty. We need a strategy to get them to really listen to us, to open their eyes to reality, to become aware and then be willing to become an ally and spokesperson for our cause.

However, there seems to have been a bit of a letdown, because society doesn’t yet seem to be ready to embrace a right-based discourse.

Human beings’ perception of time is so very different from the historical notion of time. We are really talking about an historical change that will take about 150 years to achieve. It began in the mid-20th century with the discovery and widespread use of contraceptives, and probably by the end of the 21st century, women will be able to have abortions in their own homes, with a pill, without needing a doctor or intervention of any kind. So in the face of this cultural process, in terms of human time, those of us who have been fighting for this right for 20 or 30 years and...
who are going to live to be 70 or 80, well, we get pretty discouraged. But if we look at it with an historical perspective, and we think about how the 20th century began and how it ended, the degree of change is striking. The same thing will happen with the 21st century. Of course, it makes us pretty mad that things don’t happen faster, but if you think about it… in Mexico City, the decriminalization of abortion up until the 12th week of pregnancy took us 35 years to achieve, but the decriminalization of abortion in general was first called for in the 1930s. In other words, it has really taken us over 70 years to get even part of what was first proposed.

So yes, it does make you mad, especially since we are defending a cause that is absolutely a human right and a women’s right. It is quite irksome, to say the least, that we have to do all this wrangling and strategic maneuvering to find other people to speak for us. We wish that people would just be open to talking about abortion, but that is a naive wish that ignores the human condition, the multiple levels of resistance and the degree of ignorance, conservatism and the weight of Catholic dogma. Even if people are not practicing Catholics, the burden of guilt and doubt is still felt. But rather than get angry because the process moves so slowly or because things aren’t going exactly the way we want them too, we just need to work harder to make it go faster. We have seen how this happens when abortion stops being just a feminist issue and becomes a social concern.

Some feminists resent this reality, and they get mad when they see a doctor or a lawyer appropriating our discourse, but we shouldn’t worry about that. What we should really be interested in is that women are able to access safe, free, legal abortions in the best possible conditions, without having to justify their decisions. If we need doctors, lawyers and legislators who are men to join our cause and defend it, then we will just have to convince them of our cause and let them speak for us. Our society has been patriarchal for centuries, and we are not going to be able to change that in just 50 years. So we have to use our adversaries’ strength to our advantage, like in judo, and if men will listen only to men, then let’s find progressive men who are willing to defend our agenda. Let’s not try to change our culture from the ground up at the same time that we are trying to gain free and legal abortion. Why? Because women are dying from botched abortions and that has to be our priority at this time. We have got to stop these deaths. When women are not dying from unsafe abortions anymore, then we can start to fight for something else or assert that women are the ones who must lead these struggles, but for now, for me, the most important thing is making abortion safe, legal, free of charge and unrestricted. And if I have to take a step back in order to achieve this, if I have to let a man take center stage and get him to say what I want, and he does a good job of it, then I am willing to step back.

We can’t have it all at the same time. We need to prioritize what is most crucial and that is that abortion be understood and respected as a matter of women’s liberty and health. If we have to disguise ourselves, hide in the wings and get other people to take the spotlight defending our cause, then I gladly cede my place, because it has been the most effective strategy so far. We have seen that men in power pay much more attention to male experts than to feminists. It’s tragic, it’s a pity, but years from
now, when we tell our stories, we will say: “You know that landmark speech that so-and-so gave, well, we wrote that.”

It brings to mind the impressive speeches made in the Federal District’s Legislative Assembly when the legal termination of pregnancy was approved. It is highly unlikely that we feminists would have been as well received because of the patriarchal and chauvinistic context that persists in our country. I think that with time, you become clearer about your priorities and you become more certain. We need to learn to move in the shadows, to outline what we have to do without drawing too much attention to the fact that we are the ones who are doing it. That leaves little room for narcissism. We must be able to let other people take credit for our work, and if we are able to get free access to legal abortion, then it’s all worth it. Later on, we will be able to tell our stories; we have already begun to do so in Mexico. Many groups are just beginning to see that we were behind things. Of course it’s really maddening to not be able to fight opening and that our reasoning is not accepted as valid merely because of our sex or our position in society. A valid argument should be recognized on its own merit and not because of someone’s gender or appearance. However, we are never really in the background, because in Mexico, GIRE has become a touchstone on the issue of abortion, and we are willing to do the groundwork for many people in order to make abortion a cause of progressive intellectuals and an important segment of society, and not just a feminist issue.

It appears that Mexico is key to the defense of separation of Church and State. Would you agree?

Yes, for a long time, the Catholic Church was very marginalized. The Mexican Revolution really limited the power of organized religion. At the same time, however, the faith of the people is very strong, especially around the Virgin of Guadalupe, but the Church hierarchy is not as prestigious as it is in Chile, for example, where it played an important role in the defense of human rights, which it has not done in Mexico.

In my country, there are two Catholic Churches, the church of the hierarchy and the bishops, who the people largely ignore, and then there are the grassroots priests, the Dominicans, the Jesuits, who are really committed to the people and who are greatly loved. Some of them are even committed to our cause. For example, in one of the Supreme Court hearings on legal [voluntary] termination of pregnancy, Father Julián Cruzalla, a Dominican priest, spoke as a Catholic and explained why the decriminalization of abortion should be approved.

We must remember that the Catholic Church is not monolithic: there are reactionary priests, and then there are others who are not so extreme; there are progressive men of the cloth. But the Mexican population is not very respectful of the ecclesiastic hierarchy; they make fun of them and even the newspapers publish really cutting caricatures.

There is a notion that “My beliefs are my own, and I don’t want to mix them with what the Church says. The priests can just butt out of my life.” So there is a more open attitude towards sexuality, even towards homosexuality, than in Chile, but we also have a double standard that is evident in both of our societies, as in so many others.◆

**GIRE Mission**

- To contribute to the recognition, respect and defense of reproductive rights, in particular abortion rights, upholding women’s free choice.

**We Work:**

- So that people can effectively exercise their reproductive rights, meaning that they have the ability to make free, responsible and informed decisions about their reproductive lives.

- To encourage a rational debate on abortion among the greatest number of people possible, with the goal of ending the futile antagonism among those who defend extreme positions on the issue.

- To provide Mexican legislators the most complete and objective information on reproductive rights, so that their decisions allow individuals to make free and conscientious decisions about their reproductive lives.

- To promote analysis and debate on the issue’s bioethical, ethical and legal aspects among those in the fields of medicine, law and social work.

- So that young people have the necessary tools to live healthy, responsible and fulfilling sexual and reproductive lives, free from sexually transmitted infections and unwanted pregnancies.

SUSANA ROSTAGNOL

Doctor-Patient Confidentiality Is an Indispensable Aspect of Abortion

Since democracy was restored in 1985, Uruguayan politicians have been discussing proposals to legalize abortion. Parliament has regularly reviewed bills that move in this direction, but none has managed to get passed. One of the proposals would have legalized abortion through the end of the first trimester at the woman’s request, but it was never discussed in either chamber, which is indicative of the level of censorship that persists in that preeminent space for democratic debate. However, Uruguayan society has become increasingly open to the topic, particularly over the past few years, adopting positions that coincide with a revitalization of the movement for sexual and reproductive rights, which has always advocated for the right to voluntarily terminate a pregnancy.

One of the efforts mentioned above led to the design of the bill that was recently approved by both houses but later vetoed by President Tabaré Vázquez. This emblematic text, the Law in Defense of Reproductive Health, addressed the promotion and provision of sexual and reproductive health care, including access to birth control, sex education for adolescents, the promotion of responsible parenting and abortion at the woman’s request during the first 12 weeks of gestation and under specific conditions thereafter. The proposal endured considerable ordeals in Parliament. It was approved, ignored, tabled, rejected and even vetoed in advance by the President, who has demonstrated a repressive attitude unbefitting of his office. The political sphere seems wary of the cost of voting for a bill of this kind, and politicians seem to have no desire to enter into conflict with the Catholic ecclesiastic hierarchy.

However, citizen support for this legislative proposal is increasingly clear. Surveys suggest that some 70% of the public supports it, which is encouraging for the women who have organized and persisted in their efforts to defend the bill. In this interview by Adriana Gómez, which took place before the law passed and then vetoed, Uruguayan anthropologist, educator, researcher, activist and member of the Red Uruguay de Autonomías (RUDA), Susana Rostagnol, emphasizes how important it is for health professionals to take part in this struggle and explains that many of them are beginning to pressure legislators to move in this direction.

“My doctor is no snitch.”

“My doctor is no snitch.”
How has the women’s movement reacted to the difficulties that this bill has faced in Parliament? What other social sectors are working with women in this process?

Activists have spent the past fifteen years working on more or less the same bill. It is the sum of many efforts and reflections on which kind of law the country needs and what women need. The problem with the bill that is currently under consideration is that politicians have not managed to maintain their commitment, including those who say they are in favor of it and wave the banners of more progressive positions. Above all, President Tabaré Vázquez’s attitude is reproachable. His announcement that he will veto the bill if it is approved is tremendously negative and is actually one of the main obstacles to its passage. These developments have generated a great deal of disappointment and anger and nearly paralyzed the women’s movement throughout the process of promoting the bill. But in 2007, we decided to get it moving again, and we launched new efforts that are still underway and will continue into the future.

It is important to remember that the women’s movement enjoys the support of many social actors. Many members of the movement are academics who have seen the extent to which this issue is of interest to students and faculty. One of the many times that the proposal was rejected by Parliament, the Main Administrative Council of the Universidad de la República, where over 90% of the country’s college students go to school, issued a statement supporting the legalization of abortion. The Medical School did the same. This support is very meaningful and works in our favor. The country’s Physicians’ Association also advocated for the legalization of abortion. We have received support from social groups like the Workers Union (Central Única de Trabajadores), youth groups and other social movements, such as the human rights movement. In short, there is broad support in Uruguay and international solidarity.

What is the legal status of abortion?

Abortion is illegal in Uruguay, though the law allows for exceptions and mitigating circumstances. The exceptions include rape, economic hardship, health problems for the woman and to preserve the family’s honor; that last one is still on the books. In some cases, abortions have been performed on inviable fetuses very early on, but women
whose pregnancies are more advanced are forced to carry to term. The law is not always applied. There are many clandestine abortions, and the penalties are seldom applied. In other words, abortion is tolerated socially. People know that it is happening and look the other way. The law is only applied when a woman dies, and in those cases, the provider faces charges. In terms of numbers, estimates suggest that over 33,000 abortions are performed every year in our country.

The case of a woman who had complications following an abortion came to light in May 2007, when we had begun to reactivate the coordination of support for the bill. She was reported to the police by her doctor and prosecuted. The fact that the woman was being made to face charges had an enormous impact because that does not generally happen in Uruguay. There was a great deal of discussion of doctor-patient confidentiality and the need to respect it. Many argued that medical ethics do not allow doctors to file such reports.

The women’s movement created a blog entitled Yo también aborté (I Had an Abortion, Too) in order to collect signatures in support of the woman. It was written in such a way that men could sign, too: “I committed the crime of abortion because I paid for it, I went with someone who was going to have an abortion, I provided information, etc.” In just one month, we gathered over 10,000 signatures including those of four ministers, four undersecretaries, the Minister of the Interior, the Minister of Foreign Affairs, the Minister of the Environment and the Minister of Social Development. Several governors also signed. We had a lot of support from influential politicians including members of Parliament and administrative officials. The issue received a lot of press and became a matter of public opinion. It was the first time that people spoke of abortion in the first person: “I committed the crime of abortion.” It was no longer a matter of poor women getting abortions: “I did it; arrest me. If you arrest her, why not arrest me?”

We reached the General Assembly of the House of Representatives and the Senate and submitted the signed declaration to its President of the Assembly, who is the Vice President of the Republic. The document exhorted our representatives to keep women’s lives in mind when they legislate. The Vice President said that he was in favor of legalizing abortion, and though he was speaking on his own behalf and not officially, it had a huge impact.

Apart from being a rights-centered demand, I believe that legalization is related to certain matters of public health, which helps to open the debate.

That’s absolutely right. The issue once again is the interrelated nature of women’s demands for sexual and reproductive autonomy, for their sexual and reproductive rights. But in addition to this, in 2002, there were a significant number of abortion-related deaths in relative terms, because in real terms, the number is low. That year, we found that over half of the cases of maternal morbidity were the result of induced abortions performed on women from low-income communities, some of whom...
were very young. Most of the deaths occurred at the Paulina Luisi public hospital, the women’s hospital. This is a teaching hospital for the fields of gynecological and pediatrics, and the doctors from the gynecology program were concerned and began to talk about what was happening. Up until then, only women’s organizations were making complaints. The legitimacy of the discourse changed in an impressive manner when doctors began to become involved. This group of medical professionals collaborated to establish Health Initiatives, which provides care for women who have had abortions in high-risk conditions. The group’s practices served as the basis for the proposed bill for regulations on pre- and post-abortion care, which was endorsed by the Physicians’ Association. It was presented to the Ministry of Public Health for official recognition but was halted for over two years, despite the fact that many doctors made post-abortion care part of their practice. But just two months after the Senate voted against the bill for the Defense of Sexual and Reproductive Health in May 2004, the Ministry approved Ordinance 369, which addressed the physicians’ proposal for pre- and post-abortion treatment, so that it could be adopted throughout the health system.

Is the Ordinance respected? Do doctors apply it in hospitals and their offices?

It’s difficult to verify. Those who fail to apply the Ordinance face no penalties, even though it is a very important element of efforts to provide better care for women. The Ordinance’s greatest value is symbolic, and it will undoubtedly improve the care that women receive, even if it is applied in very few places. I believe that less than ten percent of medical establishments have applied it. The Ministry is responsible for promoting it but has failed to do so, which means that the regulation is applied by doctors who are aware of it and interested in adopting it.

It is a very complete regulation, granting the doctor the authority to offer all types of information to the patient, even if he or she knows that the patient wants to have an abortion. She is given an ultrasound, a blood test and is informed of her condition. She might be told about Misoprostol and what it is used for and the effects that it will have. While the doctor does not provide the medication or handle the procedure, the patient can return to the office once the abortion has been performed and receive humanized care. The doctor will ask about the procedure and give the patient instructions. She will not be judged or condemned and most definitely not reported. Now that it is common knowledge that Misoprostol has gynecological applications, health authorities have regulated its use. It is only available to patients who present a prescription from a gastroenterologist and for obstetric use within the hospital system. But it is available on the black market.

The Health Initiatives group committed to defend the ethical principle of doctor-patient confidentiality.
Safe & Legal Abortion: A Challenge for Democracy

The Ordinance is applied in hospitals, clinics and private offices though, again, we are not certain how many health professionals really follow the protocol, especially outside of Montevideo. It is likely that many doctors don’t even know about it, though it has been publicized through channels other than official ones. Fortunately, no one from any sector has challenged it.

This experience is extremely important, especially for countries like Chile, where doctors have very little commitment to these issues and there is no pre- or post-abortion treatment. In fact, in Chile there are regulations that challenge doctor-patient confidentiality by requiring health professionals to report women who have had an abortion.

This is true, but it’s important to keep in mind that things do not always follow logically. Sometimes progress is made and then the adjustments follow. When Uruguayan doctors saw numerous women die as a result of abortions, they became concerned, even older professors of medicine. They created a movement in an effort to avoid more deaths because of unsafe abortion. They may not have known where this process would lead when they started it. It was only later that they discovered that this is linked to the concept of sexual and reproductive rights and human rights in general. Their contact with feminists increased their awareness of ideas like humanized and compassionate treatment, and people became aware of these issues. All or at least most doctors in Uruguay used to report women who had abortions. Many of them even admitted it, but then they changed.

It was clear that a different kind of awareness about this issue was emerging when all of Uruguay took up the cause of this woman who was reported and prosecuted in May 2007. Even the Bioethics Committee of the Physician’s Union in the Medical School – in other words, all of the country’s top medical professionals – issued a statement explaining that doctor-patient privilege is a duty and that all doctors owe this confidentiality to their patients. That was the beginning of a beautiful campaign developed by young people who made posters that said, “My doctor is no snitch.” And they asked the doctors, “Should we put this poster up in the clinic? Should we say you aren’t a snitch?” And a lot of doctors took part in the campaign.

Another very serious incident happened a few months ago. A clandestine clinic that performed abortions was raided, and the patients were taken to the hospital so that the doctors could determine if there had been abortive interventions. However, the doctor who was working at the time refused to do it, saying that he was not a specialist in forensics. He refused to provide the judge with information on the health status of the women that he saw, citing doctor-patient privilege. He was brought to court, but the Physicians’ Association supported him. This suggests that support has grown even more and that the Ordinance has been supported as best practice. The clinic raid led to the development of a strong social movement rejecting that action. It is interesting to note that Amnesty International, which has been an ally throughout the process, acted as a spokesperson when we went to the Ministry of the Interior to report the situation. This had a huge impact on public opinion because AI is a very well known and respected group.

What other strategies are you using to make members of Parliament aware of the bill?

This is a very far-reaching law. In addition to abortion, it addresses sex education, birth control distribution, counseling, etc. We believe that it will benefit the overall health of Uruguayan men and women and that Parliament should support it. The fact that it is stymied in the Senate has led us to intensify our lobbying efforts. The Red Uruguaya de Autonomías (RUDA), Cotidiano Mujer, CLADEM and the Instituto Mujer, Estado y Sociedad (Institute for Women, Government and Society) have made a map of Parliament that shows that while there is broad support for the project, it is not seen as a priority.

The issue is that if it is not passed now, it will not be passed next year because it is an election year. If it is approved and the President vetoes it, as he has threatened to do, we will need a lot of votes from the General Assembly from both chambers to lift the veto, and that would not be easy. The cost of vetoing this project would be very high for Tabaré Vázquez. It could ultimately be presented again to the next legislature in 2009.
The Criminalization of Abortion
Is a Legislative Failure

When the State criminalizes abortion, it re-victimizes women who already have had to confront a mortifying situation.

Abortion is not a “choice” but rather an extreme decision made to avoid an unviable motherhood that a woman faces in a demanding situation. In this regard, the criminalization of abortion is a deliberate act of mortification exercised by the power of the State.

The criminalization of abortion questions the right to life, to health, to motherhood, to be free from torture (“cruel, inhumane and degrading treatment”), among other rights. The Statute of Rome considers “forced pregnancy” to be a “crime against humanity,” but under Uruguayan law, women are compelled to continue pregnancies that they wish to terminate or they must endure the consequences of clandestine abortion, which flies in the face of their constitutional rights and the international laws and agreements upheld by Uruguay.

The criminalization of abortion prevents society from promoting prevention policies or other proactive initiatives and neutralizes efforts that could be underway in many different fields. Actions by the health or education sectors to “decrease the risks and harm of unsafe abortion” are nullified by restrictive regulations on abortion, like the Ministry of Public Health’s Ordinance 369 of August 2004 or the sex education programs.

Academic and political sectors overwhelmingly agree that the criminalization of abortion is a legislative failure that only results in inequality, injustice and human suffering. During the many debates over the past 30 years on the criminal nature of abortion, a consistent opinion has been formed on the need to decriminalize this procedure in agreement with the terms proposed in the law currently under debate or in some similar fashion.

In view of this, our group of women’s organizations prepared a compilation of all of the matters related to abortion that had been discussed in Parliament since 1985. The document shows what this debate has meant in terms of the time and effort that was involved in having the members discuss the issue, listen to experts, analyze testimony, etc. We assigned a dollar value to each hour and applied it to the entire process. And we asked them, “How much more do you need in order to make a decision?”

The document is very complete, with references to the global, regional and national situation, and we present questions and possible answers so that the members of Parliament will understand the importance of the law.

What is the role of organized religion in this process?

Abortion is the subject of social debate in Uruguay, and it will be hard to put an end to this discussion, despite the pressure of religious groups. The Catholic Church has a lot of power, though there are not that many fanatical Church members. The faithful can say that they respect its doctrine, but many of them do not agree with the Church in regard to sexuality and reproduction. They have no problem using birth control. The more militant Catholics belong to Opus Dei, which has a lot of economic power. Its members are very well educated; they have high schools and a university, and they are investing a lot of resources. The other group that is growing is the neo-Pentecostal community, particularly in lower-income areas. These churches are very popular among the working class and are very fundamentalist. Their members fill the benches in Parliament each time the issue of abortion is discussed.

It is interesting that the strategies that we are using to promote the law and to talk about rights have turned anti-abortion rhetoric on its head. For a long time, anti-abortion groups used a discourse focused on defense of life, and it has been very proactive. When we started the blog that I mentioned before, we ended up responding to them and mapping out the agenda on abortion. We changed the discourse, equating anti-abortion stances with supporting illegal abortions, thus avoiding the trap of allowing those groups to lay claim to being in favor of life.

For recent information on the situation in Uruguay, see our News and Meeting section, pp. 4-5.
Abortion in an experience of women. Throughout history women have resorted to abortion in the face of an unwanted pregnancy. Over centuries, abortion was the most common form of birth control, and only with the development of contraceptive methods in the mid-20th century and widespread access to these different forms of birth control has abortion become a last resort. In Chile, our grandmothers and great-grandmothers had many children, and they also had several abortions during the course of their reproductive lives. They called abortion a “remedy.”

Whether prohibited or permitted, the status of abortion has varied in society according to the interests and needs of those in power: the government and organized religion. Abortion has been allowed when it was most convenient and prohibited and persecuted when it was deemed necessary. A quick look at history proves this with such extreme examples as Nazi Germany, in which Arian women were strongly condemned for seeking abortion, while women of the so-called “inferior races” were encouraged to abort. In any case, men’s authority, control and dominion over women’s bodies have predominated, using as supporting arguments everything from God’s will to concerns of national importance (i.e., for the good of the fatherland).

From the 20th century on, feminist have emphasized that abortion is a woman’s experience and a matter of sovereignty over one’s own body. The feminist emphasis on the political aspects of sexuality and reproduction stems from the conviction that for women to be fully recognized as citizens, it is not enough to give them the right to vote and to participate in the public, economic and political realms; autonomy and freedom of choice in sexual and reproduction matters are key to women’s emancipation. As a result of the feminist struggles in the 1960s and 70s, the United States and most of the countries in Europe decriminalized or legalized abortion. Motherhood became an option and not an obligation.

Such policies are supported by the separation of Church and State, which makes it clear that religious morality and ethical decision-making are two separate things and that individuals must turn to their own conscience when making decisions regarding sexuality and reproduction. The development of modern contraceptives also helps to separate sexuality from reproduction. And last, but certainly not least, the human rights discourse also establishes that all individuals have the same rights to liberty, equality and dignity.

In Chile, even though we pretend to be on the threshold of development, we are actually backsliding in terms of “progress” and human development. We were once a pioneer in family planning and scientific progress in reproductive health in the Americas. The experience of Chile was held up as an example and followed by many other countries. Until 1989, therapeutic abortion was legal in Chile: a woman whose health or life was in jeopardy could terminate a pregnancy in a hospital, depending on the personal convictions of the medical staff attending at the time.

The dictatorship took that right from us, and at that time, we did not have the strength to defend it. There were other urgent political demands. We trusted that with democracy, we would regain the right to therapeutic abortion and that has been our demand. However, the democratic governments have not reinstated the right to therapeutic abortion. On the contrary, they have supported...
fundamentalist discourses and practices that violate women’s human rights. In fact, members of Parliament, including some from the Concertación [the ruling party], have joined the inappropriately named “pro-life” forces and refuse to debate bills that would reinstate therapeutic abortion. As recently as this year, a group of representatives from the lower chamber filed a suit with the Constitutional Tribunal in an attempt to eliminate the country’s family planning policy that had existed for some 50 years, including the most commonly used forms of modern contraceptives, oral contraceptive pills and IUDs.

In response to the legitimate demands by the women’s movement and other sectors for the decriminalization of abortion, we are told that the life of the product of conception is worth more [than the life of the woman] and that motherhood is the primary reason why women exist and indeed their principle identity. This is clearly evident in the fact that we cannot terminate a pregnancy even when our lives are in danger and that we are forced to bear, give birth to, breastfeed, care for and raise the products of rape. We Chilean women do not freely enjoy our citizenship; we are truly second-class citizens.

The realities of abortion in Chile bear witness to a tremendous inequity, one that is stated a thousand times but never addressed: women who have economic resources can terminate an unwanted pregnancy free from risk, but poor women must endure unsafe, clandestine procedures that jeopardize their lives and their health. They are the ones who risk going to the hospital after a botched abortion and being sent to jail when they are reported. And there is yet another double standard involved in the realities of abortion in Chile: HIV+ women are given abortions and sterilized without their consent.
Many argue that the decriminalization of abortion would result in an overwhelming and inappropriate use of the procedure. But there is evidence to the contrary from around the world. In countries where abortion legal, particularly in Europe and the United States, statistics show that it is less frequently used and that it is a method of last resort, after all the other alternatives—sex education and information, access and use of a wide range of contraceptive methods and emergency contraception, among others—have failed. On the other hand, in those countries that have criminalized abortion, rates of abortion and related mortality and morbidity among women have skyrocketed, as seen in Romania and Nicaragua. The criminalization of abortion always goes hand in hand with conservative policies in all matters related to sexuality and reproduction, and this is the case of Chile, as well.

The arguments that the decriminalization of abortion will promote promiscuous behavior and make the termination of pregnancy a cheap and easy method of birth control belittles our standards as moral beings. Abortion is a decision of transcendental importance, like many other important decisions we make in our lives: Should I get married or not? Should I get divorced or not? Am I attracted to men or women? Should I have surgery or not? And of course, should I have children or not? Do I want to be a mother? Is this the right time to become a mother? Women don’t just go around making these decisions as if we were picking out a new pair of shoes. Implying such a thing makes us out to be morally incompetent; it questions our status as rights bearers, robs us of our right to make decisions with regard to our own lives and challenges the legitimacy of our opinions as citizens in relation to a life experience in which we are directly involved.

Chilean society has the legitimate aspiration of becoming a developed nation and of strengthening its democratic system, but these goals will not only be achieved through economic processes. As a society, we must be open to debating issues of fundamental importance to individual liberty, including abortion. We are not building democracy if our Parliament refuses to discuss abortion; we are not strengthening democracy when civil debate is blocked and campaigns of disinformation are promoted, and when we are punished and threatened with hellfire when we exercise our legitimate rights to make decisions regarding our own sexuality and reproduction.

The only way to move forward is by opening the debate in the context of a secular State whose principles guarantee and improve the rights of women and men, a context in which women are not blamed or shamed for having abortions but are given the assurance that they will be able to make their own decisions when faced with an unwanted pregnancy and that they can exercise their choices legally, safely and free from risk.◆
The author is the president of Católicas por el Derecho a Decidir–Chile (Catholics for the Right to Decide, Chile), a member organization of the Red Latinoamericana de Católicas por el Derecho a Decidir (Latin American Network of Catholics for the Right to Decide). “We are Catholic women by baptism and feminists by choice. We were raised in the Catholic tradition, and we want to keep being part of this family. We defend the sexual rights and reproductive rights of women, who are the most forgotten and least valued component of this tremendous system overseen by a hierarchy of ‘celibate’ men. We firmly believe that we are moral agents able to make our own decisions in keeping with our own conscience, which in the end is the sole arbiter in our choices. We also know that there is not one single position on abortion in the Catholic Church.”

We are all familiar with the public debate on abortion, and we know that it is characterized by opposing positions. We also understand that the hierarchy of the Catholic Church has become one of the strongest voices in this controversy, always presenting its position as monolithic and undeniable, refusing to listen or comprehend arguments that could be valid for others.

The hierarchy also explicitly prohibits the use of contraceptive methods, with the exception of rhythm or periodic abstinence, and leaves sex education to the family. This position is forced on people who are Catholic as well as those who do not profess our faith. The current Pope defines abortion as “the deliberate elimination of a human being” and has declared it to be a serious sin. Even when the pregnancy is the result of rape, the Church punishes this “crime against human life” with excommunication.

Nonetheless, abortion is not so explicitly and harshly addressed in the Code of Canon Law, the set of laws that govern the Catholic Church and the lives of Catholic women and men which dates back to 1983. Indeed, to commit the sin of abortion, an individual must think that having an abortion in this particular case, bearing in mind all the circumstances of their life and the pregnancy, is a sin against God. In that case, having an abortion would actually go against what their conscience dictated.

At the same time, the Catholic Church officially teaches that one’s individual conscience is the standard. If the woman examines her conscience carefully and then decides that abortion is the more morally acceptable choice at this given moment, she will not be committing a sin. And so she would not be excommunicated. She wouldn’t even have to confess having an abortion, because in this case abortion is not a sin.

What a painful paradox: our religion promotes mercy and compassion as essential human values but simultaneously turns a blind eye to the tragedy of thousands of women around the world who die as the result of botched abortions. How can Pope Benedict XVI congratulate George Bush for his steadfast defense of “fundamental moral values,” when this world leader has ignored the pope’s own statements for peace and against the war, which has caused the deaths of half a million victims, most of them innocent civilians? The very gardens of the Vatican were the stage for this new alliance between this warmonger who declares himself a Christian and the highest ecclesiastic power.

Another sad example of the Church’s doublespeak is seen on a more domestic level. The Catholic hierarchy urges women and girls to “choose life,” but then refuses to accept children born out of wedlock in Catholic schools. These children would be a “bad example” for the others who were conceived “on the right side of the blanket.”
Shifting Moral Theologies in the Catholic Church

Saint Thomas Aquinas (1127-1174) believed that the soul did not enter the product of conception immediately and declared that abortion in the early stages of pregnancy was not murder, since the souls of men entered the body on the 40th day of pregnancy and those of women on the 80th day of pregnancy.

Saint Augustus (354-430) also believed that the fetus did not have a soul until some time after conception and argued that according to the law, the act of abortion is not considered a crime because one cannot yet confirm that there is a living soul in a body that cannot feel, that has not yet been fully formed and in which the senses are not functioning.

Others, however, argued that the soul entered the body at the moment of conception, and this theory became the official position of the Church in 1869, when Pope Pius IX published the Apostolica Sedis. The Catholic Church has upheld this position ever since.

The greatest problem with this teaching is that it conflicts with universally known biological facts. While the Church maintains that there is a complete and unique person from the moment of conception, modern biology and genetics tell us that a certain percentage of these cells only reach gestational age at day ten to fourteen.

Nonetheless, in the Declaration on Procured Abortion (passed in 1974 by the Sacred Congregation for the Doctrine of the Faith), the Church hierarchy admitted that theologians did not know when the fetus became a person and that not even science or medicine was able to determine this fact.

The Catholic doctrine also provides the principles of probabilism and of the primacy of a well-formed conscience under which Catholic men and women have the right to disagree with the Church's teachings that have not be declared infallible. For the Church to consider a teaching infallible, there must be a pontifical declaration on the issue, a solemn declaration on matters of faith and morality from the highest authority of the Church directed to the whole Church ex cathedra, and, due to the historical diversity of theological positions on abortion, contraception and sexuality, there has been no declaration of infallibility on any of the Church's teachings on these matters.

"Where there is doubt, there is freedom" is the cardinal rule of probabilism. In other words, a well-formed and well-informed conscience takes priority over the teachings of the Church that have not been declared infallible.

In addition, another text from the Second Ecumenical Council of the Vatican states that people have a moral right to ensure their own personal wellbeing, and therefore, a choice that is freely
made in good conscience cannot be punished nor condemned.

As a result, Católicas por el Derecho a Decidir believes that:

• Women who have abortions are our equals; they have the moral authority to demonstrate their sacred freedom, free will, convictions and the decision that is right for them.

• It is not our right to shame them, for our relationship with them is not one of purity and impurity but of respect and recognition for their autonomy and vulnerability to suffering.

• The presence and power of God is not over them, but within them, in their lives, in their dilemma, in their sacred decision, in their human suffering, in the mystery of their freedom, in their privacy and in their tremendous inner battle. They are still invited to the wedding feast and will always have a place at the table.

• Abortion does mean ending a life process. And because they are not indifferent to life, most of the Catholic women who have resorted to abortion have not done so joyously or happily. For them, abortion in a last resort to avoid a greater evil. Abortion represents a dramatic rejection of dehumanization and the legitimate defense of their own lives and the lives of others.

One of the central objectives of Católicas por el Derecho a Decidir is the defense of women’s sexual rights and reproductive rights, and we include women’s right to terminated an unplanned pregnancy. We support women in this difficult situation, and we support their decision with the conviction that if they have made their choice according to their own conscience, then they have made a morally valid decision.

At the very least, an awareness of the historical changes within the Church and the various positions within it to this day clearly reveal the lack of theological consensus on the condemnation of abortion as intentional homicide.

As long as there is no consensus in this regard, abortion is a problem of social justice and public health that must be addressed. We must assert women’s right to a voluntary maternity, the right to make our own reproductive choices as basic human rights and not as sins for which we will suffer our whole lives.

Women who abort will continue to do so clandestinely, judged by the law, accused by the hierarchy of the Catholic Church, ignored and abused by the public health system, rejected by their families, abandoned by their husbands or partners, and alone, they will confront their fears, forced into silence. Why? Because in our country we are not a priority when it comes time to make laws.◆
Abortion for Health-related Reasons: An Urgently Needed Debate

by Paulina Vidal, Marcia Tijero and Gloria Salazar

The authors belong to the PROGENERO research team at the Universidad Academia de Humanismo Cristiano, which undertook the 2007 study on reinstating abortion in Chile for reasons related to the woman’s health. The research was carried out with a contribution from a fund administered by the Corporación Humanas with financial support from the Ford Foundation. The psychologist Paulina Vidal coordinated the study; sociologist Marcia Tijero and psychologist Gloria Salazar were research partners.

The information contained in this document is based on the findings from the study Construcción de argumentos para la reposición en Chile del aborto por razones de salud (Constructing Arguments for the Reinstatement of Abortion for Health-related Reasons in Chile). The results from this study reveal the leading arguments that justify the reinstatement in our country of legislation allowing abortion for health-related reasons. Our study broadly examined the issue of abortion in the specific socio-demographic and political context of Chile, where abortion has been prohibited under all circumstances since 1989, after 58 years of legal therapeutic abortion.

Despite this total prohibition, abortion is a reality in Chile. It is the concerted opinion of the team of professionals who undertook this study that a secular State, such as Chile, should guarantee the conditions for preventing abortion and, thus, for the citizenry to be able to exercise their sexual and reproductive rights. The right to choose how many children one wants and when to have them implies having access to information and an ample selection of contraceptive methods, including emergency contraception. We believe that the prevention of abortion and, thus, the freedom to decide how to prevent it are fundamental rights of all people.

The present analysis of the legislative and public health concerns related to abortion from 1931 to the present was based on information produced in Chile – official data and information from epidemiological, legal and social research in our country. We also studied information on abortion in Latin America and throughout the world, both in print and online from institutions such as the World Health Organization, the Pan American Health Organization, government ministries and other agencies, as well as recent research and anthologies produced by Latin American and European academic institutions and non-governmental organizations in several Latin American, North American and European countries.

In a second stage, in order to explore the arguments that give evidence to and maintain the need for legislative change in favor of abortion for health-related reasons in Chile, as well as to develop strategic guidelines for this undertaking, we carried out a qualitative study through semi-structured interview with ten health-care professionals and nine legal professionals, as well as with women who had requested abortion for health-related reasons. We were only able to carry out interviews with three women who had asked for abortions under these circumstances.

Health as a Human Right

First of all, it is important to stress that the World Health Organization (WHO) maintains that health is not merely the absence of illness, but rather a state of comprehensive physical, mental and social wellbeing. WHO also considers health to be a basic human right.

This international agency has indicated that in certain circumstances, pregnancy can be a threat to the woman’s life and physical or psychological health. The
governments of many countries share this opinion and have laws allowing the termination of pregnancy under certain conditions, especially when the woman’s health is in danger.

However, despite the WHO recommendations, some countries in Latin America — such as El Salvador, Honduras, the Dominican Republic, Saint Martin (of the Dutch Antilles), Nicaragua and Chile — have laws that prohibit abortion under any circumstances.

In this context, it is essential that we open a debate drawing attention to the reasons why the reinstatement of abortion due to health-related reasons in Chile is of fundamental importance.

First of all, when we speak of “abortion for reasons related to health” we understand that there are three types of cases in which women’s physical health is affected.

1. A tubal pregnancy or a pregnancy in which there is an infected ruptured ovum, in which abortion would terminate a pathological condition produced by a pregnancy that places the woman’s life at risk.

2. When a pregnant woman discovers that she has a potentially fatal illness, such as cancer, in which case abortion would allow the initiation of medical treatment without which the woman would become seriously ill and could even die.

3. When a woman has a pre-existing physical pathology incompatible with the process of pregnancy, such as a serious cardiovascular illness.

Health-related reasons for abortion also include two cases that may seriously damage a woman’s mental health if she is denied the right to decide with respect to her pregnancy:
1. When the fetus has a serious malformation, such as anencephaly or Potter's Syndrome, in which there is no possibility of life outside of the womb.

2. Pregnancies resulting from rape.

Each of the reasons described implies situations that generate a range of arguments in support of legislation allowing abortion for health-related reasons. These arguments are also related to the principles of medical ethics and social equity, as well as the principles of human rights, primarily women's right to decide with regard to a pregnancy that puts at risk her life or her mental or physical health.

A first argument is related to the medical advances that supposedly would make such legislation unnecessary by resolving the problems of high-risk pregnancies.

In this regard, it is true that medical advances allow very accurate diagnoses, but medicine is unable to prevent a tubal pregnancy or an infected ovum. These cases happen everyday in the maternity wards of our country, and they will continue to occur because they do not depend on medical progress but on the frailties of the human reproductive process. In fact, some of them, like tubal pregnancy, have progressively increased to the extent that women suffer more sexually transmitted infections.

Likewise, the matter of serious fetal malformation; such cases are failures in the process of embryonic development due to genetic reasons. Modern medicine can do nothing in this regard.

On the other hand, there are women for whom the process of pregnancy is ill advised because they suffer from an illness that is incompatible with the process of pregnancy, including: serious cardiovascular illness; severe renal insufficiency; severe hepatic insufficiency; severe respiratory insufficiency; decompensated diabetes with neurological, cardiovascular or renal damage; and serious hypertension. These problems can be treated, but there are few medical centers in our country that are highly specialized enough to treat them. In addition, a pregnant woman's condition can often become abruptly worse and so she demands urgent care; her health can be seriously compromised especially if she lives far from a clinic or hospital.

Neither can modern medicine resolve the cases in which a pregnant woman discovers that she has a life-threatening illness, such as cancer. In this case, preserving the woman's life and health necessary implies terminating the pregnancy in order to carry out the treatment of chemotherapy to combat the disease.

In light of real clinical cases in which the woman's life could be in jeopardy, such as a tubal pregnancy, the ethics committees of the health-care services recommend intervening. However, since there are no regulations in this regard, this decision is dependent upon the whim or conviction of the medical team. The termination of pregnancy could even been delayed until the risk of death is imminent.

On the other hand, despite the urgency with which the health-care professionals may counsel medical treatment for the cancer to preserve the woman's health to the extent possible, the health-care services in our country tend to delay the treatment until the 22nd week of pregnancy in order to perform a "termination of pregnancy" and not an abortion [as defined by Chilean law]. This happens even when the medical team knows that the possibilities of the fetus surviving are low and that the risk to the woman's health is increased. When the reasons are related to the woman's mental health, the medical team tends not to take any action at all.

In the case of severe fetal malformation, some professionals deem it an act of violence when the public health-care services refuse to offer a solution in the face of a confirmed diagnosis of a fetus that is so seriously deformed that it cannot live outside of the womb. They agree that the health-care services cannot support carrying the pregnancy to term as the only alternative, in light of the impact of such a diagnosis.

Women survivors of rape also endure a similar impact on their mental health, as widely described in literature on the subject. In this context, a rape that leads to an undoubtedly unwanted pregnancy has even greater consequences for the woman's mental state. The public health services refusal to offer the possibility of terminating such a pregnancy turns it into a constant reminder of the act of violence, and thus, the pregnancy becomes an additional form of torture.

The second argument is related to the need to apply medical ethics to the practice of medicine: the criminalization of all abortions is a hindrance to the exercise of the medical profession because it restricts the application of the ethical principles of the defense of health and life.

A third argument for promoting legislation that allows abortion for health-related reasons is linked with the need for social equity.

In general, privatized medicine has offered more possibilities for dealing with these cases, primarily because these medical professionals have used doctor-patient confidentiality to cloak their offer of alternatives, after providing their client with all the information on these possible choices. In the public services on the other hand, the ethics committees and the health-care teams face greater difficulties in confronting cases in which the life of the pregnant woman is in danger. Not only are they afraid to perform an illegal act, but they must also achieve consensus among a group of specialists.

At the same time, the practice of waiting until the 22nd week of pregnancy to intervene can jeopardize the woman's life and health. This is especially true in the case of poor women and those who live far from the country's health-care centers.

Finally, we must stress the central argument related to women's right to make informed decisions with regard to their own health: the State has the obligation to guarantee that all people, men and women, have the best possible conditions in which to exercise their right to health.
Safe & Legal Abortion: A Challenge for Democracy

Adriana Gómez

When a woman is excluded from the process of making decisions with regard to a pregnancy that affects her physical or mental health or she lacks possible alternatives, she feels as if she were totally out of control of a situation that intimately affects her. Nonetheless, she has the right to make decisions with regard to her own life, to make decisions to protect her own health, to be responsible for the consequences of this decision, and these rights are violated when there is no legislation on abortion for health-related reasons.

The information gathered in this study reveals how important it is for women to have a medical team that gives her all the information she needs, information that is accurate and timely, as well as psychological support and, above all, the possibility of accessing the termination of pregnancy when and if she so chooses.

Principal Conclusions

There are a number of medical reasons — issues that affect women’s psychological and/or mental health — that make legislation to allow abortion for health reasons necessary.

There are sufficient legal reasons — from the perspective of fundamental rights — to create a law allowing abortion for health-related reasons.

There are social and psychological reasons that, in addition to the medical and legal reasons, complete the arguments that should sensitize the legislators and the general public to the need for a change in the current legislation.

The concept of “abortion for health-related reasons” is the most appropriate in the current circumstances. It outlines the situations in which abortion could be performed and takes into account the woman’s right to timely and accurate information, as well as respect for her decision with regard to the matter. It thus helps draw attention to the woman from the perspective of exercising citizenship, of the woman as a rights bearer, and not as a passive object of the public policies or the healthcare teams.

The obstacles for a legislation that allows abortion for health-related reasons in Chile are political and religious. They are not related to health nor the Constitution. The professionals that we interviewed maintained that in Chile, the possibility of opening a widespread and informed debate on abortion for health-related reasons — with medical, legal and social arguments — has been denied due to stonewalling by the Catholic Church and the self-declared “pro-life” groups.

As a result, in Chile, the primary challenge to getting the issue of abortion for health-related reasons on the agenda is the construction of an inclusive, secular discourse that takes into account the current cultural changes in the country, as well as women’s needs, opinions and decisions, a discourse that facilitates the forging of alliances at the national level among different sectors of the population, in order to promote a legislation allowing abortion for health-related reasons.
Alejandra López Gómez and Elina Carril Berro

*Entre el alivio y el dolor. Mujeres, aborto voluntario y subjetividad*

**Between Relief and Grief: Women, Voluntary Abortion and Subjectivity**
shares women’s stories of abortion, revealing a range of realities and psychological aspects that are not often taken into account in research on this issue. The women who share their testimonies analyze their specific situations and are able to understand the reasons why they resorted to abortion, process these facts and overcome any feelings of guilt they may have. Annexed materials include the opinions of the women interviewed with regard to legal changes in the status of abortion, as well as the methodology used in the study.

Gloria Maira, Paula Santana and Siomara Molina

*Violencia sexual y aborto: Las conexiones necesarias*
Santiago, Chile: Red Chilena contra la Violencia Doméstica y Sexual, 2008. 128 p.

Based on research carried out by the Chilean women’s organization Corporación Humanas with support from the Ford Foundation, **Sexual Violence and Abortion: Recognizing the Links** “unveils the relationship between rape and the denial of access to abortion, placing this issue in the broader context of the denial of women’s sexual and reproductive freedom.” The authors place special emphasis on Chilean society’s refusal to address these issues: abortion and rape are simply not discussed, despite the fact that they happen daily. As a result, trustworthy, up-to-date statistics are difficult to come by, and it is often hard to get women who have been raped and have had abortions to talk about their experiences. The authors examine the reality of abortion in Chile using a range of sources. They first describe the practice of abortion before and after 1989, when therapeutic abortion was made illegal, and then address the phenomenon of sexual violence, demonstrating the link between the denial of abortion and forced motherhood. Testimonies from women survivors of sexual violence share their experiences in relation to abortion.

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*El proceso de despenalización del aborto en la Ciudad de México*

In **The Process Towards the Decriminalization of Abortion in Mexico City**, researcher Norma Ubaldi Garcete describes part of the most recent history of the process that led to a landmark in the struggle of the women’s feminist movement: the decriminalization of abortion up to the 12th week of pregnancy in Mexico City in 2007. The book examines issues related to the political context, the organizations involved in these efforts, the position of the various political parties and the role of the mass media. Legal texts are included in the appendix.
Anita Urrutia Vera and Rodrigo Gainza Veloso
Project: Avanzando en el empoderamiento de la sociedad civil, desde la Región de los Lagos para reponer el aborto terapéutico en Chile

During 2007, with support from the Ford Foundation, the Chilean women’s organization Corporación Humanas served as a funding clearinghouse for the Project: Promoting the Empowerment of Civil Society in the Lakes Region to Restore Therapeutic Abortion in Chile. This report recounts the efforts to develop actions by civil society to promote debate on restoring legal therapeutic abortion. The book gives an overview of the historical work undertaken by the Foro Red de Salud y Derechos Sexuales y Reproductivos in this regard, looking at the victories won and the challenges that remain, as well as the various campaigns undertaken for sexual and reproductive health and rights, and concludes with a description of a series of roundtables and fora organized to encourage reflection on abortion and possible activism on the issue. Promotional materials used in these efforts are also described.

Instituto de las Mujeres del Distrito Federal
Mi cuerpo, mi libertad. Interrupción legal del embarazo en la Ciudad de México
Video.

Prepared with support from GIRE, the video My Body, My Freedom: The Legal Interruption of Pregnancy in Mexico City recounts the historic, legal and social process that led to the approval of the legislative reforms allowing the legal interruption of pregnancy in Mexico City at a woman’s request. The video includes a series of interviews with individuals who were involved in the process to defend and promote women’s rights and women’s equality.

Claudia Dides, Arturo Márquez, Alejandro Guajardo and Lidia Casas
Chile. Panorama de sexualidad y derechos humanos

Chile: A Panorama on Sexuality and Human Rights gives an overview of the challenges to the notion of and respect for sexuality as a human right in this Southern Cone country. What work remains for these rights to be guaranteed for all people, specifically at the level of public policy? To answer this question, the book is divided into two sections: Chile Today; and Sexual and Reproductive Rights in Chile, The Current Situation, Legislation, Jurisprudence and Public Policy. The second part addresses issues such as abortion, HIV/AIDS, adolescent sexuality, gender violence and sexual diversity. Similar studies are being supported by the Centro Latinoamericano de Sexualidad y Derechos Humanos (CLAM, Latin American Center on Sexuality and Human Rights) in other countries throughout the region, with the intention of generating a regional evaluation on these issues.
Obstacles, Research and Analysis on Women’s Access to the Right to Decide shares the results of a study on the obstacles to women’s freedom of choice with regard to their sexual and reproductive health, with the goal of promoting the design of strategies that would help them overcome these barriers and, above all, improve their base of knowledge and support their processes of empowerment. The first chapter presents the categories of analysis used in the study and alludes to the concept of abortion as a right. The second chapter discusses the practice of voluntary abortion in Uruguay. The third chapter examines why sexuality without reproductive ends tends to be countermanded, prohibited, since the mandate of motherhood has such considerable sway in society. The fourth chapter addresses forced maternity and clandestine abortion, and finally, the fifth chapter explores the current legal situation.

GIRE

*El diagnóstico prenatal y el aborto*


Republished in a totally updated version, *Prenatal Evaluation and Abortion* examines the impact that prenatal diagnosis has on the decision to terminate a pregnancy. Modern medical technology has made it possible for women to know with greater detail the state of their pregnancy and offers them more information with which to decide whether or not to continue a pregnancy if the fetus suffers from serious malformations. This new reality presents a true challenge to legislators, who are encouraged to allow women to decide whether or not to terminate their pregnancies in these cases. The lead article, written by Patricia Grether González, is entitled “El diagnóstico prenatal y el aborto por enfermedad fetal” (Prenatal Evaluation and Abortion Due to Fetal Illness).

### Resources

- Catholics for Choice
  - [http://www.catholicsforchoice.org/](http://www.catholicsforchoice.org/)
- Católicas por el Derecho a Decidir, CDD
  - [http://www.catolicasporelderechoadecidir.org](http://www.catolicasporelderechoadecidir.org)
- Centro Latinoamericano de Sexualidad y Derechos Humanos
  - [http://www.clam.org.br](http://www.clam.org.br)
- Foro Red de Salud y Derechos Sexuales y Reproductivos
  - [http://www.forosalud.cl](http://www.forosalud.cl)
    - E-mail: forosalud@gmail.com
- Grupo de Información en Reproducción Elegida, GIRE
  - [http://www.gire.org.mx](http://www.gire.org.mx)
    - E-mail: correo@gire.org.mx
- Mujer y Salud en Uruguay, MYSU
    - E-mail: mysu@mysu.org.uy
- Red Chilena contra la Violencia Doméstica y Sexual
  - [http://www.nomasviolenciacontramujeres.cl](http://www.nomasviolenciacontramujeres.cl)
    - E-mail: redcontraviolencia@gmail.com
- Red Uruguaya de Autonomías, RUDA
  - [http://www.despenalizaciondelaborto.wordpress.com](http://www.despenalizaciondelaborto.wordpress.com)
    - E-mail: rudas@adinet.com.uy