

On May 19, 2005, the Alan Guttmacher Institute released a study of abortion rates in 2002, apparently in response to the opinion editorial that I published seven months ago in numerous papers in October, 2004, and the widespread interest that it has stimulated. That op ed has called forth widespread national attention to the stall that has occurred in what was the dramatic reductions of abortions in the United States in the 1990s.

Upon releasing the study, The AGI said:

"Demands for more recent data, resulting in part from media reports, opinion editorials, and public speeches speculating that abortion has increased as a result of Bush administration policies, have prompted the Institute..." to speed up its research of the question and make this report.

I am pleased that we were able to draw national attention to focus on the actual results of the policies. As AGI rightly says, it will take a few years to be sure what the impact of Bush administration policies will be on numbers of abortions. Now the nation will be watching to see what the policies actually produce in the next few years. It is clear to me that undermining the financial support for mothers, undermining the availability of medical insurance, and increasing the jobless rate for prospective mates so that they are less likely to marry, has a bad influence on abortion rates and infant mortality rates.

The data show that the dramatic decline in number of abortions of the '90s to 300,000 fewer abortions per year has now stalled almost to a stop. My initial study thought it had actually reversed. We will watch to see what happens in the next few years.

In the data from the Center for Disease Control, abortions as a ratio of all births actually increased slightly in 2001 (CDC Morbidity and Mortality Weekly Report, Sept 26, 2004, page 16), while AGI estimates the ratio to have neither declined nor increased in 2001. The small difference is within the range of likely error, and thus the two reports do not actually contradict each other. The AGI estimates that the ratio declined very slightly in 2002, by 0.3 points from 24.5 to 24.2. This, too is within the range of possible error, especially if all 50 states and the District of Columbia were included.

I commend the honesty of the AGI study: They tested their methods by seeing how well these methods would have worked for estimating the data in 1997 based on the 1996 data. The result was an error of 1%. This is larger than their estimated decline in abortions for 2002 of 0.8%, and larger than their estimated change in abortion ratios for 2002 of 0.3. This amounts to a stall in the dramatic

declines that happened in the 1990s, and is consistent with the slowing of the reductions in abortions ever since Aid to Families with Dependent Children was abolished and poor families have received much decreased financial security—now even further decreased under Bush policies. The Roman Catholic bishops warned at the time that this undermining of financial support for mothers would probably halt the decline in abortion rates or even cause them to increase. I believe they were right in their warning.

I based my estimates in October on the sixteen states whose data I could find then. Now, seven months later, and with their extensive data-gathering ability, AGI bases their results on 44 states. They say their results are only estimates, projections, but I believe their results are significantly better than what I could have obtained seven months ago. I affirm their methods and their study, and am grateful for their effort.

They excuse the size of their error in estimating 1997 based on 1996 data because the abortion decline in 1997 was about twice as steep as now, a decline of 1.9% then. This symbolizes what I have been saying: the decline in abortions is clearly stalling in 2001 and 2002 by contrast with the 1990s.

Other factors besides the rise in unemployment rates were also involved in the decline during the 1990s, such as more effective contraception methods and a moral climate less approving of abortions. These factors were still operating in 2001 and 2002, but their ability to reduce abortions withered for some reason.

The AGI report notes that from 1994 to 2000, the abortion rate actually increased among poor women and women on medicaid. This supports my conclusion that the financial condition of mothers is one important factor in their having abortions.

It also fits the CDC data showing that the infant mortality rate shockingly increased in 2002 for the first time ever in their reports since the reports began in 1940. When the financial condition of mothers declined, and the number of persons without medical insurance increased by several million, and many neighborhood clinics and emergency rooms closed, infant mortality rates increased. We will be watching to see if this also happened in 2003 and 2004.

AGI concludes: "It takes time for political decisions to be reflected in the statistical data, so it is too soon to tell what the impact of Bush administration policies will be on U.S. abortion rates." I agree. Now we will be watching.

We already know that abortion rates in Belgium and Holland, which have a strong social safety net, are around 6 per 1,000 women of child-bearing age, while the rates in the United States are around 23 or 24. I contend that we have

something to learn from Belgium and Holland's more just support for mothers and babies, and their healthcare insurance for all citizens. We don't have to wait three more years for another study to know that.

Glen Stassen  
May 25, 2005