

Opinion | LETTERS

Hearing Strong Views About Abortion

FEB. 23, 2012

To the Editor:

Re “The ‘Safe, Legal, Rare’ Illusion,” by Ross Douthat (column, Feb. 19):

As an obstetrician-gynecologist, I am outraged by Mr. Douthat’s column. His shortsighted rhetoric leaves women on both sides of the aisle stranded.

He doesn’t realize that women and their families need safe, legal, plentiful choices. Most women, conservative or not, religious or not, use contraception and have abortions.

Consider my patient, a 42-year-old Christian married mother of a 3-year-old boy, who came to my office with an unplanned pregnancy while using condoms for birth control. This pregnancy is life-threatening because of a clotting disorder; neither her monogamy nor her condoms were able to prevent it.

Thankfully, abortion was a lifesaving choice for her, and now she can watch her son start kindergarten.

Just like my patient, each woman’s situation is unique. There is no single solution; therefore, we must protect women, families and the right to choose. It is time to end the anti-choice onslaught.

SARA PENTLICKY

Philadelphia, Feb. 20, 2012

To the Editor:

“If you want more of something, subsidize it. If you want less of something, tax it.” This is taught in all basic government courses. Yet in the abortion debate, this logic is turned on its head. People who claim to want safe, legal and rare abortions are the very ones who clamor for public subsidies for the abortion industry.

According to the Government Accountability Office, the federal government gave almost a billion dollars to the abortion industry between 2002 and 2009, most notably to Planned Parenthood, the country’s largest abortion provider.

If we really want to make abortions rare, we should stop subsidizing them.

MAURA MUDD

Greenwich, Conn., Feb. 19, 2012

The writer is on the board of the Susan B. Anthony List, a pro-life organization dedicated to electing pro-life representatives.

To the Editor:

As an obstetrician-gynecologist, I object to “a prophylactic in every bedroom drawer,” Ross Douthat’s summary of the approach my colleagues and I take to preventing unintended pregnancy.

Birth control isn’t that simple. Having access to condoms isn’t the same, in effectiveness or ease of use, as being able to afford an intrauterine device. IUDs have a typical failure rate of 0.2 percent. Condoms? Eighteen percent. The pill? Nine percent.

Indeed, a Guttmacher Institute study of 10,000 women who had abortions in 2000-1 showed that 54 percent had been using contraceptives in the previous month; 28 percent, condoms; 14 percent, the pill.

I am so frustrated each time I see a patient who became unintentionally pregnant because she couldn't afford the contraceptive that was right for her. Every woman deserves the best medical care, including full coverage of all approved contraceptives. It should be her medical need, not her pocketbook, that determines the care she gets.

NANCY STANWOOD

New Haven, Feb. 20, 2012

The writer is a board member of Physicians for Reproductive Choice and Health.

To the Editor:

Ross Douhat writes, "Monogamy, not chemicals or latex, is the main line of defense against unwanted pregnancies." This is the highest order of absurdity. Monogamy doesn't prevent pregnancies. Monogamous women become pregnant all the time, both accidentally and deliberately. Accidental pregnancies take place either from failure to use birth control or from a birth control method that has failed.

Even the best, most loving families may do everything possible to short-circuit an unwanted pregnancy, and why not? That birth will probably cause a major deterioration in the lifestyle of everyone affected. Major expenditures of money, time and labor will be required for a very long time if there is a new baby.

When the baby isn't planned and birth control has failed, abortion becomes the primary mechanism for avoiding this immense disruptive happening. Despite the many times one sees it argued in print, a very large portion of the people in this country see nothing morally wrong with abortion.

W. MOSELEY

Towson, Md., Feb. 19, 2012

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