



## Secretariat of Pro-Life Activities

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June 29, 2010

Dear Senator:

When the full Senate takes up the National Defense Authorization Act for 2011 (S. 3454), it should remove from the bill a misguided committee amendment to 10 U.S.C. §1093 that authorizes the performance of elective abortions at military hospitals in this country and around the world.

Archbishop Broglio of the Catholic Archdiocese for the Military Services wrote to all Senators on June 17, urging Congress not to impose this tremendous burden on the consciences of Catholic and other health care personnel who joined our armed services to save and protect innocent life, not to destroy it. On behalf of the United States Conference of Catholic Bishops I wholeheartedly endorse his plea, and want to offer some additional considerations in terms of longstanding government policy on abortion.

First, the committee amendment is titled a “restoration of previous policy” on use of military facilities for abortion. But in fact, the Department of Defense has barred use of these facilities for elective abortions since 1988. President Clinton reversed the policy in January 1993, but in 1995 Congress voted to restore the ban, and it has remained intact for the last 15 years. During the brief period when these facilities were told to make abortions available, scarcely any military physician could be found in overseas facilities who was willing to perform abortions. Proposals for hiring private physicians from outside the system, or for taking a more coercive attitude toward military physicians and nurses, were never implemented because Congress acted in a timely way to restore the morally sound policy.

Second, pro-abortion groups claim that the longstanding current policy somehow treats military personnel differently from other Americans. On the contrary: Other federal health facilities also may not be used for elective abortions, and many states have their own laws against use of public facilities for such abortions. The vast majority of public *and* private hospitals in the United States do *not* provide elective abortions, and 88% of U.S. counties (97% of non-metropolitan counties) have *no* identifiable abortion provider.

Third, and most disingenuously, the claim is made that the committee amendment is somehow a moderate policy, because Sec. 1093’s ban on use of federal funds for the abortion procedure will remain in place – that is, patients will have to pay the facility to perform the abortion. But this is disingenuous, to say the least. Which is a more direct governmental involvement in abortion: That the government reimburses someone else for having done an abortion, or that the government *performs the abortion itself* and accepts payment for doing so? In fact, the Supreme Court has repeatedly upheld bans on use of government facilities and personnel for abortions, on the same basis as it upholds laws against government funding of abortion. In one such decision,

citing a consistent line of decisions going back to 1977, the Court memorably observed that “the State need not commit any resources to facilitating abortions, even if it can turn a profit by doing so.” *Webster v. Reproductive Health Services*, 492 U.S. 490, 511 (1989).

In short, this amendment presents Congress with the very straightforward question whether it is the task of our federal government to directly promote and facilitate elective abortions. During the recent health care reform debate, the President and congressional leadership assured us that they agree it is not. The Senate should not approve this legislation until the original version of 10 U.S.C. §1093 is restored, maintaining the longstanding current policy on abortion as the House version of this legislation has already done.

Sincerely,

Handwritten signature of Cardinal Daniel N. DiNardo in cursive script.

Cardinal Daniel N. DiNardo  
Chairman, Committee on Pro-Life Activities  
United States Conference of Catholic Bishops