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❖ TESTIMONY BEFORE SENATE COMMITTEE ON LABOR AND HUMAN RESOURCES

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ON LABOR AND HUMAN RESOURCES
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Senator Metzenbaum, Senator Hatch, Senator Kennedy, Senator Coats and other members of the Senate Labor and Human Resources Committee:

Thank you for inviting me to present testimony regarding the work and findings of The Nurturing Network. I refer to a unique support network which enables women who have made the conscious choice to bear the fruit of what may well be an unexpected, even unwanted pregnancy; and with professional guidance leavened with love to give their children the opportunity to grow and mature in the best possible environment.

That life may be nurtured by the natural mother herself . . . hopefully with the father's

support, our Network provides counsel and the practical assistance she may need to prepare for the challenges of raising a child. For those women who feel that their financial, emotional or social circumstances would make parenting untenable, we offer the guidance to establish a thoughtful and informed adoption plan.

Let me briefly describe The Nurturing Network and explain how it came into being six years ago. We began by asking, "How many of last year's 1.5 million abortions, and God knows how many more in the shadows, were truly the result of the exercise of 'free choice'?" As a result of a survey we conducted, over 100 women who had either experienced a crisis pregnancy in their past, or who were actually in the midst of this challenge, chose to respond to this inquiry. We learned that in over 90% of these cases . . . those who had "chosen" abortion would have, and I quote, "preferred to find a positive alternative" . . . if only it had been made available.

Granted these results were gleaned from a small scale, qualitative study and it was undertaken on a somewhat informal basis at that. But the fact is, there exists very little hard data about the motivations and concerns of women facing crisis pregnancies. And so, we must turn to research like ours to perhaps hear a message that otherwise may not be available. The ambivalence, and in some cases, outright regret expressed toward the abortion alternative by so many women in our sample suggests a fundamental need. A need for more than one option. A need for "choice" to really mean something. Quite simply, these women defined the need for a positive alternative to abortion.

If the limited scope and informality of our research left me still unconvinced, the outpouring of response to the existence of our program over the past five years has removed any question about the message these women were sending. Last month, the number of women we have served reached 2,500 and our Volunteer membership now surpasses 8,500. We are headquartered in Boise, Idaho, where we have 75 Volunteers in our head office ready to help. We have just received a phone number for women to call free of charge -- 1-800-TNN-4MOM.

In order to better meet the needs of our clients, we have tried to learn more about both the scope of this problem and who is most likely to encounter it. We learned from the Centers for

Disease Control that over 70% of all abortions in 1983 (the last year that formal survey was conducted nationwide) were performed for women age 20 or older. To put this into perspective, we are talking about at least 1,120,000 women in that year alone. The CDC also reported that the single largest age category was women over the age of 25.

In order to verify if this pattern still held true, we contacted a broad sample of crisis pregnancy centers and abortion clinics across the country. They reported with noteworthy consistency a similar profile of the woman most apt to seek their services. Contrary to the widespread stereotype of an impoverished, uneducated teen, we were repeatedly told that the most likely candidate for an abortion last year was 20-26 years of age, white, middle-class, and she had earned at least a high-school degree.

These facts are not shared to in any way try to diminish the severity of the teenage pregnancy problem. They are offered to focus your attention, as mine has been, to a large group of women who, until now, have been largely overlooked. There is, after all, an unspoken assumption that the college-educated or career-oriented middle-class woman knows how to avoid an unwanted pregnancy, that she is rarely, if ever, faced with one and if so, can take care of herself.

Our research reveals just the opposite. This is the woman who, without support, often feels she has "too much to lose" by continuing an unwanted pregnancy. She is the one whose college peers are most apt to say, "You should have been smarter than that. This isn't supposed to happen to someone like you." She is the one whose boss is still apt to find a good excuse for terminating her employment and whose family is still apt to respond with shame and rejection.

This woman is your neighbor, your staff member, and maybe even your daughter. These are women you see every day. I have found too often that when a societal issue becomes as controversial as this one, we lose touch with the faces behind the numbers. The rhetoric overcomes basic human compassion and drains energy from desperately needed practical assistance.

Our research has shown that there are basically three explanations these women give as to why they became pregnant.

First, the woman was living with or had a long-term relationship with the father of the baby who abandoned her when she got pregnant. These women had no reason to believe that these men would not marry them or help shoulder the responsibility of a baby.

Second, the unplanned pregnancy was a result of a failed birth control device. To put it bluntly, these women learned first hand the painful reality that every birth control device has a failure rate except abstinence. Having a Ph.D. does not guarantee that these devices will be 100% effective. Again, these women represent our daughters, our friends, and those with whom we are closely associated.

Third, the pregnancy is a result of a "lapse of judgment." The woman makes a one-time bad decision and is faced with a regrettable consequence.

So, why do these women have abortions? Our research shows that there are four sources of pressure directed to a woman facing this most personal and vital decision. These decisions have little to do with "freedom of choice" . . . and a lot more to do with unfair trade-offs imposed from the outside. The vast majority of women who submit themselves and their babies to abortion (our research shows 91%) do so, not out of "freedom of choice" but because they feel they have no other choice.

My years of experience with over 2500 women facing this crisis has shown me the following four influences weigh heavily in the abortion decision:

1) The father of the baby. More often than not, the frightened father of the baby will issue an ultimatum: "Either me or the baby."

2) The family. The embarrassed family with concern for the social stigma this can represent will issue a different ultimatum: "Either your family or the baby."

3) The woman's peers. Misguided friends often judge a single, pregnant woman and tell her "she should have been smarter than to let herself get pregnant." Their subtle ultimatum: "Either your friends or the baby."

4) Finally, the employers. It is enlightening . . . if not disheartening . . . to note that discrimination still takes place in the work-place towards a woman who is pregnant. They are told that this "will not enhance their credibility" and are frequently removed from better jobs. This discrimination is also still found at educational institutions where students may be asked to leave for fear they might represent a "bad example" to alumni and other students. Their ultimatum: "Either your career and education or the baby."

None of these ultimatums have anything to do with "freedom of choice." All have to do

with impossible trade-offs. Many women report that more than one of these pressure groups forced her to an abortion decision.

This means to me that we need a lot less rhetoric and less judging. We need a lot more practical compassion.

This is why The Nurturing Network was created . . . to give these women a real alternative . . . one which recognizes their unique values, needs and circumstances. Our purpose is not to remove an option . . . but to create one. It is not even to spend time debating the merits of one alternative over another . . . but to make sure that no woman feels she has no other choice.

The tragic irony of our Network's efforts is that we are already starting to find a higher incidence of the adoption choice among the clients we serve than is often reported by programs addressing primarily the teen population. It is perhaps precisely because of our clients' promising futures that they may be more willing to consider the adoption alternative. After all, the cause of their crisis pregnancy is more likely to be rooted in a failed relationship or birth control device than in weak self-esteem. And so, their assessment of what would be best for their child's upbringing is sometimes more pragmatic.

At a time when last year alone we learned of two million couples who were unable to adopt, it seems regrettable, to say the least, that we persist in failing these mothers, both biological and adoptive. Our clients have shown us, time and time, again that an unwanted pregnancy does not have to mean an unwanted baby.

I believe there is a profound correlation between how much support we are willing to give women with crisis pregnancies and how many healthy infants will be available for the thousands of potential parents wishing to adopt. Unless we are willing to offer the emotional, social and financial support needed by women facing this kind of pregnancy, we cannot legitimately express either condemnation or surprise when we discover that they have chosen a less hopeful solution.

And, here is how we operate. We assist in every facet of a pregnant woman's needs, from initial pregnancy testing to delivery of her baby and provision of information on parenting and adoption.

We specifically offer the following:

Nurturing Homes in all 50 states, where a client is given more than just another place to stay. Each nurturing family has been carefully selected through a detailed questionnaire and interviewing process. All nurturing families understand the challenges our clients face and are committed to providing the nurturing that is needed at this sensitive time.

Medical Assistance, wherein each client is offered competent medical care to protect her health and that of her unborn child. Among the members of our Network are literally hundreds of dedicated doctors and nurses throughout the country. Each is prepared to assist . . . often at a reduced rate . . . in planning a balanced program of nutrition, exercise and good health.

Counseling through which licensed nurses, social workers and other counselors with special training are able to promote healing and self-esteem. Each counselor is prepared to provide valuable information on the resources available through our Network based upon a detailed evaluation of each mother's needs.

Financial Assistance, wherein each client is offered a coordinated plan for handling the many expenses associated with her pregnancy. We are able to accomplish this through privately donated funds, public assistance, employment opportunities and loan programs.

And, bearing in mind our primary focus on college and working women, we also offer:

Educational Programs, because there is no need for a healthy pregnancy to limit a woman's educational opportunities. If a client wishes to protect the confidentiality of her pregnancy or is receiving undue pressure at her current institution, we can arrange for a temporary transfer to a college of comparable academic standing through our extensive network of participating schools and universities.

Career Programs that enable each client to preserve her own future and that of her unborn child. Through an innovative program of mentorships at participating companies throughout the United States, a working woman can take a temporary leave of absence and work for an employer who respects her accomplishments and supports her decision at this vulnerable time. If a woman chooses to relocate, our Network is also able to offer a nurturing home, medical care, counseling and any other supportive services she may need in that area.

I am sharing our action program with you today on behalf of my colleagues at our Network in the hope that you will find further clues to help you translate your commendable concerns into similarly practical, constructive action. It costs as little as \$65.00 to abort a life . . . and as much as \$6,500.00 to bring it into this world. We think the difference is worth it.

Let us continue to work together for the sake of our generation . . . and the next.