Testimony of

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"The Consequences of Roe v. Wade and Doe v. Bolton"
Good afternoon Mr. Chairman, Members of the Subcommittee, and distinguished guests.

My name is Karen O'Connor, and I am a Professor of Government at American University and the founder and Director of its nonpartisan Women & Politics Institute. Prior to joining the faculty at American University, I taught at Emory University from 1977 to 1995 where I held
appointments in the Political Science Department and the Law School. At both institutions I have taught Women and the Law, Litigating for Constitutional Change, and American Politics. I am the author of No Neutral Ground: Abortion Politics in an Age of Absolutes (1995); American
Politics: Continuity and Change, the ninth edition (with Larry Sabato), the best selling American Politics college textbook in the United States; several books on women and politics; and over fifty articles and book chapters on various aspects of the law and the judicial process as its
relates to women and women's rights. I am the past president of the Southern Political Science Association, the National Women's Caucus for Political Science, the past chair of the American Political Science Association's Organized Research Section on Law and the Courts, and the
president-elect of its Organized Section on Women and Politics Research.
I am honored to testify regarding the significant implications of Roe v. Wade and Doe v. Bolton for American women and families. In 1979, I had the privilege to work with Margie Pitts Hames, who argued Doe v. Bolton, the companion case to Roe v. Wade, in an ultimately unsuccessful effort to invalidate the restrictions of the Hyde Amendment. I was seven months pregnant at the time, and being called a "killer of unborn fetuses" by the court-appointed guardian ad litem failed to deter me from my belief in the importance of Roe and its progeny. Today I will address the legal significance of Roe v. Wade and Doe v. Bolton, their profound consequences for women's health and lives, and the necessity of preserving a woman's right to choose abortion.
Abortion Regulation Prior to Roe v. Wade and Doe v. Bolton
Abortion regulations and restrictions are not rooted in ancient theory or common law; despite the commonality of abortion, no government, be it local, state, or national, attempted to regulate the practice until well into the nineteenth century.1 As Justice Blackmun noted in Roe v. Wade, "at common law, at the time of the adoption of our Constitution, and throughout the major portion of the 19th century . . . a woman enjoyed a substantially broader right to terminate a pregnancy than she does in most States today."2 Indeed, in 1812 a Massachusetts Court found that an abortion performed before "quickening," defined as the time when a woman begins to

1 Abortion was legally practiced in ancient Greece and the Roman empire. See Roe, 410 U.S. 113,130 (1973). Likewise, under English common law, the basis for our legal system, abortion was not criminalized. Id. at 132-133.
2 See Roe, 410 U.S. at 140-41.

feel movement in utero, usually between the 16th and 18th week of pregnancy, was not punishable at law.3
The first abortion restrictions enacted in the United States were state statutory creations

that marked a shift away from common law. In 1821, Connecticut became the first state to criminalize abortion after quickening. By 1840, only eight states had enacted statutory abortion restrictions.4 Other states quickly followed suit; by 1910 every state except Kentucky had made abortion a felony.5 Interestingly, despite this move toward regulating and criminalizing abortion, an 1871 American Medical Association report found that 20% of all pregnancies were deliberately terminated. 6

The federal government chose to utilize more indirect regulation of the practice of abortion. In 1873, the U.S. Congress passed the Comstock Act, which prohibited the use of the U.S. mails for distribution of "obscene" materials, including advertisements regarding abortion and advertisement of devices to prevent pregnancy. The constitutionality of this Act was repeatedly questioned through test case litigation. In U.S. v. One Package,7 the Second Circuit declared the law unconstitutional. This decision, along with the hard work of Margaret Sanger and the Planned Parenthood Federation of America, eventually led most states to change their laws that had mirrored the Comstock Act.

Thus, by the late 1950s, only Connecticut and Massachusetts still retained extreme contraceptive laws on their books. Finally, in Griswold v. Connecticut,8 the Supreme Court concluded the U.S. Constitution contained a broad, fundamental right to privacy that encompassed a married couple's right to use birth control. Seven years later, the Court used the same rationale in Eisenstadt v. Baird9 to strike down as unconstitutional a Massachusetts law that allowed only married couples access to contraceptives.

3 See Commonwealth v. Bangs, 9 Mass. 387, 388 (1812). Moreover, "whether abortion of a quick fetus was a felony at common law, or even a lesser crime, is still disputed." Roe, 410 U.S. at 134 (emphasis added).

4 See Roe, 410 U.S at 138-39.

5 Barbara Hinkson Craig and David M. O'Brien, ABORTION AND AMERICAN POLITICS 9 (1993).

6 Nancy E. McGlen and Karen O'Connor, WOMEN, POLITICS AND AMERICAN SOCIETY 207 (1998).

7 U.S. v. One Package, 86 F.2d 737 (2d Cir. 1936).

8 381 U.S. 479 (1965).

9 Eisenstadt v. Baird, 405 U.S. 438 (1972).

Abortion laws, too, came under reexamination. The American College of Obstetricians and Gynecologists announced its belief that abortions should be decriminalized. And, in 1959 the American Law Institute (ALI) suggested changes in its model penal code that would decriminalize abortion in three situations: (1) when the continuation of the pregnancy would gravely impair the physical or mental health of the woman; (2) when the child might be born with a grave physical or mental defect; and (3) when the pregnancy resulted from rape, incest or other felonious sex.10 By the early 1970s, fourteen states liberalized their abortion statutes to permit abortion in limited circumstances: when the woman's health was in danger, when the woman was the victim of rape or incest, or when there was a likelihood of a fetal abnormality.11 Still, only four states -- Alaska, Hawaii, New York, and Washington -- had decriminalized the provision of abortion for any reason during the early stages of pregnancy. 12

Abortion "Options" Prior to Roe

The fact that abortion was illegal in all but a few states prior to Roe did not mean, however, that women were not obtaining the procedure. Instead, the general unavailability of legal abortions meant two things: (1) only a limited number of women -- generally the most affluent women -- were able to obtain safe abortions, and (2) the vast majority of women who wanted to terminate a pregnancy were left with only one "option": obtaining illegal and dangerous abortion procedures, commonly referred to as "back-alley abortions."13

Options for a Few

As noted above, prior to Roe, most states allowed a woman to receive an abortion if she could prove that her life would be endangered by continuing the pregnancy; a few states permitted abortion in cases of rape or incest, or if an abortion was determined to be necessary to preserve the woman's health. Even in these limited circumstances, however, women often had to navigate a complicated medical approval system. This often involved obtaining the approval of a hospital committee, undergoing physical and mental evaluations, or obtaining law enforcement certification of claims of sexual assault.14 A woman's ability to successfully

complete this process often hinged on her economic status: generally, only more affluent, white
10 Karen O'Connor, NO NEUTRALGROUND 27 (1996).
11 Barbara Hinkson Craig and David M. O'Brien, ABORTION AND AMERICAN POLITICS 9-10 (1993).
12 Id. at 10.
13 Much of the discussion of the availability and incidence of abortion prior to Roe draws heavily on Rachel Benson Gold, Alan Guttmacher Institute, Issues in Brief: Lessons From Before Roe: Will Past be Prologue? (2003), available at http://www.agi-usa.org/pubs/ib_5-03.pdf.
14 Id.

women had the ability to pay for this review process, and had a relationship with a private physician willing to facilitate the process.15

A limited number of women had another option: A few states, most notably New York, repealed their abortion statutes in 1970. Because New York did not require that a woman be a resident of the state in order to obtain the procedure, women from across the country traveled to New York for safe, legal abortions.16 It is estimated that in 1972 alone, more than 100,000 women traveled to New York City to obtain legal abortion services.17 Of course, such travel and lodging was time consuming and costly, and, in practice, was an option only for women of financial means.

As a young woman growing up in New York State, I saw the dramatic consequences of New York's legalization of abortion. My high school graduating class of 1970, for example, was the first one that any of us knew in our school history that did not have a student drop out for pregnancy. Thus, no one in my class "had" to get married or go away to visit her aunt or other relative to have a child, and return to school forever marked much as Hester Prynne had been in another era.

Resort to the Back Alleys

However, as noted above, many women unable to afford or obtain a legal abortion were desperate enough to take drastic measures to end an unplanned pregnancy. It is estimated that anywhere from 200,000 to 1.2 million illegal or self-induced abortions were performed in the 1950s and 1960s.18

Illegal abortions, sometimes performed by lay people who did not have the proper training, equipment, or methods of anesthesia or sanitation, were extremely dangerous and put women at high risk of incomplete abortions, infection, and death. Estimates regarding the number of death and infections resulting from illegal or self-induced abortion are, of course, difficult to estimate given that many women, or their families in cases of the woman's death, were reluctant to attribute the infection or death to illegal abortion. Some estimate, however, that 5,000 women a year died from illegal, unsafe abortions before Roe v. Wade. In 1965, illegal abortion accounted for a reported 17 percent of all deaths due to pregnancy and
15 Id.
16 Other states that had repealed their abortion statutes, such as Alaska, Hawaii, and Washington, required a woman to be a resident of the state for at least thirty days in order to obtain an abortion procedure.
17 Rachel Benson Gold, Alan Guttmacher Institute, Issues in Brief: Lessons From Before Roe: Will Past be Prologue? (2003), available at http://www.agi-usa.org/pubs/ib_5-03.pdf .
18 Id.

childbirth.19 These burdens fell disproportionately on women of color: from 1972 to 1974, the mortality rate due to illegal abortions for non-white women was twelve times that for white women.20 And, none of these numbers include the thousands of women who willingly endured dangerous, invasive hysterectomies or tubal ligations to make certain that they would not have to have abortions should they have additional pregnancies.

Roe v. Wade and Doe v. Bolton

In 1973, against a background of increasing litigation surrounding contraception and abortion, the Supreme Court granted certiorari in the companion cases of Roe v. Wade and Doe v. Bolton. Jane Roe, who we know today as Norma McCorvey, challenged a Texas abortion law that prohibited abortions in all cases except to save a woman's life. Unlike Roe, the statute at issue in Doe v. Bolton was based on the Model Penal Code of the ALI. Doe's lawyers, acting on

her behalf as well as several doctors, nurses, clergy, and social workers, alleged that the Georgia law was an unconstitutional undue restriction of personal and marital privacy.

In a landmark 7 to 2 decision, the Supreme Court held that the "right of privacy . . . is broad enough to encompass a woman's decision whether or not to terminate her pregnancy."21 The Court also recognized that the decision of whether to have a child is unique to every woman and her life circumstances, and therefore must be a personal, individual decision.

> The detriment that the State would impose upon the pregnant woman by denying this choice altogether is apparent. Specific and direct harm medically diagnosable even in early pregnancy may be involved. Maternity, or additional offspring, may force upon the woman a distressful life and future. Psychological harm may be imminent. Mental and physical health may be taxed by child care. There is also the distress, for all concerned, associated with the unwanted child, and there is the problem of bringing a child into a family already unable, psychologically and otherwise, to care for it. In other cases, as in this one, the additional difficulties and continuing stigma of unwed motherhood may be involved. All these are factors the woman and her responsible physician necessarily will consider in consultation.22

In invalidating the Texas and Georgia abortion laws, the Court effectively invalidated the abortion laws of all but four states.23 However, even in recognizing the fundamental right to

19 Id.

20 Id.

21 Roe, 410 U.S. at 153.

22 Id. at 153.

23 Karen O'Connor, NO NEUTRALGROUND 46-47 (1996). Contrary to arguments that the Court moved too fast, the Court actually followed the trend emerging in the states. As noted above, in

obtain an abortion, the Court also held that this right was not absolute. To this end, the Court took a trimester approach toward to regulation of abortion, holding:

> For the stage prior to approximately the end of the first trimester, the abortion decision and its effectuation must be left to the medical judgment of the pregnant woman's attending physician. For the stage subsequent to approximately the end of the first trimester, the State, in promoting its interest in the health of the mother, may, if it chooses, regulate the abortion procedure in ways that are reasonably related to maternal health. For the stage subsequent to viability, the State in promoting its interest in the potentiality of human life may, if it chooses, regulate, and even proscribe, abortion except where it is necessary, in appropriate medical judgment, for the preservation of the life or health of the mother.24

The right to privacy so central in Roe was well-recognized prior to that case, and has been repeatedly affirmed since Roe. As the Roe Court itself stated, "In a line of decisions . . . going back perhaps as far as [1891], the Court has recognized that a right of personal privacy, or a guarantee of certain areas or zones of privacy, does exist under the Constitution."25 Indeed, prior to Roe, the Court explicitly recognized the fundamental nature of a woman's right to control her reproduction.26 The Court has also recognized the intensely personal nature of the

the 1960's the states began reforming their abortion laws; at the time Roe was decided, 17 states allowed abortion in at least some circumstances. Moreover, such a vital right must be nationalized. Not to grant women fundamental rights guaranteed in one state, while allowing its exercise to be labeled criminal in others, is akin to arguing that Jim Crow laws should be within the purview of the states to allow or prohibit.

24 Roe, 410 U.S. at 164.

25 Roe, 410 U.S. at 152 (citing Stanley v. Georgia, 394 U.S. 557 (1969); Terry v. Ohio, 392 U.S. 1 (1968); Katz v. United States, 389 U.S. 347 (1967); Boyd v. United States, 116 U.S. 616 (1886), Olmstead v. United States, 277 U.S. 438 (1928) (Brandeis, J., dissenting); Griswold v. Connecticut, 381 U.S. 479 (1965); Meyer v. Nebraska, 262 U.S. 390 (1923); Loving v. Virginia, 388 U.S. 1 (1967); Skinner v. Oklahoma, 316 U.S. 535 (1942); Eisenstadt v. Baird, 405 U.S 438 (1972); Prince v. Massachusetts, 321 U.S. 158 (1944); Pierce v. Society of Sisters, 268 U.S. 510 (1925)).

26 See Griswold v. Connecticut, 381 U.S. 479 (1965). In Griswold, the Court defined the right to

privacy as a fundamental freedom subject to exacting strict scrutiny by the Court. This right, the Court held, could be found in the "penumbras emanating" from several specific guarantees in the Bill of Rights and incorporated through the Fourteenth Amendment. Among these rights were the First Amendment's protection of association, the Third Amendment's bar on the quartering of soldiers in private homes in peacetime without consent, the Fourth Amendment's protection against unreasonable searches and seizures of homes and property, the Fifth Amendment's guarantee of freedom from self-incrimination, and the Ninth Amendment, which gives to all citizens rights not enumerated specifically in the Constitution. The right to privacy, concluded

decision of whether to have children. In Eisenstadt v. Baird, affirming an unmarried individual's fundamental right to obtain contraception, the Court stated "if the right of privacy means anything, it is the right of the individual, married or single, to be free from unwarranted governmental intrusion into matters so fundamentally affecting a person as the decision whether to bear or beget a child."27

A woman's right to control her own body, articulated in Griswold, Eisenstadt, Roe, and Dos remains just as fundamental today. The Supreme Court has repeatedly emphasized its continued viability: "Roe is clearly in no jeopardy, since subsequent constitutional developments have neither disturbed, nor do they threaten to diminish, the scope of recognized protection accorded to the liberty relating to intimate relationships, the family, and decisions about whether or not to beget or bear a child."28 Moreover, the Court recently reaffirmed the fundamental right codified in Roe, and recognized how central reproductive freedom is to the lives of women. In Lawrence v. Texas, discussing the dimensions of the privacy right, the Court stated, "Roe recognized the right of a woman to make certain fundamental decisions affecting her destiny and confirmed once more that the protection of liberty under the Due Process Clause has a substantive dimension of fundamental significance in defining the rights of the person."29

Roe's Implications for Women and Families

Roe's implications for women were profound and wide-reaching. The most immediate result, of course, was to rescue women from the back alleys, and provide access to safe, legal abortion for women who chose it. Today, abortion is one of the safest and most commonly performed medical procedures. In stark contrast to the soaring death rates from illegal abortions prior to Roe, the current death rate from legal abortion at all stages of gestation is 0.6 per 100,000 procedures.30 Indeed, a woman's risk of death during pregnancy and childbirth is ten times greater than the risk of death from legal abortion.

Moreover, Roe marked a new beginning in women's ability to control their own fertility and to choose whether or not to have children. Roe recognized that a woman deciding whether to continue a pregnancy, and only that woman, must make the personal choice that is in keeping with her own religious, philosophical, and moral beliefs. This freedom of choice led to the Court, was so basic that the Framers saw no need to spell it out more clearly in the Constitution.

27 405 U.S. 438, 453 (1972).

28 Planned Parenthood of Southeastern Pennsylvania v. Casey, 505 U.S. 833, 857 (1992).

29 Lawrence v. Texas, 539 U.S. 558, 555 (2003).

30 Lichtenberg ES, Grimes DA, Paul M. Abortion complications: Prevention and management. in Paul M, Lichtenberg ES, Borgatta L. Grimes DA, Stubblefield PG. A CLINICIAN'S GUIDE TO MEDICAL AND SURGICALABORTION 197-216. (1999).

increased freedom in other areas; as the Supreme Court noted in 1992, "the ability of women to participate equally in the economic and social life of the Nation has been facilitated by their ability to control their reproductive lives."31 Without this freedom, generations of women would be relegated back to constant fear of pregnancy and its consequences. Fewer women would be able to complete their educations, decide when they wished to have children, and how to order their lives to best accommodate work and family. However, these basic, fundamental rights of women have been under attack since the ink was dry on Roe and Doe.

Post-Roe Regulation and Access to Abortion

Within six months after Roe, 188 anti-abortion bills were introduced in 41 state legislatures. State restrictions -- such as waiting periods, spousal and parental consent requirements, and informed consent requirements -- slowly chipped away at Roe's protections,

limiting abortion availability for all women. However, similar to the two-tiered system in place prior to Roe,32 these restrictions fell most heavily on low-income women, especially young women and women of color, who, despite the legality of abortion, often could not access such services. For example, 33 states and the District of Columbia currently restrict low-income women's access to abortion; several federal laws, such as the Hyde Amendment, bar access to abortion care for low-income women who rely on the federal government for their health care, with exceptions only to preserve the woman's life or if the pregnancy results from rape or incest.33 Likewise, 44 states restrict young women's access to abortion by mandating parental notice or consent. 34

Battles over abortion continue to be waged in the states today. In 2004 alone, 714 antichoice measures were considered in state legislatures, which is a 28 percent increase from just one year earlier. Moreover, every state with a regular legislative session, except Maine, considered anti-choice legislation in 2004: 130 of these legislative measures involved mandatory counseling and mandatory delay requirements for women seeking abortion services; 89 legislative measures would permit individuals and/or corporations to refuse to provide abortion, family planning, and other medical services; 45 legislative measures placed restrictions on young women's access to reproductive health services (including abortion and family planning); and

31 Planned Parenthood of Southeastern Pennsylvania v. Casey, 505 U.S. 833, 835 (1992).

32 Rachel Benson Gold, Alan Guttmacher Institute, Issues in Brief: Lessons From Before Roe: Will Past be Prologue? (2003), available at http://www.agi-usa.org/pubs/ib_5-03.pdf.

33 NARAL, Who Decides: The Status of Women's Reproductive Rights in the United States (2005) available at http://www.naral.org/yourstate/whodecides/trends/issues_low_income.cfm.

34 NARAL, Who Decides: The Status of Women's Reproductive Rights in the United States (2005) available at http://www.naral.org/yourstate/whodecides/trends/issues_young_women.cfm.

41 legislative measures were targeted regulations of abortion providers. Overall, 29 of these anti-choice measures were enacted.35

In light of the ever-increasing number of abortion restrictions, it should be no surprise that women continue to struggle with obtaining access to abortion in the United States. These difficulties are compounded by the fact that eighty-seven percent of all U.S. counties have no known abortion provider; in non-metropolitan areas, the figure rises to 97 percent.36 This limited number of abortion facilities is largely attributable to a rapid decline in the number of doctors providing the service. This decline, and thus women's access to safe medical care, is at least in part due to the fact that medical professionals who provide abortion care do so at risk to their own personal safety --as well as that of their families and co-workers. Since 1977, there have been more than 4400 incidents of violence at clinics providing abortions; seven clinic workers, including three doctors, have been murdered.37 1998 saw the advent of a new form of threats against abortion providers: from 1998 to 2005, clinics received more than 650 anthrax threats.38 Abortion providers are continually stalked, their clinics are bombed, and their families threatened. In addition to leading to a decreasing number of health professionals willing to provide abortions, the violence and intimidation directly impedes women's access to abortion: there have been over 730 clinic blockades since 1977.39

Overturning Roe: A Return to the Back Alleys

Despite the severe restrictions placed on a woman's right to choose whether or not to have an abortion, and the ongoing anti-choice campaign to attack and undermine the Roe decision itself, the central tenet of Roe remains: American women have the fundamental right to choose to terminate a pregnancy.40 Women depend upon, and make life decisions based on, the

35 NARAL, Who Decides: The Status of Women's Reproductive Rights in the United States (2005) available at http://www.naral.org/yourstate/whodecides/trends/2005_key_findings.cfm#risk.

36 NAF Factsheet: Access to Abortion (2003) available at http://www.prochoice.org/pubs_research/publications/downloads/about_abortion/access_abortion.pdf.

37 NAF Violence and Disruption Statistics (2005), available at http://www.prochoice.org/pubs_research/publications/downloads/about_abortion/violence_statistics.pdf

38 Id.
39 Id.
40 Casey, 505 U.S. at 845-46 ("After considering the fundamental constitutional questions resolved by Roe, principles of institutional integrity, and the rule of stare decisis, we are led to

continued availability of abortion. As the Supreme Court so aptly stated in Planned Parenthood v. Casey,
While [Roe v. Wade] has engendered disapproval, it has not been unworkable. An entire generation has come of age free to assume Roe's concept of liberty in defining the capacity of women to act in society, and to make reproductive decisions; no erosion of principle going to liberty or personal autonomy has left Roe 's central holding a doctrinal remnant; Roe portends no developments at odds with other precedent for the analysis of personal liberty 41
Despite the fact that history demonstrates that the unavailability of legal, safe abortion does not prevent abortion but only leads women to seek unsafe abortions, it is abundantly clear that Roe's protections are indeed in jeopardy. President Bush, who could appoint up to three Supreme Court Justices over the next two years, has made known his intent to appoint Justices hostile to Roe and a woman's right to control her body.
What then, would happen if Roe were overturned? Contrary to assertions that bans on abortion--including first trimester abortions--would occur in only a few states and take considerable time to enact, it is probable that many states would revive and enact immediate abortion bans. Moreover, in the absence of Roe, states would be given free reign to erode Roe; one only need look at the number of state restrictions placed on abortion provision in 2004, discussed supra, to know this is an all too real possibility.
The move toward criminalizing abortion could be immediate: four states (Alabama, Delaware, Massachusetts, and Wisconsin) have abortion bans in place that have never been declared unconstitutional or blocked by courts. Roe's reversal could "trigger" these laws; that is, state officials could immediately begin enforcing these bans the day Roe is overruled.42
Another 13 states have abortion bans on the books that have been blocked by courts as unconstitutional. If Roe was overturned, officials in such states could immediately file suits asking courts to set aside the orders that prevented enforcement of the laws. 43 And, in the remaining states, legislators would be free to introduce and enact new severe restrictions or bans on abortion.
Ultimately, abortion would likely remain legal in small number of states, but even in such states women's access would likely be severely restricted. This would create a daunting, conclude this: the essential holding of Roe v. Wade should be retained and once again reaffirmed.").
41 Casey, 505 U.S at 860-61 (emphasis added).
42 Center for Reproductive Rights: What if Roe Fell? at 8-10 (2004), available at http://www.reproductiverights.org/pdf/bo_whatifroefell.pdf.
43 Id. at 10.

patchwork system of abortion statutes: a woman's right to obtain an abortion would be entirely dependent on the state in which she lived or her ability to travel to another state--assuming the states that keep abortion legal would permit non-residents to obtain abortions in that state. For those women who are able to navigate this patchwork system, the need to travel and the increased demand for a dwindling number of abortion providers could lead to dangerous delays in the provision of abortion care.
Even more frightening, however, is the plight that women who do not live in provider states, and are unable to travel to those states, would face. In essence, overruling Roe would force a return to the two-tier system of abortion access that was in place before 1973: women with the financial ability to travel to other states may still be able to exercise their rights, whereas low-income women (disproportionately women of color and young women) would not. We would see a return to the days of back-alley and self-induced abortions; a return to the day where women -- our daughters, our sisters, our mothers, and our wives -- sacrificed their health and lives because they felt they were left with no other option. Re-criminalizing abortion, or so severely restricting it so as to make it practically unavailable, will not end the practice of

abortion; it will end the practice of safe abortion.

In addition to the grave -- and unacceptable -- health risks women would face if forced to return to the back alleys, overruling Roe would also signal a rollback of the autonomy and equality women have achieved since Roe. Roe was not only a decision that legalized a medical procedure and protected women's health; it was -- and is -- a decision that gave a woman the option to make the reproductive choices that were right for her health, her family, and her life. Roe protects a woman's bodily integrity, but, just as importantly, protects a woman's right to be responsible for the choices she makes and the options she chooses. A woman's ability to decide when and if she will have children will ultimately make her a better mother, if she chooses to become one, and helps ensure that children are brought into families that are willing and able to both financially and emotionally care for them. A woman's ability to control her own reproduction ensures that she can make the medical decisions central to her physical and emotional well-being. And this autonomy allows women to make the choices we perhaps now take for granted: whether and when to marry, whether and when to have children, and whether to pursue educational opportunities or a professional career. As the Supreme Court stated in upholding Roe's central protection for a woman's right to choose abortion,

> the liberty of the woman is at stake in a sense unique to the human condition and so unique to the law. The mother who carries a child to full term is subject to anxieties, to physical constraints, to pain that only she must bear. That these sacrifices have from the beginning of the human race been endured by woman with a pride that ennobles her in the eyes of others and gives to the infant a bond of love cannot alone be grounds for the State to insist she make the sacrifice. Her suffering is too intimate and personal for the State to insist, without more, upon its own vision of the woman's role, however dominant that vision has been in the course of our history and our culture. The destiny of the woman must be shaped

> to a large extent on her own conception of her spiritual imperatives and her place in society. 44

Finally, because the constitutional protections enunciated in Roe underpin so many other rights, Roe's demise could open the door to encroachments on other fundamental rights grounded in privacy. For example, access to birth control is dependent on the privacy right articulated in Griswold and echoed in Roe. Contraception availability is crucial toward reducing unintended pregnancies, reducing the number of abortions, and improving women's health. In addition, improved access to contraception will allow more women to control the timing of their pregnancies. This, in turn, helps reduce infant mortality, low birth weight, and maternal health complications during pregnancy. Thus, undermining the privacy right will serve to endanger women's health and lives even beyond the abortion decision.

Conclusion

I am a mother and a sister. In addition, I have had the privilege to teach thousands of students -- young men and women -- over the more than 25 years I have been teaching. Each of these individuals has come of age in a era where his or her private decisions to have sex or remain celibate, to use birth control or not, as well as to resort to a safe and legal abortion if needed or to carry a pregnancy to term, were available options. This right has, for women in particular, given them a power over their destinies that women who came before me did not enjoy. The United States, I have always taught, is a land where rights once hard won, are not to be taken for granted, but to be held precious. No right can be more important nor more fundamental than a woman's right to control her bodily integrity free from governmental interference. As the Court itself has concluded, to do so could be disastrous.

Thank you for your attention and the opportunity to speak to you today.

44 Casey, 505 U.S. at 852.