Abortion

Pro-abortionists plan lobbying for hospital surgery on demand

The next legislative session for Oregon may be two years away, but pro-abortion workers are already making plans to introduce bills to require tax exempt hospitals and hospitals receiving federal funds to permit abortions on their premises.

According to Margie Hendricksen, representative of the Oregon Women's Political Caucus, pro-abortion groups have been pushing for abortion on demand in area hospitals for almost seven years. The hospital receiving the most criticism from those groups is Eugene's Sacred Heart General Hospital.

Pro-abortion representatives have met with administrators from Sacred Heart from 1970 on, each time meeting opposition to their requests, Hendricksen said.

Although granting abortions on demand bills were to be introduced in the 1977 legislative session, they stalled and were killed when the Oregon Senate Human Resources Committee was dissolved by its chairman. Similar bills asking that state funds be used for abortions are in the process of being compiled by feminist organizations throughout the state, Hendricksen said.

Another bill to require tax exempt hospitals to perform abortions is also being formed. Hendricksen pointed out that such a bill would force Sacred Heart and similar hospitals to give abortions to those in need.

Hospital administrators, however, disagree. Sister Monica Heeran, Sacred Heart Administrator, doesn't see how such a bill could force the hospital to perform abortions.

"We as a hospital are dedicated to the philosophy of preserving life; that recognizes the human life as something sacred," Heeran said. "We can't play God. We can't impose our judgments on unborn babies or old people or anyone."

Sacred Heart, a Catholic hospital, has been singled out by pro-abortion groups not only because of its tax exempt status, but also because of its policy of providing health care to the poor, Hendricksen explained.

"Sacred Heart is tax exempt

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and is receiving federal funds because it is supposed to provide health care for those in need, but by not performing abortions for poor women who may want them, it isn't fulfilling its purpose," she said.

But the hospital does not receive federal operating funds, Heeran said, other than federal money from Medicaid or Medicare services. The recent expansion of Sacred Heart was financed through the Hillburton Building Fund, a federal program open to all hospitals in the nation.

Part of the hospital's tax exempt status comes from its open-door policy, Heeran explained, which provides health care services to anyone, regardless of ability to pay. "We won't deny our services to anyone," she said. "Because of this, approximately 10 per cent of our bills aren't collectable."

If doctors in Sacred Heart hospital who were more sensitive to problems of the poor would help, Hendricksen feels they could force the hospital into performing abortions.

"If the doctors were concerned enough they could put pressure on the hospital. But they say 'let the abortion patients go over to Willamette-McKenzie hospital," she explained. "They don't expect cardiac patients to go to other hospitals, so why should they expect that of abortion patients?"

Hendricksen, who is a member of the Facilities Review Board of the Health Planning Agency, an agency mandated by federal law, is uncertain of the fate of another state abortion bill, and may use her position to seek action on a local level.

"Right now we're back to ground one again," she explained. "We're in the process of surveying the candidates on the abortion issue for the next general election to decide who to support."

A lot of legislators are afraid of the issue, Hendricksen said. Many of them supported the controversial Hyde Amendment, which proposes the end of Medicaid payments to be used for abortions, because they thought the Supreme Court would strike it down as unconstitutional, she pointed out.

Abortion on demand will remain a controversial issue until the Hyde Amendment and the recent Supreme Court ruling, denying abortions to Medicaid recipients, are defeated, Hendricksen predicted.

Sacred Heart Hospital's battle may have just begun, but Heeran believes to single out Eugene's largest hospital is unfair. Quoting statistics from a published survey by the Alan Guttmacher Institute of Planned Parenthood Federation of America, Heeran explained that more than 80 per cent of public hospitals and 70 per cent of non-Catholic general hospitals in the United States still do not offer abortions. Most abortions are available in non-hospital clinics, she said.

"A lot of people have written off abortion as a Catholic issue," Heeran explained. "But a lot of Christians and, for that matter, non-Christians are against it, so its just not something we are creating."

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History of U.S. abortion controversy shows progress for both viewpoints

It was 1973 when the Supreme Court established every woman's right to have an abortion. Newsweek magazine called it a decision that seemed to mark a major social and moral shift in United States society.

Pro-abortion and feminist groups thought the abortion question had been settled once and for all. But anti-abortion campaigns continued. Their pinnacle was reached when Ellen McCormack, a New Hampshire housewife, entered the 1976 presidential campaign as a Right-To-Life candidate.

Anti-abortion lobbyists, thanks in part to McCormack's nationwide publicity, pushed for a constitutional amendment forbidding abortions and nearly won. Congressional members postponed action on such an amendment in April, 1976, when they voted against a move to start debate on it.

In September of last year a senate conference committee, hoping to end a summerlong congressional stalemate on the question, voted to suspend Medicaid payments used for abortions. The action freed a $57 billion appropriation for the Department of Health, Education and Welfare for final congressional passage.

The amendment, which set the stipulation that no federal Medicaid money would be used for abortions unless the mother had kidney disease, multiple sclerosis, and other diseases, or if she was a victim of incest or rape, was supported by presidential candidates Jimmy Carter and Gerald Ford. Ford, however, threatened to veto the bill because it was $4 billion more than his budget request.

Proponents of the legislation called it necessary and labeled abortion "immoral," saying the government shouldn't pay for an immoral act.

Oregon Senator Mark Hatfield voted in favor of the amendment because, according to aide Jim Hatfield, abortion is a denial of the fetus' rights. "To make the government pay for abortions is just starting down a long road to the philosophy that all killing is right," the Hatfield aide said.

Hatfield, who has long been an opponent of abortion, saw the Hyde amendment question as a matter of public policy where individual congressmen were obligated to vote their conscience.

Pro-abortion members of congress called the bill a disappointment and said that morality wasn't the issue, the availability of abortions for the poor was.

Then, two months before the presidential election, the social services bill with the controversial Hyde amendment became law after Congress overturned Pres. Ford's veto.

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But the controversy wasn't over. Feminist groups tested the new law in court and won a crucial battle when a New York federal district judge declared that the denial of Medicaid funds for abortion was unconstitutional and violated the rights of the poor.

Judge John Dooling made his ruling after Washington judge John Sirica refused to overturn the ban. His decision in effect nullified the Hyde amendment in all 50 states.

In his opinion following the ruling, Dooling concluded that the federal ban overlooked the essential Medicaid function of providing health care to the poor. "Without continuance of federal payments," Dooling said, "it is clear that irreparable harm will be done to the indigent women involved."

The women were denied no other medical benefits, Dooling said, and the Hyde amendment would unjustly deny benefits only if they exercised their constitutional right to terminate their pregnancies.

Pro-abortion groups were elated over the victory, but their celebration didn't last long.

In June, the Supreme Court ruled 6-to-3 to uphold the Hyde amendment, saying that even though the state may not ban abortions, it doesn't have to pay for them. Until that decision government figures estimated that nearly 300,000 abortions last year were financed by Medicaid, at a cost of almost $50 million.

In one majority opinion, Justice Lewis Powell argued that simply because a woman has a right to an abortion, the government is not obligated to pay for it. "The constitution does not provide judicial remedies for every social and economic ill," he wrote.

State-financed abortions may be a thing of the past. In at least six states anti-abortion forces are beginning to challenge the use of state money for abortions. A CBS-New York Times telephone opinion poll last week reported that 55 per cent of those people questioned felt that federal money shouldn't be used for abortions. Thirty-three per cent thought it should be used, and 12 per cent were undecided.

The Hyde amendment controversy is far from over. The amendment is due to expire in October, and, according to a representative of fourth district Congressman Jim Weaver's Eugene office, no other anti-abortion legislation is currently being considered. "They don't want to deal with it until the summer recess is over," the representative said. "It's just like a child who ignores a problem hoping it will go away."