

CHARLES KRAUTHAMMER

America sidelined barely relevant in Syrian conflict

The war in Syria, started by locals, is now a regional conflict, the meeting ground of two warring blocs. On one side, the radical Shiite bloc led by Iran, which overflies Iraq to supply Bashar Assad and sends Hezbollah to fight for him. Behind them lies Russia, which has stationed ships offshore, provided the regime with tons of weaponry and essentially claimed Syria as a Russian protectorate.

And on the other side are the Sunni Gulf states terrified of Iranian hegemony (territorial and soon nuclear); non-Arab Turkey, now convulsed by an internal uprising; and fragile Jordan, dragged in by geography.

And behind them? No one. It's the Syrian civil war that only one side — the fascists — showed up. The natural ally of what began as a spontaneous, secular, liberationist uprising in Syria was the United States. For two years, it did nothing. The erstwhile Barack Obama's dodge was his chemical weapons red line. In a conflict requiring serious statecraft, Obama chose to practice forebearance instead, essentially agonizing over whether reported poison gas attacks reached the evidentiary standards of "CSI: Miami."

Obama talked "chain of custody" while Iran and Russia, hardly believing their luck, reached for regional hegemony — the ayatollahs solidifying their "Shiite crescent," Vladimir Putin seizing the opportunity to decade ago gave 30 or was it 42? speeches on health care reform. How many on the regional war in Syria, in which he has now involved the United States, however useless? Zero.

Serious policymaking would dictate that we either do something that will alter the course of the war, or do nothing. Instead, Obama has chosen to do just enough to give the appearance of having done something.

But it gets worse. Despite his commitment to steadfast inaction, Obama

has been forced by events to send F-16s, Patriot missiles and a headquarters unit of the 1st Armored Division (indicating preparation for a possible "larger force," explains the Washington Post) — to Jordan. America's most reliable Arab ally needs protection. It is threatened not just by a flood of refugees but by the rise of Iran's radical Shiite bloc with ambitions far beyond Syria, beyond even Jordan and Lebanon to Yemen, where, it was reported just Wednesday, Iran is arming and training separatists.

Obama has thus been forced back into the very vacuum he created — but at a distinct disadvantage. We are now scrambling to put together some kind of present in Iraq as a defensive counterweight to the Iran-Hezbollah-Russia bloc.

The tragedy is that we once had a counterweight, and Obama threw it away. Obama still thinks the total evacuation of Iraq is a foreign policy triumph. In fact, his inabilities — unwillingness? — to negotiate a Status of Forces Agreement that would have left behind a small but powerful residual force in Iraq is precisely what compels him today to re-create in Jordan a pale facsimile of that regional presence.

Whatever the wisdom of the Iraq War in the first place, when Obama came to office in January 2009, the war was won. Al-Qaida in Iraq had been routed. Nouri al-Maliki's Shiite government had taken down the Sadr Shiite extremists from Basra all the way north to Baghdad. Casualties were at a wartime low, the civil war essentially over.

We had a golden opportunity to reap the rewards of this too-bloody war by establishing a strategic relationship with Iraq that was still under American sway. Iraqi airspace, for example, was under U.S. control as we prepared to advise and rebuild Iraq's nonexistent air force.

With our evacuation, however, Iraqi airspace today effectively belongs to Iran — over which it is flying weapons, troops and advisers to turn the tide in Iraq. The U.S. air bases, the vast military equipment, the intelligence sources available in Iraq were all abandoned. Gravis. Now we're trying to hold the line in Jordan.

Establishing a strategy very late that, for a superpower, inaction is a form of action. You can abdicate, but you really can't hide. History will find you. It has now found Obama.

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DANIEL GROSSMAN

Restricting access won't reduce abortion demand

As the legislature debates the merits of several bills that would further restrict access to abortion care in Texas, it's a good time to pause and reflect on the impact of the restrictions that are already in place. Our research at the Texas Policy Evaluation Project has found that House Bill 15, passed in 2011, has not led women to change their minds about having an abortion. Instead it has created burdens that have disproportionately affected low-income and rural women.

HB15 is often referred to as the "sonogram law," but the part of the law that is most difficult for women is the requirement to make an extra visit to the clinic at least 24 hours before the abortion so that the physician can be performed and explained by the same physician who will perform the abortion. At the end of last year, we surveyed 318 women who were seeking abortion services after they had completed their extra mandatory consultation visit in six cities across the state in order to learn more about their perspectives on the law's requirements.

Prior research has found that women are very sure of their decision by the time they come to the abortion clinic, and this was true in our study as well. Ninety-two percent said that before they had the consultation and ultrasound, either they were sure of their decision to have the abortion or they thought abortion was a better choice for them at that time than having the baby. Among those who changed their mind, this proportion was unchanged.

One of the most concerning findings from our study is that some women may be trying to induce the abortion or the birth control because of difficulties accessing care in clinics. In our survey, 7 percent of women reported taking something on their own to try to end their pregnancy before coming to the clinic. While this phenomenon has been described before in Texas, the prevalence of abortion self-induction we found in this survey is higher than that reported in a 2008 national survey of abortion patients.

Most women ended up having to wait more than 24 hours between their ultrasound and abortion appointments. Twenty percent of women said the clinic was unable to schedule them sooner, often because it was difficult to have the same physician explain the ultrasound results and then perform the abortion within the 24-hour window. About one-third of women we surveyed reported that having to wait between visits had a negative effect on

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their psychological or emotional well-being. As one woman we interviewed said, "I knew right away that this is what I wanted. That first day stopped the process and made me anxious." Several clinics reported a significant increase in the proportion of abortions performed in the second trimester, perhaps because of scheduling delays, which is concerning given the increased health risks and costs associated with later procedures.

At the same time, having to get to the clinic for the extra visit was difficult for a sizable proportion of women. One-quarter of women we surveyed said they had to get to the consultation visit. Almost half of women reported some out-of-pocket expense related to the extra visit (not including any charges paid to the clinic), such as lost wages, childcare or travel costs; on average these costs totaled \$141.

Last, it is important to note that budget cuts for family planning services and restrictive funding policies from the state legislature have undoubtedly had an effect on the state's abortion rate. In our survey, 45 percent of women seeking abortions said they were unable to access the birth control method they wanted to use in the three months prior to getting pregnant. More than half of these women reported barriers such as cost, lack of insurance coverage for contraception, or difficulty finding a clinic. This finding highlights how particularly cruel it is to consider further restrictions on abortion access after so recently dismantling the state's family planning safety net. Rather than helping women make a difficult decision, HB15 and the current proposals create burdensome logistical barriers for women — especially low-income women and those living outside urban centers. This is not the time to make it even harder for these women to access the medical care they need.

Grossman is vice president of research at HIS Reproductive Health and Investigator on the Texas Policy Evaluation Project.

FROM THE RIGHT
Monday
Texas Public Policy Foundation

Tuesday
David Brooks

Wednesday
Ross Douthat

Thursday
Ramesh Ponnuru

Friday
Amity Shales

Saturday
Charles Krauthammer

Sunday
George Will

FROM THE LEFT
Monday
Center for Public Policy Priorities

Tuesday
Paul Krugman

Wednesday
Dana Milbank

Thursday
Maureen Dowd

Friday
Gail Collins

Saturday
John Young will return.

Sunday
Leonard Pitts