

BUILDING A CULTURE OF LIFE

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PREFACE

When I was appointed Life Director for my Knights of Columbus council for 2019-2020, I accepted the job of reporting on current events in the movement to protect the sanctity of human life, a fundamental Catholic belief. Beyond that, it was my duty to help the council reach certain goals set by the Knights' "Supreme" leadership to show our unity in striving to protect the unborn, the unseen and defenseless, those relegated to the status of a non-entity.

It was in response to that duty that I organized a Novena for Life. Some of the contents of this compendium were a part of the presentations made during those 9 days. Due to interest expressed in the topics we discussed which was new to some, and because time constraints required me to leave out much material which I think may also be of interest, I have refined the subject matter, expanded the depth of discussion, and added much additional information.

Note that while most of the content concerns abortion, and in particular historical and contemporary issues in the United States, we will not ignore how hatred, bigotry, and racism have denigrated respect for human life, or how the contemporary issues of euthanasia, assisted suicide, and experimentation with humans in the embryonic stage disrespects life.

This effort required much research but is not an academic work with rigorous documentation. It is written to be informative and to awaken within the reader a concern for where humanity has been and where we are going with respect for human life. I draw upon numerous sources available from the internet and various publications and books that are available to everyone.

To protect the integrity of the work, I have ensured that information which I present is documented from credible sources, and I have sought to confirm such information from more than one source. Sometimes I make note of conflicting points of view and try to reconcile or contrast them for the reader. When I quote people without crediting the source, I have been careful to ascertain that the person really said what is claimed and that it is in honest context.

This work is not free of bias, for I do believe in the sanctity of human life and in protecting that life and the dignity of the human person. At the same time, I believe it is necessary to look at the views of others in order to understand why they think the way they do. It is obvious that the things one comes to believe are wrapped up with numerous sources of information and individual life experiences.

However, a study out of the University of California Berkley in 2018 determined "it's not hard evidence that cements a person's sense of certainty on an issue, but rather feedback from other people." Researchers reported that the certainty people express about beliefs which are blatantly false (such as asserting that the world is flat or denying the Jewish Holocaust of WW2), arises from the finding that "positive or negative reactions a person receives in response

to expressing an opinion, undertaking a task, or interacting is more likely to influence their beliefs than scientific data, logic, or reasoning.” As a scientist, that seems bizarre to me. I studied mathematics and physics for 10 years before changing my career path to that of a medical doctor. Physical sciences required the discipline to be rigorously detailed in my work and to remain objective and uncaring about the outcome. By contrast, much of what one reads on controversial subjects is obviously from an author taking a position and attempting to convince others to believe it, such as arguing that portrayal of men on the moon was a Hollywood production, or that Pro-Life activists hate women and want them to suffer.

Despite polarizing opinions on the subject of abortion, advances in science and technology have progressively demonstrated that the tiny life growing inside the mother is a living human being that is growing and developing until it can take a place in the world as a baby, then a child, then an adult person like ourselves, who have already completed that part of our life journey.

I see it as a truth, but it can now be better understood why so many people vehemently deny it. Those tiny lives are the mothers and fathers, the clerks and laborers, the leaders and inventors, the movers and shakers, the future of humanity. Hundreds of millions of lives, indeed perhaps 2 billion or more over the last 50 years, have been deliberately discarded for the convenience or misguided hopelessness of the mothers, and for the profit of those doing the deed.

One has to wonder in what way our world would be different if those lives had been cherished and nourished to maturity. Would one of those have led the way in solving our problems of armed conflict, poverty, starvation, disease, equality among peoples, or pollution of the planet?

It will be easy to react in condemnation not only of the beliefs and practices encountered along the way, but of the persons you will read about. Indeed, it is proper to voice informed opposition to those actions which diminish human dignity and take the lives of the innocents.

However, we are called not to judge and condemn people but to pray for them, for mercy and forgiveness of any actions which have offended God, and for a change of heart in those still living. Let us also pray for ourselves that we might understand God’s love and mercy and be worthy of the same.

We need the Divine love of God reaching deep into the hearts and minds of his creations. We must have the devotion of prayer to accompany our actions, and we must have spiritual guidance to know how best to provide the much needed programs to help fix our society.

So, I invite you to pause periodically for a period of prayer as you read on. Commit yourself to one minute of prayer daily which could be in segments of only a few seconds each prayer. The point is that you should not forget how important your prayer is. It will fortify you for the spiritual battle which lies ahead, and it may call you to activism, to stand with others in creating for our children, our future, a “culture of life.”

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INTRODUCTION

You are about to embark on an educational journey and a spiritual journey as we ponder what it is about the condition of mankind that has brought us to this modern “culture of death.” In reading on you are likely to be shocked, dismayed, and saddened, even horrified, before you find hope for our future in the closing chapter.

Historically, human culture has been that in which the family was the center of communities where babies were welcomed and celebrated. Life was protected by organizing ourselves to care for one another, and laws were enacted to condemn the wanton taking of life.

But, there is a darker history of mankind, a shameful history in all ancient cultures studied, of aborting pregnancies over thousands of years. Wars of conquest, the deadly persecution of various groups, ethnic pogroms, and genocide also create a history of disregard for life.

In modern times many people dispute the value of the institution of marriage which brings forth new life out of love and commitment, and they redefine its purpose. The family unit which nourishes the baby into a responsible adult is likewise redefined and its value denigrated.

One cannot support institutionalized abortion of living human beings without taking the position that love and marriage and commitment, then nourishing a baby to birth and adulthood, is not to be expected by society but is a choice to be made free of moral judgments and laws imposed by that society. The corollary is that the “products of conception” are tissues which do not represent a person who is entitled to protection under law.

There are many prevailing reasons and circumstances in which women seek abortion. But, the prevalence of this way of thinking has often resulted from deterioration of any commitment by the fathers of babies to support the mothers and raise the children. Women without the stability of family are often in great distress without that support, feeling hopeless and helpless. Abortion is often seen as the only way out of an undesirable and untenable situation.

Respect for marriage between a man and woman and veneration of the family unit are the institutions which must be attacked relentlessly in order to promote the proposition that a baby in the womb is part of the mother’s body and she has a “right” to decide life or death. It is a sad irony in a time of people clamoring for human rights to life, liberty, and the pursuit of happiness that many of the same people defend a decision to willfully take the life of a baby.

At the same time that we mourn the loss of such life, let us be reminded of the moral corruption in our culture leading to destruction of the institutions of marriage and family, the victimization of women used by men and then abandoned, and the poverty, ignorance, fear and hopelessness so many women face.

It is easy to condemn, hard to pity, and even harder to evoke compassion and love for women thrust into such a dreadful situation as to decide that abortion is their only choice. However, we are called by our Creator to do just that. And, we must strive to be able to offer alternatives and make real help available to women well in advance of their despair and terrible decision.

As a Catholic, one of the basic tenants of the faith to which I am called is respect for the sanctity of life in all its stages and conditions from conception to natural death. An increasing secularization of our world, turning away from the God who gave us life, is at the root of our turning away from the love of life itself. Truly, there has always been plenty of evil among us, but there has never been such a callous and organized attack on life as there is in our time.

Abortion is perhaps the most troubling attack on the sanctity of human life because it has its roots in so many of the problems in our culture. But, those who promote euthanasia and self-assisted suicide also participate in disregard for the value of human life. Other troubling advances in science have resulted in human life in its earliest embryonic stages to be treated as an object to be manipulated and experimented with, then discarded as trash. We will expose those as well, but about 80% of our discussion will concern abortion.

In searching for ways to persuade mankind to turn away from practices which disregard the sanctity of life, we need the weapons of knowledge, practical solutions, and alternatives. We must use those methods to help shape the new minds, for those already indoctrinated firmly in their belief systems will be very hard to convince otherwise by any means except an act of God. The battles are not easy, and I do not envision any set of secular solutions alone which can reasonably be expected to achieve long term success. Therefore, our prayers for Divine intervention in the hearts of all mankind must accompany our actions and deeds.

And, now more than any time in the last 50 years, there are increasing numbers of people convinced by science, education, and their own life experiences, many reinforced by religious faith, that life is precious and must be protected. States and communities have developed all sorts of programs to help women, children, and whole families. Pregnancy resource centers have been developed in communities across the country to provide whatever is needed to help women choose life and have a healthy baby.

Many people participate in demonstrations, decrying abortion as a solution to a woman's tragic circumstances and offering alternatives. But, such efforts are not without fierce, organized, and well funded opposition, often entangled with the goals of a political party in pursuit of power and individual financial gain.

As we go through the chapters which follow, we will look in more depth at how we became part of this tragedy, how deeply it has permeated our society, and how people are resisting this belief system which wantonly destroys life, and how we can start to make our society turn away from what can now be properly called a "culture of death" to become a "culture of life."

CONTENTS

[Preface](#)

[Introduction](#)

[1: The History of Abortion](#)

[From Ancient Times to Modern Day in the United States](#)

[2: Creating a More Healthy Society](#)

[Eugenics, Racism, and Genocide](#)

[3: The Life Work of Margaret Sanger](#)

[The Rise of Planned Parenthood](#)

[4: The Story of Norma McCorvey](#)

[Roe v. Wade and the Expansion of Abortion](#)

[5: Perspectives on Abortion in the United States](#)

[Who Seeks an Abortion and Why, Complications from Abortion, Public Opinion on Abortion](#)

[6: Funding Abortion for Family Planning](#)

[Medicaid, Title X, and the Hyde Amendment, Politics and Public Policy](#)

[7: Unwanted Pregnancy: Prevention and Termination](#)

[Abstinence, Contraception, Morning After Pill, Abortion Pills, Aspiration Abortions, Partial Birth Abortions, Late Term Abortions, Abortion Survivors, Human Trafficking, Incest, Rape, Neonaticide, Infanticide](#)

[8: Creation and Termination of Life: The Domain of God and Man](#)

[In Vitro Fertilization, Stem Cell Research, Pre-Implantation Genetic Diagnosis, Cloning, Euthanasia, Assisted Suicide](#)

[9: Building a Culture of Life](#)

[The Pro-Life Movement, Alternatives to Abortion, Healing After Abortion, Community Resources, Pregnancy Resource Centers, Legislative Activism](#)

[A Timeline for Contraception and Abortion](#)

1

The History of Abortion

Ancient Times to Modern Day in the United States

Indirect evidence for the practice of abortion goes back to Chinese folklore 5000 years ago. The first explicit evidence of induced abortion is recorded on Egyptian papyrus from 1550 BC, over 3,500 years ago. In another surviving text, an Assyrian woman 3,100 years ago, in 1075 BC, could receive the death penalty for having an abortion without her husband's consent.

Abortion has been practiced in many other ancient cultures including the peoples of India, Cambodia, Japan, the Maori people of New Zealand, Greeks, Romans, and Persians. Aztecs also performed abortions, but the practice seems generally to have been disapproved, and the mother's life was clearly valued over that of the baby. In ancient Jewish tradition there is no mention of induced abortion, but writings do support the value of the mother over the unborn child.

Early cultures mostly used non-surgical techniques such as hard labor, climbing, paddling boats, weight lifting, or diving into water. Others used irritating plants, fasting, bloodletting, and pouring hot water on the abdomen, lying on a coconut shell, or sitting over a pot of steam or stewed onions. Other techniques included beating the abdomen and wearing a tight girdle.

Otherwise, concoctions of herbs and plants and chemicals known as abortifacients of a wide variety have been used, as well as bizarre substances including crushed ants, the saliva of camels, and the tail hairs of black-tailed deer dissolved in the fat of bears. Some of these techniques were highly toxic.

Chemicals and plant abstracts as well as physical means of inducing abortion were brought from Europe to the "new world" and some physical practices persisted into the early 1800's before abortifacients became more widely used. Surgical attempts at extraction of the fetus (inserting a sharp instrument) are reported in Greek writings as early as about 400 BC, and are found elsewhere in archeological discoveries, but are rarely mentioned in ancient medical texts except to warn that it was dangerous. In fact, surgical abortion still carried a death rate of as much as 30% in the US in the early 1800's.

The act of abortion in ancient times, much like today, has been viewed differently over time and in different cultures. Aristotle wrote in the 4th century BC about lawful and unlawful abortion marked by the fact of having sensation and being alive. He regarded the fetus not to gain a soul until 40 days if male and 90 days if female. Before that it was not human.

Despite his Oath, it is oddly unclear where Hippocrates, writing near the time of Aristotle, stood on the issue of abortion. He seems only to explicitly forbid the use of pessaries (certain

substances placed in the vagina) to induce abortion. A Roman medical writer attributes to Hippocrates that “it was proscribed not to give a woman any substance which expels the embryo or fetus.” Others allege he only meant not to use dangerous methods to abort a fetus.

In ancient Greece, Stoic philosophers as early as the 3rd century BC regarded the growing baby as like a plant until it breathed air. The 1st century AD Roman Stoic philosopher Musonius Rufus vehemently rejected abortion and contraception, seemingly not because of regard for the fetus, but because he favored large families as a blessing to society.

However, due to influence from the Greek Stoics who did not view the unborn child as a person, the Romans did not punish abortion as homicide. But, punishment for abortion could be inflicted as a violation of the father’s right to dispose of his offspring. In the 3rd century AD the jurist Paulus wrote about punishments for giving abortifacients, including the death penalty if the woman should die. His contemporary jurist Ulpian wrote that an unborn child is considered the same as having been born. However, abortions continued under complex and changing laws. Christianity brought a new perspective to Rome in the early 4th century AD.

An early Christian work (before 100 AD) says “do not murder a child by abortion or kill a newborn infant.” From the 1st century AD, finding themselves at odds with Greco-Roman views, philosophers began to debate at what point a human life begins, “whether what is carried in the womb is a living being.”

During that time Jewish philosopher Philo wrote that deliberate or culpable abortion was a “criminal interference with the process of nature,” and “when the children are brought forth...they then become real living creatures,” and “he who slays an infant is a homicide.” However, reflecting the Stoic ideas of fetal dependence on the mother, he also wrote elsewhere that “those children which are still in the belly...are a part of their mothers.”

His contemporary Josephus also connected abortion to infanticide. Josephus wrote that the (Jewish Septuagint) law “forbids women to cause an abortion of what is begotten or to destroy it afterward,” and that a guilty woman “becomes the murderer of her child, by destroying a living creature.”

Christian philosophers began to distinguish Christians from non-Christians on the issues of abortion, child sacrifice, and infanticide found in pagan polytheism. Tertullian wrote in 197 AD: “Since murder is altogether forbidden (to us), we cannot even kill what has been conceived in the womb, while blood is still being gathered into a human. To prevent birth is a swifter murder, and it does not matter whether someone takes away a life that has been born or destroys one that is budding. What will be a human is a human.”

However, the Christian community also had to deal with complex situations in which there was adultery and abortion and even infanticide. Many of these acts occurred where they would not be illegal in the pagan societies they lived with. Meetings of bishops to decide how to categorize and punish and/or reconcile various sins and hold marriage and the community

together occurred in the context of persecution of Christians in the Roman Empire from 303-314 AD. Discussions, writings, and practices failed to form a consistent belief system as ecclesiastical writers voiced a range of perspectives.

Saint Augustine (354-430 AD) held a belief similar to Aristotle that “the timing of infusion of the soul (into a developing fetus) was a mystery known to God alone.” Although he vigorously opposed abortion at any stage of pregnancy, he made a distinction between earlier abortions and later ones. Abortion of a fetus with human limbs and shape was murder. Abortion of an “unformed” fetus was not murder because it could not be said with certainty that the fetus had already received a soul. At the same time, he called any method to prevent the birth of a child an “evil work.”

In the Greek East, not having direct influence from the Latin West, Basil of Caesarea in the late 4th century wrote, “The woman who has aborted on purpose is held guilty of murder.” Basil’s contemporary John Chrysostom, Archbishop of Constantinople, famously described abortion as “something worse than murder.” In discussing abortions procured by prostitutes, he addressed stinging remarks to men, saying “even if the daring deed be hers, the cause of it is yours.” And wives who had abortions were “injured.”

His denouncing of male complicity in abortion speaks to the 21st century assertion that men have much blame for procreation without commitment to the woman or child in a family unit. But then as now, women continued to bear the physical implications and the moral burden of an unwanted pregnancy.

Basil’s brother Gregory of Nyssa also denounced abortion and advanced the belief that the soul is created simultaneously with the body and that embryos are thus persons. The Christology and Mysticism of Maximus the Confessor in the 7th century confirmed that human life started at the moment of conception.

Rejection of abortion in the Christian life set a new high in moral standards for the world, embracing a “notion that human life, even in its embryonic and wailing forms, demands a sacred respect.” However, Christian life in the Greco-Roman world was complex with different perspectives and different moral ideas. Roman laws and morals promoted sexual double standards resulting in a spectrum of beliefs and practices. To this day, Catholic, Eastern Orthodox, and Evangelical Protestant churches oppose abortion in varying degrees, and some “mainline Protestant” churches actually favor abortion in varying degrees.

When the Roman Empire fell in 476 AD, the period known as the Middle Ages began. Often called the Dark Ages because relatively few important documents have survived, most people worked as farmers on lands owned by a local lord to whom they paid taxes.

While there remained a general condemnation of abortion, it was without intellectual debate but rather in pastoral care and social reform and to hold together the Christian community with

a common belief system. There are surviving sermons on abortion which denounce abortion, reinforce sexual morality, and warn of the harm to a woman from abortion, even her death.

Again, such themes resonate with us today in the 21st century. But it was not until the late Middle Ages, that we encounter in *Leges Henrici Primi* the medieval laws concerning abortion. The “Laws of Henry I” written about 1115 AD are the first legal documents in English history, describing the legal customs of medieval England. This invoked the concept of “quickening” (the mother’s awareness of movement of the baby). The word “quick” originally meant “alive” so “quickening” (literally meaning “coming to life”) was interpreted as the time when the soul entered the fetus. The sensation may be felt as early as 14 weeks, but in a first pregnancy 18-20 weeks, and in subsequent pregnancies more commonly 15-17 weeks. Abortion prior to “quickening” was an ecclesiastical offence subject to 3 years of penance. After “quickening” abortion was treated as a “quasi homicide” and was subject to 10 years penance.

In the 13th century Thomas Aquinas, reflecting beliefs similar to Aristotle, wrote about his belief that life in the womb progressed from a vegetable-like unanimated soul, to an animal soul, to an animated rational (human) soul. While not defending abortion at any stage, Aquinas does specify that once the fetus has been animated by ensoulment, it is homicide to kill it. This speaks further to the concept of “quickening” as the moment of ensoulment.

That remained the position of the Catholic Church until 1869 when the ruling was extended to abortion at any stage, reflecting the belief that ensoulment occurs at conception, the belief advanced by Gregory of Nyssa in the 4th century and Maximus the Confessor in the 7th century.

Returning to 13th century English law, Judge Henry de Braxton wrote, “If one strikes a pregnant woman or gives her a poison in order to procure an abortion, if the fetus is already formed or animated (quickened)...he commits homicide.” However, writers in the 16th, 17th, and 18th centuries agreed that, whatever that crime might be, a charge of homicide requires the prior birth of the victim. Furthermore, since abortion was an ecclesiastical crime and proof of the time of “quickening” was difficult, royal courts largely left offenses to the church courts.

Other sex offences such as adultery and fornication also were ecclesiastical crimes dealt with by the church courts during this era. Infanticide, frequently of a bastard child, was not unknown, but was rarely prosecuted in the royal courts, which seems to imply that the church also dealt with such cases. What seems to us to be a heinous act was generally not treated as a homicide at the time. But, there are some surviving documents in which women were given rather difficult penances for infanticide.

Against this background, the first English colony in America was established at Jamestown, Virginia in 1607. In 1620 the Mayflower took the first group of Puritans to America and established what is now Plymouth, Mass. In the 17th and 18th centuries scientific thinkers believed that life started at or even before conception. Thus, abortion was taking a life. Notwithstanding that attitude and frequent reinforcement in religious settings, the use of

abortifacients was common, live births of bastard children were not uncommon, and there are also many recorded cases of infanticide of bastard children.

Much to the shame of the men of that era, both in England and the colonies, as with those men chastised by John Chrysostom in the 4th century, abortion was the practice of prostitutes when birth control methods failed, and the last resort of unmarried women generally age 16-25, vulnerable due to poverty or social situations in which they were controlled by men, abused, abandoned, and helpless.

After the American Revolutionary war formally ended in 1783, the states which were newly formed from British colonies adopted individual sets of laws free of the British common law. Abortion was viewed as socially unacceptable, but was not illegal in most states.

As the 19th century dawned in England, Lord Ellenborough's Act of 1803 made it a capital felony to attempt the abortion of a quickened fetus through the use of poison. Attempt by any means to induce abortion before quickening was a felony punishable by transportation to a penal colony for 14 years. In 1828 attempted abortion after quickening with instruments was made a capital felony.

In 1837 capital punishment was eliminated, but any abortion at any stage was punishable by 3 years imprisonment or transportation for life. In 1861 the maximum punishment was changed to life in prison, and the new law inculcated women who procured or attempted their own abortion. This is still the law, but the Abortion Act of 1967 made an exception when abortion is provided by a licensed medical practitioner and on any of the fairly liberal grounds for abortion permitted under the law.

Anti-abortion statutes in the United States began to appear in the 1820's, first targeting the sale of poisons to women to induce abortion. Yet abortifacients were widely marketed as if for treatment of other conditions. In one remarkable case beginning in the 1830's and for 40 years, an abortionist calling herself "Madame Restell" illicitly provided both abortifacient pills and surgical abortions through locations in New York, Boston, and Philadelphia. It is estimated that 20-25% of all pregnancies in the US ended in abortion in the middle 1800's.

In the United States after 1860 (notwithstanding the Civil War from 1861-1865), progressively stronger anti-abortion laws were passed in many states. This attitude was led by physicians who argued that quickening was only one step in the growth of a baby. The attitude then prevailed that the fetus had life (and thus a soul) at the moment of conception. Interestingly, Catholic Church canon law did not prohibit abortion prior to quickening until 1869 (except for a brief period 1588-1591) after which all abortion was prohibited. But, there remained a distinction between the formed and unformed fetus until the 1917 Code of Canon Law.

Criminalization accelerated in the 1870's with the passage of the Comstock Law in 1873 which prohibited advertising contraception and abortifacients through the mail. There is little information on surgical abortions prior to this era because inserting instruments was extremely

dangerous, so this did not become common until the advent of anesthesia and more sanitary techniques in the late 1800's. The death rate from surgical abortion until then was about 30% and more dangerous than childbirth.

It was against this background that women began to discuss equality with men for educational and economical opportunity and the right to have a voice in political debates. In 1848 Elizabeth Stanton and Lucretia Mott organized the first gathering devoted to women's rights, attended by about 65 women and 35 men. Out of the proceedings came 13 resolutions and a statement that "all men *and women* are created equal," and proclaiming "the sacred right of franchise (right to vote)." In 1850 Susan B. Anthony joined with Stanton (both also slavery abolitionists) to focus on basic economic freedoms for women. Little was accomplished in the turmoil and debate over slavery leading up to the Civil War.

While activists advocated in those areas, most women were opposed to abortion. In 1869 a contributor to a publication operated by Stanton and Anthony, signing only "A," wrote that passing anti-abortion laws would "be only mowing the top off the noxious weed" and that the cause of abortion must also be addressed. "No matter what the motive...the woman is awfully guilty who commits the deed. It will burden her conscience in life, it will burden her soul in death; But oh ! thrice guilty is he who drove her to the desperation which impelled her to the crime." Many women regarded abortion as an undesirable necessity forced upon women by thoughtless men. Marital rape and the seduction of unmarried women were seen as ills of society, and the need to abort was because men did not respect a woman's right to abstinence.

While all of these issues were being discussed, in 1868 the 14th Amendment to the US Constitution affirmed that "all persons born or naturalized in the United States...are citizens," but that the right to vote was granted only to "male citizens twenty-one years of age." In 1870 the 15th Amendment asserted that the "right of citizens...to vote...shall not be denied...on account of race..." But, for the first time women were explicitly excluded from the right to vote.

Thereafter, reformers focused exclusively on the right of women to vote and took the issue to the individual states. Although some states began to give women the right to vote, the cause failed to attract broad support by women or male politicians and was frustrated by "the indifference, the inertia, and the apathy of women..." By 1890, there was much more community activism by women, and Susan B. Anthony eventually led the suffrage movement forward with remarkable dedication and energy, even giving a rousing speech on her 86th birthday shortly before her death in 1906.

As the United States prepared to enter WW1 in 1917, President Wilson asked Congress to pass a voting rights amendment. Suffrage leaders made the case that "making the world safe for democracy" should begin at home by "extending the franchise (right to vote)" to women. However, the "Susan B. Anthony" 19th Amendment did not pass Congress until after the war and was finally ratified in 1920.

All of this is relevant because it was this milieu of women's struggle for educational and economical equality and the right to vote, as well the legality of contraception and abortion, into which Margaret Sanger was born in New York in 1879. She became an advocate for sexual education of women and the importance of birth control, but strongly opposed abortion. In 1914 she began to publish *The Woman Rebel*, and in 1917 she introduced the *Birth Control Review*. In 1921 she established the American Birth Control League, which was renamed Planned Parenthood in 1942. We will look at her life and the history of Planned Parenthood in more detail in Chapter 3.

Liberalization of contraception and abortion laws in the United States began in the 1920's with various states having different laws and restrictions on abortion, generally surrounding the issues of rape, incest, and if the mother's life or "health" was at risk. The existence of so many different laws and failure to define "health" in different states was problematic for the nation.

In contrast, the Soviet Union legalized abortion on request in 1920, officially hoping to provide abortion in a safe environment. However, Stalin wanted to encourage population growth and emphasized the importance of the family unit to the cause of communism. Abortion became illegal again from 1936 until 1955.

While Margaret Sanger was attempting to start a birth control clinic in the United States, Marie Stopes was instrumental in establishing a birth control clinic in England in 1921, and she also firmly opposed abortion. However, some feminists in the birth control movement in England noted that working class women largely used abortion as their form of birth control, and they began to advocate for legalization of abortion. In response to such arguments, British law was modified in 1929 to allow abortion for the purpose of preserving the life of the mother.

Stella Browne also became an advocate for birth control in England, famously advocating that women should have the right to "sexual experience and sexual variety outside conventional marriage." But, in the 1930's she progressively advocated for the "Right to Abortion." Organizations also emerged among socialists and feminists who advocated for liberalization of abortion in such places as Germany, Switzerland, and Austria. But the movement stalled during WW2, and did not come back into the political arena in England until the 1960's, resulting in the Abortion Act of 1967, as noted previously.

In the United States, during the Great Depression of the 1930's, women of every social stratum turned to abortion in increasing numbers, including married women with their first pregnancy. Those more affluent went to doctors, but poorer women, and among these most black women, typically had self-induced abortions or other illegal abortions. Fortunately, most abortions were performed by doctors, with only 9% having complications. Complications were 76% in self-induced and other illegal abortions, often requiring hospitalization.

In view of these numbers, a few doctors began to discuss decriminalizing abortion. However, such notions were roundly rejected by the medical establishment. "Birth controllers" like Margaret Sanger also adamantly rejected abortion the same way Marie Stopes did in England.

A widespread and vocal political movement for legalization of abortion never developed in the United States as it did in Europe.

However, the experiences by so many doctors during the 1930's in treating women who had complications from self-induced or illegal abortions produced more sympathy for doctors to provide abortions legally. And, an increasing demand by women created a cadre of "physician-abortionists." These doctors practiced in almost every city in a legally and medically grey area in which they were legally allowed to perform therapeutic abortions if the woman's life was in danger, while the practice was officially frowned upon.

Over time, such doctors quietly received huge numbers of referrals of women wanting an abortion. Practicing in their private offices where payment was in cash, there was no accountability for whether the procedure was therapeutic or illegal. Women seeking abortion typically cited poverty, excessive child bearing, and illegitimate pregnancy (including teens). Such illegal abortion practices persisted for decades in numbers estimated from 200,000 to 1,200,000 per year, better numbers being impossible due to few records being preserved.

Despite socioeconomic transformations following WW2 in which the burden of homemaking was eased and many jobs became available to women not requiring physical strength, cultural attitudes still reinforced sexual inequalities. In the aftermath of women contributing so much to the war effort...over 600,000 in military positions or nursing and another 6 million in the workforce... an underlying discontent with these inequalities began to surface.

In 1963, Betty Friedan's book *The Feminine Mystique* spoke to these feelings of lack of fulfillment, and women began to organize and lobby for equal pay and relief from discrimination in employment opportunities. In 1966 the National Organization of Women (NOW) was born out of frustration with lack of progress from political lobbying.

The "women's rights movement" and the "sexual revolution" of the 1960's challenged traditional ideas of motherhood and sexual relationships. Birth control methods gave women more control over when or if they would have children. Demands by some NOW members for greater access to contraception and abortion were very divisive for the organization, but a record number of women began to win political office.

At the same time, a number of organizations were formed to mobilize opinions for and against legalization of abortion. In 1963 The Society for Human Abortions provided women with information on how to obtain and perform abortions. Some women's rights activist groups developed their own skills to provide abortions. A Chicago group called "Jane" operated a floating illegal abortion clinic. Women seeking an abortion would call a number to get instructions on how to find "Jane."

In 1967 Colorado became the first state to decriminalize abortion in cases of rape, incest, or if pregnancy would lead to permanent physical disability of the woman. In 1970 Hawaii became the first state to legalize abortion on request, and New York allowed abortion up to 24 weeks.

Similar laws soon followed in Alaska and Washington. By the end of 1972, 13 states had laws similar to Colorado, Mississippi allowed abortions for rape and incest, and Alabama and Massachusetts allowed abortion only if the woman's physical health was endangered.

When the Equal Employment Opportunity Commission (established 1965) finally began to enforce prohibition of sex discrimination in employment, and with the Title IX Amendment to the Higher Education Act of 1972, women's choices in life exploded.

Then, in 1973 the US Supreme Court ruled in *Roe v. Wade* that a law forbidding abortion except to save the mother's life was unconstitutional. Furthermore, the Court held that a woman has the right to "privacy" under the Constitution and that included the right to an abortion. We will revisit the details of this important subject in Chapter 4.

As women experienced options for a career or marriage or both, the accelerating post WW2 trend added stress to family life and the divorce rate rose. The phenomenon of the single, working mother started to become commonplace.

With most of its goals accomplished, NOW turned its effort to passage of the Equal Rights Amendment (ERA) to the Constitution. This would provide that "equality of rights under the law shall not be denied or abridged...on account of sex." The ERA passed Congress in 1972 and needed 38 states to ratify it by 1982.

There ensued a backlash against the amendment by women who did not want total equality with men since that could mean giving up protective legislation such as (at the time) shorter work hours, no night work, and no heavy lifting. Other women voiced concerns for same sex restrooms, same sex marriages, and tax-payer funded abortion. Ratification failed by 3 states.

At the time of this writing there have been more than 60 million abortions in the US since 1973, both surgical abortions and from abortion pills. But since 1980, the total number of abortions annually has been falling. This is partly due to contraception and the use of the "morning after" pill which is available without prescription. However, the "Pro-Choice" movement has been countered by the "Pro-Life" movement so that changing attitudes about abortion and the availability of pregnancy resource centers have also helped women decide life for their baby.

We will return to contemporary issues of avoiding unwanted pregnancy as well as various approaches to abortion in Chapter 7. But first we have to look at the ugly under belly of abortion related to who is fit to reproduce. Then we will explore how Planned Parenthood went from providing health care and contraception to expanding the availability of legal abortion after 1973, eventually becoming the provider for 40% of the nation's abortions.

2

Creating a More Healthy Society

Eugenics, Racism, and Genocide

“Eugenics is the study of how to arrange reproduction within a human population to increase the occurrence of heritable characteristics regarded as desirable.”

“Eugenics is a set of beliefs and practices that aim to improve the genetic quality of a human population by excluding certain genetic groups judged to be inferior and promoting other genetic groups judged to be superior.”

Both statements are similar in essence, yet the reader may find the former not as disturbing as the latter. One troubling thought is the issue of who gets to decide what characteristics are desirable, which groups are superior and which are inferior? The word eugenics evokes connotations of selective breeding, forced sterilization, medical experiments, concentration camps, and mass extermination of “undesirables.”

However, it might be surprising to learn that Plato suggested applying the principles of selective breeding to humans around 400 BC. In Sparta, every child was inspected to determine if the child was fit to live or not. In the early years of ancient Rome, a father was obliged to kill his child if it was physically disabled.

Humans have been using selective breeding of domesticated animals for thousands of years to make them bigger or smaller or more docile or, in the contemporary case of dogs and cats, or cattle and horses, for example, to enhance beauty and other characteristics to produce winners at shows and for sale to produce profits.

The practices applied to human populations arising out of eugenics in the early 20th century have now been discredited, while the horrors perpetrated by the Nazis in WW2 continue to haunt mankind. However, eugenics is not dead, but is seriously discussed in terms of unacceptable “authoritarian eugenics” and the “moral obligation” of “liberal eugenics.” We must understand history in order to determine how best to protect the sanctity of human life so we never allow history to repeat itself.

The term “eugenics” (derived from the Greek *eugenes*, “good in stock...hereditarily endowed with noble qualities”) was invented in 1883 by Francis Galton who was one of those brilliant and astonishingly accomplished men who most of us never heard about. He was a mathematician, statistician, sociologist, psychologist, anthropologist, explorer, geographer, inventor, and more. He authored 340 books and papers. He founded the (fascinating) lexical

hypothesis of personality, a classification system of fingerprints, a scientific approach to meteorology, and while studying heredity, he founded eugenics.

Francis Galton was the half-cousin of Charles Darwin who wrote *On the Origin of Species* in 1859. It was upon reading the first chapter concerning animal breeding for desirable characteristics that Galton was inspired to explore the numerous variations found in aspects of the human population.

In 1869 he wrote that an enduring and resilient civilization “would be one in which...incomes were chiefly derived...not much through inheritance; where every lad had a chance of showing his abilities...where marriage was held in high honor...where the pride of race was encouraged...where the better sort of emigrants and refugees from other lands were invited and welcomed.” And, “...it would be quite practicable to produce a highly gifted race of men by judicious marriages during several consecutive generations.”

In 1883 he wrote that “eugenic questions...are equally applicable to men, brutes, and plants. We greatly want a brief word to express the science of improving stock, which by no means confined to questions of judicious mating, but which, especially in the case of man, takes cognizance of all influences that tend...to give the more suitable races or strains of blood a better chance of prevailing speedily over the less suitable than they otherwise would have had.” He encouraged early marriages between “families of high rank” and advocated supplying “able couples” with incentives to have children.

Eugenics made its first appearance in the US in 1896 through a Connecticut law forbidding marriage of epileptics or those “feeble-minded.” In the early 20th century when the importance of Gregor Mendel’s work in genetics was just beginning to be understood, many people still believed in the earlier proposal of “inheritance of acquired characteristics,” the concept that an organism can pass on to its offspring physical characteristics that the organism acquired during its lifetime.

Although Galton rejected this notion, his ideas for creating a better human stock received a lot of attention and were taken up by scientists and policy makers in countries such as the United States, England, Scandinavia, and Germany. Interestingly, prominent US eugenicists included Alexander Graham Bell and, relevant to our later discussion in Chapter 3, Margaret Sanger.

People fostering eugenics aimed to encourage people in good health to produce children while attempting to reduce human suffering by causing an end to certain diseases and disabilities by discouraging or preventing others from reproducing. Many people believed that conditions in life and behaviors such as being athletic or generous could be passed along to children. Conversely, being poor, alcoholic, or mentally ill could also be passed on. To promote the most desirable attributes and behaviors, communities in the US started to have “Fitter Family Contests” and “Better Baby Contests.” Fortuitously, and as hoped by some, infant mortality declined due to awareness of healthier practices.

In England the eugenics movement, supported by Galton, continued to emphasize selective breeding for positive traits. In contrast, eugenics supporters in the US began to focus on eliminating negative traits.

It is shocking to modern sensibilities that laws were passed in 32 states approving forced sterilization for people such as “feeble-minded, criminalistic (sic), insane, epileptic, inebriate, diseased, blind, deaf, deformed, and dependent” such as “orphans, tramps, homeless, and paupers.” Over 60,000 persons were sterilized in the United States by force or coercion, and 20,000 of those were in California institutions.

Assumptions about race and class ensured that being poor, uneducated, and of a minority population would make one “undesirable.” There was even alarm in some circles when there was a lower birth rate among white Protestant women than there was among Italian and Irish Catholic immigrants. Marriage restrictions, increased racial bias, and limits on immigration were other extensions of the negative aspects of beliefs in eugenics coupled with inheritance of acquired characteristics.

Against this background was WW1 from 1914-1918 with the US in the war from April 1917. About 20 million people died in the war. The Russian Revolution brought Lenin and the Bolsheviks to power in 1917, the Spanish flu from 1918-1919 killed 50-100 million people worldwide, and Germany became a republic in 1919. German eugenicists formed relationships with American counterparts and began to develop programs similar to those in the US. In 1920 the German National Socialist Worker’s Party was formed, later National Socialists, or Nazis.

In the US, people wrote about the socially worthless “subhuman,” “mongrels,” and “vermin.” The president of the American Eugenics Society (Madison Grant) wrote about a Nordic race corrupted by Jews, Negroes, and Slavs, and others not having blond hair and blue eyes. Debates on euthanasia of “defective” persons even discussed use of gas chambers.

Grant also wrote *The Passing of the Great Race*: “Mistaken regard for what are believed to be divine laws and a sentimental belief in the sanctity of human life tend to prevent the elimination of defective infants and the sterilization of such adults as are themselves of no value to the community. The laws of nature call for the obliteration of the unfit, and human life is valuable only when it is of use to the community or race.”

Adolf Hitler wrote *Mein Kampf* in 1925 and drew upon much of what was being written and encoded in law in the US for development and reinforcement of his beliefs. He even wrote a letter thanking Grant for writing *The Passing of the Great Race* which he referred to as his “Bible.”

Hitler wrote in *Mein Kampf*: “The demand that defective people be prevented from propagating equally defective offspring is a demand of clearest reason and, if systematically executed, represents the most humane act of mankind. It will spare millions of unfortunates undeserved sufferings, and consequently will lead to a rising improvement of health as a

whole.” He spoke freely with others about his interest in laws in the US on forced sterilization, racial bias, marriage restrictions, and immigration, and also the debates on euthanasia. *Mein Kampf* expresses racial hatred and concepts of genocide, and questions how much better it would be if “Hebrew corruptors of the nation had been subjected to poisonous gas.”

Note that eugenics was well entrenched worldwide before the rise of Adolf Hitler to Chancellor in 1933. The Nazis then took it to the next level identifying those unfit to live, such as degenerates and dissidents, those who were “feeble minded,” those with epilepsy, schizophrenia, manic-depressive disease, cerebral palsy, muscular dystrophy, deaf, blind, homosexual, idle, insane, weak, etc.

By 1940 this led to the forced sterilization of some 400,000 people and the mass murder of some 300,000 people in the name of euthanasia, “putting them out of their misery.” In addition to euthanasia centers, the Nazis created birth houses to increase the birth of children from extramarital relations of “racially pure and healthy” parents. Ultimately the Nazis undertook to kill 6 million Jews and 4 million other “inferior and undesirable” ethnic groups.

After WW2 ended in 1945, the horror of these events drove eugenics into disfavor. However, forced sterilizations and other aspects of eugenics continued in the US without public discussion. It was not until 1978 that forced sterilization ended by federal law.

In some historical writings the case is made that eugenics only means “good genes” and that it arose out of the “Progressive Era” when a number of beneficial social movements were taking place. That avoided a vitriolic discussion of how racism, classism, and forced sterilization harmed our society, and how discussions of euthanasia for obliteration of the unfit influenced Hitler and German eugenicists to develop the heinous programs in Nazi Germany.

Whereas some write that “old” eugenic programs were “hopelessly wrong,” arguments are also made for the value of “new” (“liberal”) eugenic programs. The principle advanced by modern “liberal eugenics” is that, if potential parents are encouraged to provide the best environment for their children in terms of such things as nutrition, health care, and education, why not encourage potential parents to ensure that their children have good genes. And, advances in science provide “a multitude of possibilities for intervention in the process of reproduction” which are beneficial to society, such as treatment of diseases and the option for “genetic enhancement” of children.

This thought was stimulated by advances in genetic engineering in the 1970’s which resulted in the technology to clone and alter genes. Much good has resulted, including new drugs for previously devastating diseases. But, genetic engineering has also provided the means to eliminate “undesirable” traits within humans and add others.

By the end of the 20th century, developments in genetics and associated pre-implantation genetic diagnosis have provided what some call “a back door to eugenics.” By 2003 it was

being said that modern eugenics is consumer driven and market based “where children are increasingly regarded a made-to-order consumer product.”

Astonishing advances have been made in identifying which genes produce certain conditions and how these can be manipulated. At present it is possible to determine sex and other characteristics and whether certain genetic diseases are present.

Children can be created by *in vitro* fertilization, desirable traits selected, and undesirable children discarded. The extent to which consumers with enough money should be able design their children is being debated right now under the names “germinal choice” and “repro-genetics.” Governments will have to determine what practices are permitted for the “good of society” and how they should be regulated. The track record of results from making such decisions in the past is not good. We will come back to these complex subjects in Chapter 8.

3

The Life Work of Margaret Sanger The Rise of Planned Parenthood

To say that the life and legacy of Margaret Sanger is complicated would properly be labeled a classic understatement. Few people have played such a controversial role in issues of her day which persist into the present and still retain their controversy. Few people have their name linked so firmly beyond their lifetime to practices they adamantly opposed while living.

Born Margaret Higgins in New York in 1879 into an impoverished Irish Catholic home with a devout mother and a father who became an atheist, she spent her early years helping take care of the household and younger children. Her mother had 11 children and 7 miscarriages and died at an early age. This established in Margaret a deep-seated disdain for large families and a belief that women should be limited in the number of children they could have.

Contraception was known and practiced in several ways in the 1800's following the discovery of the human ovum in 1827 and subsequent advances in understanding the process of human reproduction. However, emergence of the "social purity movement" (roughly 1870-1910) as an attempt to outlaw "vice, prostitution, and obscenity" attacked contraception as an immoral practice which promoted prostitution and venereal diseases.

In 1873 the (federal) Comstock Law was passed to prevent "obscene" materials, including information on contraceptive devices and abortifacients, from being transported through the mail. Contraceptives went underground, sold under names such as "marital aids, hygienic devices, rubber goods, and womb supporters."

The first birth control clinic in the world was opened in the Netherlands by a female doctor in 1882, but such a concept in the US was waiting to be discovered. Abortion was mostly by abortifacients until the late 1800's when surgical procedures became available more often. However, abortion was illegal in most states.

Margaret was born into this time when women's activist groups were advocating for equality in economical and educational opportunity and the right to vote, as well as struggling for the legality of contraception and abortion. As she became a young woman age 21 in 1900, Susan B. Anthony was leading the suffrage movement at age 80, but passage of the 19th Amendment was still 20 years away. The concept of eugenics was just being introduced from Britain, and was receiving a lot of attention among scientists and policy makers at that time. Eugenics and a prevalent belief in inheritance of acquired characteristics would also shape her later thinking.

In 1900 she matriculated to nursing school, dropping out to marry a Jewish architect and artist named William Sanger in 1902. Despite her having pulmonary tuberculosis, they had 3 children, but their daughter died as a child. In 1911 the family moved to New York City's Greenwich Village where they began to associate with "leftists, socialists, and anarchists."

Margaret joined a socialist political party, participated in labor strikes, became involved with emerging feminist issues, and worked as a visiting nurse in nearby poor immigrant neighborhoods. During this time she saw poor women with many children, others having miscarriages, and desperate women with complications from attempted self-induced abortions.

During this time Sanger wrote two series of columns for a socialist magazine in which she wrote very frankly about sexuality, gaining both approval and condemnation. But it was illegal to disseminate information about contraception in written form publically. Information on how to prevent unwanted pregnancy was not available to women, and Sanger could find nothing in the public libraries either.

Her interests became focused on making information on contraception and birth control available to these poor women, but the family moved to Paris in 1913 so William could paint. However, she returned to the US without him, and they became estranged. He returned upon the outbreak of WW1, and their divorce was final in 1921. She married Noah Slee in 1922.

In 1914 Sanger launched a series of legal challenges against laws prohibiting information on contraception by publishing *The Woman Rebel* which promoted contraception and popularized the term "birth control." Most issues were blocked by the postal service, but she continued to publish them. She also published a pamphlet entitled *Family Limitation* containing graphic descriptions of various contraception methods. She was finally indicted for violation of postal obscenity laws while publishing *The Woman Rebel*, but left the country for exile in England rather than stand trial.

In England she was exposed to the Malthusian beliefs that population growth in excess of food supply led to poverty, famine, and war which reinforced her imperative for contraception. She also was greatly influenced by Havelock Ellis who promoted both eugenics and human sexuality, causing her to advocate that sex should not only be safer for a woman but pleasurable.

While giving talks on birth control in England, Sanger met Marie Stopes who, in the context of her own failed marriage, was writing *Married Love* about how marriage should work, and they discussed a chapter on contraception. However, they did not like each other. Sanger was a "socialist rebel" who preferred confrontation and civil disobedience. Stopes was a "class conscious eugenicist." After 1920 they were not on speaking terms, and each supported rivals for the other's respective position of leadership in the contraception movement.

While she was in England, federal law enforcement looking for Margaret tricked William into providing a copy of *Family Limitation* to an undercover officer. He was arrested for possession, convicted, and spent 30 days in jail. Charges against Margaret were dropped. When she found that she would not be prosecuted for *The Woman Rebel*, Sanger returned to the US in 1915 where she resumed advocating use of various methods of contraception.

Ever defiant, in October 1916 Sanger opened a birth control clinic in Brooklyn modeled after one she had seen in the Netherlands while in exile, the first of its kind in the US, with help from her sister Ethyl Byrne. Nine days later Sanger was arrested, made bail, and went back to work. The police returned to arrest her and Ethyl. In January 1917 Byrne was convicted and sentenced to 30 days in a workhouse, but she went on a hunger strike, was force fed (another first in the US), and then released after 10 days when Sanger promised that Byrne would not break the law again.

However, Sanger was sentenced to 30 days in a workhouse after she refused to promise not to break the law. The judge held that “women do not have the right to copulate with a feeling of security that there will be no resulting conception.” An initial appeal was denied, but a subsequent appeal reached the New York Court of Appeals in 1918. Sanger’s conviction was not over turned, but the judge ruled that it would be legal for doctors to prescribe contraception, provided it was for a medical reason.

While the case was still in appeals, public opinion and birth control activists rallied support and provided donations to fund her work. In 1917 she began publishing the monthly *Birth Control Review* which she edited until 1929. In 1920 she proposed opening a birth control clinic in London. Learning this, Marie Stopes pressed on with her own plans and opened the first birth control clinic in England in 1921.

In New York in 1921, Sanger started the American Birth Control League (ABCL) to promote the founding of birth control clinics in the US and to educate women. She also targeted politicians to change laws which encouraged “dysgenic breeding,” the perpetuation of defective genes and traits in human reproduction. People with such defects should not be allowed to reproduce.

In 1922 she traveled to China, Korea, and Japan. She subsequently helped establish a family planning clinic in Shanghai and stimulated a feminist to promote birth control in Japan also.

In January 1923 Sanger opened the first legal birth control clinic in the US under the direction of the ABCL. It was called the Clinical Research Bureau (CRB), was for married women only, and had a mission statement for conducting scientific research. It was staffed by (female) doctors in compliance with the judge’s ruling in 1918. When the clinic opened without arrests or controversy, it seemed to indicate that the public had begun to accept the notion.

Sanger viewed discussion of birth control primarily as a freedom of speech issue. She was arrested at least 8 times for publicly speaking about contraception in defiance of the law. Once

threatened with arrest in 1929 if she spoke, she stood silently on stage with a gag in her mouth while her speech was read by someone else.

It was the content of the *Birth Control Review* edited by Sanger 1917-1929 upon which much of Sanger's criticism is based. She had developed the belief shared by many leaders of the day that procreation by "inferior" persons was to be discouraged.

Writing in the *Birth Control Review* in December 1917, Sanger said, "In the history of the race...the weak died early or were killed. Today, however, civilization has brought sympathy, pity, tenderness, and other lofty sentiments which interfere with the law of natural selection. We are now in a state where our charities, our compensation acts, our pensions, hospitals and even our drainage and sanitary equipment all tend to keep alive the sickly and weak, who are allowed to propagate and in turn produce a race of degenerates."

She felt like birth control and eugenics worked together "to assist the race toward the elimination of the unfit." However, Sanger "articulated birth control in terms of racial betterment and...fitness in individual rather than racial terms." She "stressed limiting the number of births to live within one's economic ability to raise and support healthy children." And, she attacked "irresponsible and reckless people" whose religious scruples "prevent their exercising control over their numbers. There is no doubt...that the procreation of this group should be stopped."

Sanger also supported an exclusionary immigration policy, compulsory segregation of some groups, and sterilization for the "profoundly retarded, feeble-minded, the insane and syphilitic." But, "we do not believe that the community could or should send to the lethal chamber the defective progeny resulting from irresponsible and unintelligent breeding." And, whereas she originally supported self-determining motherhood, and that responsibility for birth control should remain with able-minded individual parents, she later wrote that "permits for parenthood shall be issued upon application by city, county, or state authorities to married couples."

She became closely associated with Lothrop Stoddard who was one of the most influential and extreme racist authors of the time, a member of the Ku Klux Klan and Nazi sympathizer. Stoddard wrote a book entitled "The Rising Tide of Color Against White Supremacy" as well as racist articles for the *Birth Control Review* before working with Sanger to found the American Birth Control League (ABCL) in 1921. The Board of Directors for ABCL, including Stoddard, grew directly from the *Birth Control Review*, thus infusing the ABCL with the same racist ideology.

It is thus remarkable that the ABCL founding principles were that "children should be conceived in love, born of the mother's conscious desire, and begotten under conditions which render possible the heritage of health." The detailed purposes and aims announced by Sanger were lofty aspirations of education, research, and political activism, but she also supported forced sterilization of those with "defective" conditions.

The Nazi Party took the term *untermensch* (English: subhuman) from a book by Stoddard in 1922 to reinforce their conceptions of race. Sanger reportedly expressed only “sadness” upon learning about the aggressive and lethal Nazi eugenics programs.

The *Birth Control Review* published articles on racism and white supremacy which she had to approve as editor through 1929. One author wrote that “Sanger quite effortlessly looked the other way when others spouted racist speech. She had no reservations about relying on flawed and overtly racist work to serve her own propaganda needs.”

Yet, she worked with African American leaders who saw a need for birth control in their communities. When asked to open a clinic in Harlem, she obtained funding and opened the clinic staffed by black doctors in 1930. Sanger reportedly did not tolerate bigotry among her staff nor any refusal to work with interracial projects.

Sanger did not edit the *Birth Control Review* after 1929, but in 1938 an article continuing the racist theme was published entitled “Black Folk and Birth Control” in which the author wrote: “On the other hand, the mass of ignorant Negroes still breed carelessly and disastrously, so that the increase among Negroes, even more than the increase among whites, is from that part of the population least intelligent and fit, and least able to raise their children properly.”

In 1926 Sanger took a leave of absence from presidency of ABCL to attend the World Population Conference in Geneva, appointing Eleanor Jones president in her absence. When she returned in 1928 and resumed her post, she found that Jones and the Board had undertaken administrative reforms and changed the focus of accounting and fundraising. Disapproving of some of the changes, but failing to prevail in her arguments with the Board, Sanger resigned as president and left leadership to Jones.

The CRB was then split from direction by ABCL and Sanger took over its leadership and renamed it the Birth Control Clinical Research Bureau (BCCRB). In 1929 Sanger formed an organization to resume lobbying for legislation to remove legal restrictions on contraception. Frustrated with lack of progress, in 1932 she ordered a diaphragm from a doctor in Japan, hoping to provoke a legal confrontation with US law enforcement. The package was seized by the government at customs, and legal processes began.

At length, the court ruled in 1936 that current law could not be used to intercept shipments originating from a doctor. The judge wrote that policies to disallow the use of contraceptives to prevent conception did not make sense when “abortions, which destroy incipient life, may be allowed” and yet contraception would not be allowed which would have prevented the need for such abortions in the first place.

In 1937 the American Medical Association adopted contraception as a normal medical service and encouraged teaching the subject in medical schools. Sanger felt like her goals had largely been accomplished.

In the meantime, Jones led the ABCL 1929-1935 to increase the number of birth control clinics available under the direction of doctors. She also continued to support Malthusian arguments and the principle of inheritance of acquired characteristics. During the Great Depression Jones tied the crisis to the “damaging impact” of a growing population of the “socially unfit.” In 1934 she considered a merger with the American Eugenics Society to which Lothrop Stoddard belonged. This never happened, but she resigned from ABCL in 1935 to pursue a developing interest in euthanasia, a movement having close connections to eugenics, and a concept embraced by the Nazis and widely applied in the late 1930’s.

In the aftermath of the events of 1936 and 1937, negotiations began between the ABCL and the BCCRB to unite and cooperate rather than compete and duplicate services. The merger in January 1939 formed the Birth Control Federation of America (BCFA). Sanger took on a limited role as honorary chairman, serving as an advisor and fund raiser, but she was not closely involved with daily activities or most policy decisions, often opposing the Federation leadership.

In January 1942 leadership of BCFA met and decided to change the name of BCFA to Planned Parenthood Federation of America (PPFA), or “Planned Parenthood.” Sanger opposed the substitution of “family planning” as a euphemism for “birth control.” However, leadership officially believed that “birth control” alienated many people and potential financial supporters.

At the same time, BCFA clearly understood that racist subject matter and support for the negative application of eugenics in the US rapidly fell into disfavor when the horrific Nazi programs of sterilization and euthanasia started to be acknowledged in the late 1930’s, and these developments discredited articles published in the *Birth Control Review* (which closed in January 1940). Eugenics policies advocated by Sanger and Jones during their leadership of the ABCL were no longer advocated publically. The BCFA was vulnerable to such stigmata.

Then, after Germany invaded Poland in September 1939, and then France in May 1940, and when the US entered WW2 in December 1941, it is an unavoidable conclusion that the BCFA wanted to put distance between itself and any connection with the ABCL by January 1942. To this day, Planned Parenthood continues to distance itself from that past connection.

Despite the merger of BCCRB with ABCL to form BCFA in 1939, the BCCRB retained much of its independence and Sanger continued to be involved with its day-to-day affairs. The BCCRB changed its name to the Margret Sanger Research Bureau (MSRB) in 1940. Upon death of her husband in 1943, Sanger withdrew into semi-retirement for awhile. However, before she ended her involvement in 1962, MSRB became the largest combined birth control and fertility center in the world. The MSRB endured financial difficulties during the 1960’s and finally combined its staff with Planned Parenthood of New York City in 1974 at a new location named Margaret Sanger Center. MSRB and PPFA did not perform abortions until after the *Roe v. Wade* decision in 1973.

While still marginally involved with PPFA and actively involved with MSRB, Sanger helped organize the 1948 International Congress on Population and World Resources meeting in

England (the title being reminiscent of Malthusian interests). She suggested formation of the International Committee on Planned Parenthood (ICPP) and is recognized as its founder. The ICPP was composed of 5 member organizations, two of which were PPFA and MSRB. The ICPP collected and disseminated information on fertility, birth control, sex education, and population problems. When the ICPP met in 1952, the name was changed to International Planned Parenthood Federation (IPPF). Sanger served in high level leadership of IPPF until 1960 when she was age 80.

In the meantime, while sex education and birth control was being spread internationally, anti-abortion sentiments within the US were running high, and in 1961 Congress passed the Foreign Assistance Act which prohibited non-governmental organizations receiving Federal funds from using those funds “to pay for the performance of abortions as a method of family planning, or to motivate or coerce any person to practice abortions.”

As the events of the 1950’s were unfolding, Sanger developed renewed interest in the possibility of a “magic pill” to act as a contraceptive. Experiments as early as the 1930’s had advanced some understanding of human reproductive hormones. In 1951 Sanger encouraged additional research into the subject and facilitated funding. In 1960 the FDA approved “Enovid” as the first oral contraceptive pill (OCP, later known as the “birth control pill” or BCP). However, legal action was necessary before the OCP was available to married women in all states in 1965, and it took additional legal action before it was approved for unmarried women in 1972. Then, abortion became legalized in the US in January 1973.

Margaret Sanger lived to see most of her lifelong ambitions accomplished before her death in 1966 at age 86. Her name will forever be linked with racism and eugenics and the consequences for so many Americans, not without ample evidence of her influence. Her defenders say that she was a product of her life experiences and the thought processes of well respected people of her times in the matters of racism, eugenics, and belief in hereditary transmission of characteristics acquired in life.

However, it is ironic that her name is linked so much in the public mind today with abortion. In fact, she consistently and adamantly rejected abortion, and frequently argued that abortion would not be sought by women if they had proper education and access to effective contraception to prevent unwanted pregnancies.

Nevertheless, because her name is so widely known and she is so well respected for her impressive energy and accomplishments, her name is used today to legitimize, encourage, and celebrate a woman’s access to abortion as a means of birth control. And, the case is made by her life story that she would have found this outrageous, shameful, and deplorable.

4

The Story of Norma McCorvey *Roe v. Wade* and the Expansion of Abortion

Norma McCorvey was the legal name of “Jane Roe” in the *Roe v. Wade* case leading essentially to the legalization of abortion in the United States after January 22, 1973. But, understandably, few people know much about her or the legal case or the background to those events which began 50 years ago. Before we can understand where we have arrived today and plot a course for the future, as we will do in Chapter 9, we must understand where we have been.

In Chapter 1 we explored the debate over abortion in the last 2500 years, leading up to abortion laws in England and the American English colonies, and then the independent United States. In 1776, abortion was not socially acceptable, and it was forbidden in Christian religious beliefs, but the use of abortifacients was common.

Contraceptive techniques were quietly practiced, but unwanted pregnancies occurred. Abortion was certainly the practice of prostitutes when contraceptives failed, but also the last resort of unmarried women generally age 16-25 who were vulnerable due to poverty or social situations in which they were controlled by men, abused, abandoned, and helpless.

State laws prohibiting abortifacients and abortion began to appear in the 1820's and became progressively stronger after 1860. Some elements in emerging women's rights movements began to lobby for relief from these laws by the early 20th century. With achievement of the right to vote, more women were elected to public office and others became more motivated.

After the Great Depression and WW2 these movements gained energy. More women entered the workforce and some sought professional careers, for example, as doctors and lawyers. Abortions were still illegal but were increasingly common. As we saw in Chapter 3, Margaret Sanger championed the cause for birth control but opposed abortion, which she said would not be necessary if women had access to education and contraception.

By 1970 there were many states with laws permitting abortion under a variety of different conditions. Encouraged by success in legal challenges in previous decades leading to relaxation of abortion laws and widespread legalization of birth control pills, activists looked for a way to challenge existing abortion laws in the legal system for the purpose of gaining legalization of abortion without restrictions. This was the situation into which Norma McCorvey was drawn with no comprehension at all of the underlying issues or how her life would be changed.

Born Norma Nelson into a troubled home in 1947 Louisiana, much of what we know about her is described in her autobiography, other books she wrote, and contemporary revelations of a public nature. It is not a pretty story. Much of her version of her life story is supported by her contemporaries and documented facts as well as the sincerity of her later life experiences.

Oddly, in her youngest years she remembered going to mass with her mother who was a Roman Catholic, but her father was a Jehovah's Witness. She and her older brother James passed out literature concerning immoral behavior, including abortion, before she even knew what it was. However, her mother was later described as a "verbally and physically abusive alcoholic" and her father abandoned the family when she was age 9.

After moving to Houston, her troubled life took a turn for the worse. At age 10 she stole money from the cash register at a gas station and ran away with a girlfriend to Oklahoma. There they tricked a hotel worker into renting a room. When a maid discovered the girls kissing, they were taken into custody. She was made a ward of the court and sent to a Catholic boarding school in Dallas.

Between ages 11-15 she was sent off and on to the State School for Girls in Gainesville, Texas which she later said were the happiest days of her childhood. She said she committed offences whenever released so she could be sent back. These years were also punctuated by her decision that there is no God. She also claimed that she was sexually abused by a nun, a claim she never retracted in later life. And, she had many girlfriends with whom she began to experiment with her sexuality.

When finally released due to age, she went to live with her mother's male cousin. There she said that she was raped every night for 3 weeks. When she told her mother and the cousin was confronted, the man denied it and Norma felt like her mother did not believe her.

Back at home with her mother, she got a job at a burger place and met Elwood "Woody" McCorvey. In 1963 when she was age 16, they were married and moved to California. But, when Woody found out she was pregnant, he began to physically abuse her, so she left him and returned to live with her mother in Dallas. At age 18 she gave birth to her daughter Melissa.

Norma then began a behavior of drunkenness and abuse of drugs and spending her nights in lesbian bars in Dallas. Her mother was largely left to care for the baby and became increasingly angry with Norma. After a weekend trip away from home, her mother hid the baby, told police she had abandoned the child, and then had Norma removed from the home.

After 3 months, her mother let her visit Melissa, and Norma eventually moved back home. One day her mother presented Norma with some "insurance papers" to sign. After signing them, Norma was informed that they were adoption papers giving her mother custody of Melissa. Norma was once again thrown out of the house.

Norma worked at such dead end jobs as a cleaning woman, a carnival worker, and a waitress. At night she continued to drink heavily and visit lesbian bars, and she entered into a serious relationship with another woman. However, she also had an affair with a man who fathered her second child at age 19, which she put up for adoption.

Tragically, she then entered into a period of drunkenness and heavy abuse of drugs including hallucinogens. Then, in 1969 at age 22, she found herself pregnant again. She did not want to have another child and decided to have an abortion. Friends (wrongly) advised her that she could get a legal abortion in Texas if the pregnancy was conceived by rape. Therefore, she reported to police that she had been raped by 3 men and a woman.

The case could not be pursued for lack of evidence, but in 1987 she admitted to Carl Rowan in an interview for a public television special called "Searching for Justice" that the story was fabricated because she was "desperate." In any case, Texas law did not permit abortion except to save the life of the mother. She then found out where she could get an illegal abortion, but the location had been closed by police.

With abortion apparently not available to her, her doctor Richard Lane referred her to a lawyer Henry McCluskey to discuss adoption proceedings, and she agreed to go. When McCluskey saw her anger over the legal barriers and that she still wanted an abortion, he referred her to two ambitious lawyers Linda Coffee and Sarah Weddington who were looking for pregnant women seeking abortion in hopes of finding a plaintiff to challenge the Texas law.

In February 1970 she met with Coffee and Weddington, telling them that the pregnancy, now in month 5-6, resulted from rape and that she was unable to get an abortion. Years later she said that she signed papers which she did not read, and that she had no idea what the legal ramifications of the case would be. She just wanted to get a quick and safe abortion. Four months later she gave birth and surrendered the baby to adoption.

The legal case was styled *Jane Roe, et al. vs. Henry Wade, District Attorney of Dallas County*. The name "Jane Roe" is said to have been invented as a way to preserve the anonymity of the client, similar to the name "John Doe." Whereas the names "Jane Doe" and "Jane Roe" have been used in a similar manner for that purpose, one cannot escape the proposition that her lawyers cleverly adopted the name out of a history of which they were undoubtedly aware.

In Chicago in the 1960's, a group calling themselves "Jane" (or the Jane Collective) operated illegal abortion services, and women seeking abortion would call a number and be told where they could find "Jane." And, while championing birth control in England, Marie Stopes married her second husband Humphrey Verdon Roe. Hence, "Jane Roe" also carried a hidden meaning for those women advocating unlimited access to contraception and abortion at the time.

Norma later stated that she had little contact with her lawyers. In fact, she never went to court, never was asked to testify, and was uninvolved with the legal proceedings. She also said later that she was just a "pawn" in a plan that she knew nothing about and did not understand.

In June 1970 a three-judge panel of the District Court ruled the Texas abortion law unconstitutional because it violated a woman's right to privacy found in the Ninth Amendment. In addition, the panel relied upon a 1965 Supreme Court decision in *Griswold v. Connecticut* that the First, Third, Fourth, and Ninth Amendments create a right to privacy in marital relations and that the state could make no law prohibiting couples from receiving counseling about contraception. In 1972 the ruling was extended to unmarried couples by the decision in *Eisenstadt v. Baird*. Since the District Court declined to grant an injunction against enforcement of the existing Texas law, Weddington appealed the case to the Supreme Court.

However, in legal terms, the case was "moot" because the pregnancy had terminated with delivery of the baby. And, the Supreme Court decided that the plaintiff had no "standing" in the case to assert the rights of other pregnant women, so that any decision in the case would constitute only an advisory opinion. But, the Court further decided that the case fell under an exception to the rule which allowed the Court to consider the case because the issue was "capable of repetition." That is, future cases of a similar nature could arise but a pregnancy would terminate naturally before any legal process would conclude.

The history of how the *Roe v. Wade* case was considered and argued before the Supreme Court is wrapped up in a complex history of other rulings that the Supreme Court deemed necessary to be settled before the *Roe v. Wade* case could be considered, a Court ruling prior to considering *Roe v. Wade* that upheld a District of Columbia law restricting abortion, the presence before the Court of the similar case of *Doe v. Bolton* concerning restrictions on abortion in a Georgia law, the retirements of two Justices just before arguments in *Roe v. Wade* were scheduled to begin, and consequences from the first round of arguments in *Roe v. Wade* proceeding before the two new Justices (William Rehnquist and Lewis Powell, Jr.) were installed.

After settling those preliminary cases and other issues, the Court voted to hear *Roe v. Wade*, and arguments were originally scheduled to begin before the full Court on December 13, 1971. As noted above, there was a delay after two Justices announced retirement and the Court discussed whether to proceed. The decision to proceed with hearing the case ultimately resulted in the Court deciding in May 1972 to hear the first round of arguments again after the two new Justices were in place. There ensued a good bit of intrigue and discussion between "liberal" and "conservative" Justices over how to decide the case.

However, before recessing for the summer of 1972 it was generally felt among the Justices that the abortion laws in Texas and Georgia should be struck down, but on varying grounds. Chief Justice Warren Burger asked Justice Blackmun to write the Court's opinion in the case, and he had started drafting the document before the court recessed. Over the summer of 1972 he continued to work on the opinions and spent a week researching the history of abortion at the Mayo Clinic where he had worked in the 1950's.

When *Roe v. Wade* was reargued before the full Court in October 1972, it was with a replacement of the prior Texas Assistant Attorney General with a new attorney. After the Court heard the second round of arguments, the new Justice Powell agreed with earlier opinions that

the Texas law should be struck down, and suggested the decision on grounds of privacy. He also pushed for *Roe* to be the lead case of the two cases to be decided, with *Doe* to be decided basically the same way. Justice White and Justice Rehnquist dissented in the decision.

Before concluding the details of the decision to be rendered in writing, the Justices discussed and debated the trimester framework of pregnancy at great length, as well as the issues of when life begins and when a fetus becomes a person protected by the Constitution.

Justices Powell and Marshall suggested that the point at which the state could intervene in a pregnancy be placed at viability. Justice Douglas promoted the first trimester line. Justice Stewart wanted more flexibility for the state legislatures to decide the issue. Justice Blackmun wrote to the others, "You will observe that I have concluded that the end of the first trimester is critical. This is arbitrary, but perhaps any other selected point, such as quickening or viability, is equally arbitrary." Seven Justices eventually agreed with the decision written by Blackmun.

On January 22, 1973, the Supreme Court issued its decision by a 7-2 vote in favor of "Jane Roe." The opinion started with a review of the legal status of abortion from Roman law to English and American common law, as well as the development of technology applied to medical procedures used for abortion.

The Court then introduced the Constitutional "right of privacy" established by earlier rulings concerning childbearing and contraception:

"This right of privacy, whether it be founded in the Fourteenth Amendment's concept of personal liberty and restrictions upon state action, as we feel it is, or...in the Ninth Amendment's reservation of rights to the people, is broad enough to encompass a woman's decision whether or not to terminate her pregnancy."

Furthermore, outlawing abortion would infringe upon a woman's right to privacy because having unwanted children "may force upon the woman a distressful life and future," cause psychological harm, tax the mother's physical and mental health, and cause "distress, for all concerned, associated with the unwanted child."

However, as much as people think they know about *Roe v. Wade* leading to the "legalization of abortion," it is little known that the Court rejected the notion that a pregnant woman had an absolute right to abort her pregnancy (as those promoting the case had hoped). Instead, the Court found that there are two compelling government interests that permit states to impose limitations on the right to abortion: protecting the health of the mother, and protecting the life of the fetus.

In the latter case, the state of Texas argued that life begins at conception and as such a fetus is a "person" with the legal and Constitutional right to life. But, the Court held that there is nothing in the Constitution where the use of the word "person" is meant to include fetuses:

“We need not resolve the difficult question of when life begins. When those trained in the respective disciplines of medicine, philosophy, and theology are unable to arrive at consensus, the judiciary, in this point in the development of man’s knowledge, is not in a position to speculate as to the answer.”

Rather, the Court decided to comment further within the framework of the three trimesters of pregnancy. In the first trimester the Court ruled that abortion was safer than childbirth and that the state could place no restriction on a woman’s ability to choose abortion other than minimal medical standards. From the second trimester on the Court ruled that increasing risks to the mother’s health gave the state an interest in which it could enact regulations reasonable and “narrowly tailored” for protecting a mother’s health. In the third trimester, when the science of the day normally considered a fetus to become “viable” outside the womb, the Court ruled that the state had a compelling interest in protecting prenatal life, and could legally prohibit all abortions except where necessary to protect the mother’s life or health.

Thus, the Court concluded that the abortion statutes of Texas were unconstitutional because there was no exception to criminalizing abortion except to preserve the life of the mother, without regard to the stage of pregnancy and without recognition of the other interests involved, citing the Due Process Clause of the Fourteenth Amendment.

Other Justices elaborated with concurring opinions. Justice Stewart wrote that even though the Constitution makes no mention of abortion, the Court’s decision was a permissible interpretation of the Due Process Clause because the protection of liberty extends to protection of certain fundamental rights. Justice Douglas wrote that the Court was correct to decide that the choice of whether to have an abortion is a fundamental right, but thought it better to cite the Ninth Amendment, which states that if a right of the people is not specifically enumerated in the Constitution, it does not mean that the people do not possess it. Chief Justice Burger wrote that he thought it would be permissible to require two physicians to certify an abortion before it could be performed.

In his dissenting opinion of *Roe*, Justice Rehnquist wrote:

“To reach its result, the Court necessarily has had to find within the scope of the Fourteenth Amendment a right that was apparently completely unknown to the drafters of the Amendment. By the time of the adoption of the Fourteenth Amendment in 1868, there were at least 36 laws enacted by state or territorial legislatures limiting abortion” thus evidence that “the states saw no such right to abortion within the Fourteenth Amendment.”

In the case of *Doe v. Bolton* the Court found at the same time similarly to *Roe v. Wade* with Justice Blackmun authoring that opinion also. However, in this case the Court defined the mother’s “health”:

“...the medical judgment (that an abortion is necessary) may be exercised in the light of all factors—physical, emotional, psychological, familial, and the woman’s age...”

Obviously, the “necessity” for abortion could be decided upon the most whimsical of claims regarding an adverse consequence for the mother at any stage of pregnancy up to the moment of live birth. In modern times we might be shocked to hear discussion of whether we should allow an unwanted baby to die if it is born alive, as sometimes has happened after an attempted late term abortion. We will return to these issues in Chapter 7.

In his dissenting opinion in the two cases, Justice White wrote that the Court had no business deciding between the competing interests of pregnant women and unborn children. He believed that the issue should be left to the people in their individual states:

“I find nothing in the language or history of the Constitution to support the Court’s judgment. The Court simply fashions and announces a new Constitutional right for pregnant women...with scarcely any reason or authority for its action...the people and legislatures of the 50 states are constitutionally disempowered” to weigh the interests of the mother versus those of the developing fetus.

Norma McCorvey learned of the Supreme Court decision in the newspaper. But, while “Jane Roe” became an icon for supporters of abortion, she continued to live in obscurity in Dallas with Connie Gonzalez the woman who would be her partner for 35 years. However, those who supported liberal access to abortion immediately seized upon the opportunity to turn the procedure into a money making enterprise. Planned Parenthood led the way in beginning to do abortions and eventually established clinics throughout the states and now performs 40% of all abortions in the United States. At the same time, the public, politicians, and religious organizations increasingly began to polarize into Pro-Life and Pro-Choice factions.

McCorvey remained anonymous to the public until 1980 when she gave an interview to a Dallas reporter and admitted to being “Jane Roe” and said that she wanted an abortion because she was unemployable and depressed and did not want a child. By then she had complex motivations for breaking her anonymity....she was tired of menial jobs, she was mentally coming to grips with being “Jane Roe” and the anonymous poster girl for women’s right to an abortion, and she saw approval for herself if she joined with other women in political activism.

She began to participate in meetings, marches, rallies, and interviews in which she received much recognition and was widely celebrated. She was well coached in her choice of words, but in 1983 she said in another interview that she wanted the abortion because the pregnancy resulted from rape. However, in 1987 she admitted in a television interview with Carl Rowan that the claim was a lie that she used in 1970 to try to get the abortion. When her daughter Melissa (who was raised by McCorvey’s mother) became pregnant, McCorvey recommended that she have an abortion. Later in life she was very glad that her daughter did not do so.

In the 1980’s and early 1990’s she gave hundreds of talks, worked in women’s (abortion) centers in Texas and California, and organized a Jane Roe Foundation. However, she was also denounced by people in the Pro-Life camp, called “baby killer” and spat upon, and she received

death threats. In 1989, while preparing to attend a Pro-Choice rally in Washington, there were 3 shotgun blasts fired at her home at 4:45 am, shattering glass in her home and car.

While shaken, she was undeterred in her plan to support the Pro-Choice activism in which she had become a central figure. However, she was a simple and poorly educated person who failed to rise out of poverty despite the attention she received and her book deals. She began to develop resentment towards the leaders of the feminist movement who were well dressed, highly educated, and wealthy women that she had little in common with.

At the same time, the leadership realized that Norma was not the ideal person to put out front for public relations purposes. And, she began to feel rejected because of her lesbian lifestyle, her low socioeconomic status, her embarrassing lie about becoming pregnant from rape, her abrasive behavior, frumpy appearance, and her episodic drunkenness and use of drugs.

In 1982 Pennsylvania passed the Abortion Control Act which pushed against the boundaries imposed in *Roe v. Wade*. In 1992 the Supreme Court decided to review the *Roe v. Wade* decision by taking the Pennsylvania case styled *Planned Parenthood v. Casey*. The details are beyond the scope of this writing, but the Court reaffirmed the decisions in *Roe* while also allowing states to regulate abortion in the first trimester to protect the woman's health, finding also that advances in medical science could make a fetus "viable" before the third trimester, that a 24-hour waiting period for an abortion was not an "undue burden," and that the state could require parental consent for a minor. While not as famous as *Roe*, the decision in *Casey* was very important to the future construction of laws in other states seeking more control over abortion, and the decision remains equally controversial.

By 1992 Norma and Connie were living together only as friends and housemates. Norma was working in a North Dallas abortion clinic called A Choice for Women. She and co-workers began to express open resentment for each other, and Norma was having serious reservations about abortion and how it was being so strongly advocated. According to McCorvey, the clinic staff had to do enough abortions every weekend to meet a \$40,000 quota. She was sent home from work one day for asking a woman if she really wanted to have an abortion. She described how she was angry and got drunk, then gathered all of her pro-abortion literature and memorabilia and burned it. She continued to use a variety of illegal drugs at least through 1994.

In 1994 she published her autobiography *I Am Roe*. At a book signing event, a number of protestors showed up, lead by Rev. Phillip Benham the Director of the Pro-Life Christian advocacy group Operation Rescue. Benham yelled at her that she was "responsible for the deaths of 33 million children." He later said that she "hated" him and Operation Rescue.

When Benham opened an Operation Rescue office across the street from the abortion clinic, Norma had altercations with him. In March of 1995, Benham provocatively moved Operation Rescue into an empty office space next door to the abortion clinic. As Norma and Benham exchanged comments with one another, over a couple of months her hostile attitude toward Pro-Lifers diminished and she started to visit him during work breaks. They talked about their

lives, Christianity, and abortion, and they became friends. She also formed a special friendship with two young girls who were daughters of the Operation Rescue staff. She later said, "I didn't know how to react to the kindness and love that all these people and the children were showing me."

In her second book *Won By Love* which was published in 1997, she wrote:

"I was sitting in O.R.'s office when I noted a fetal development poster. The progression was so obvious, the eyes were so sweet. It hurt my head just looking at them. I ran outside and finally, it dawned on me. 'Norma', I said to myself, 'they're right.' I had worked with pregnant women for years. I had been through 3 pregnancies and deliveries myself. I should have known. Yet something in that poster made me lose my breath. I kept seeing the picture of that tiny, 10-week-old embryo, and I said to myself, that's a baby! It's as if blinders just fell off my eyes and I suddenly understood the truth—that's a baby! I felt crushed under the truth of this revelation. I had to face up to the awful reality. Abortion was not about 'products of conception.' It wasn't about 'missed periods.' It was about children being killed in their mothers' wombs."

In July 1995, Norma went to church with her friends from Operation Rescue and "accepted Jesus into her heart." "It was just like a big squish," she said. "It was incredible. I felt all warm inside." On August 8 Benham baptized her in front of network television cameras. Norma repented of her sins, denounced abortion, and announced that she no longer identified as lesbian, and she substantially changed her behavior. The more sordid parts of her past became a story of redemption and God's forgiveness. A reporter who had got to know her said that after Norma announced her baptism she quit smoking, no longer exhibited her brash behavior and colorful language, and no longer wore heavy metal jewelry and did not display her tattoos.

But her journey of faith was not complete. She said in a later interview: "After my baptism, my friend Connie Gonzalez and I would worship regularly at Hillcrest Baptist Church on three Sundays out of the month. There was one Sunday, though, that we called 'God's Sunday,' on which we would go to Catholic Mass."

She continued to live with Gonzalez who was 20 years her senior in a platonic relationship until Gonzalez had a stroke in 2005 and was incapacitated and in need of constant care by others.

She loved the Catholic Mass, but she knew she could not take Communion, and she was content with that for awhile. Then she met Fr. Frank Pavone, the director of Priests for Life, on the way to an Operation Rescue rally. She asked him questions, and he put her in contact with people who led her through a lengthy formation process after which she was finally accepted into the Catholic Church on August 17, 1998.

After her Confirmation mass she recalled what she felt during the Liturgy of the Eucharist:

"...Jesus was...allowing us to join our lives, our suffering, to his. This was and is the sacrifice that saves the world, that conquers the power of death, and destroys the power of abortion. There

and then I could place in the chalice all the tears I had ever shed over all the aborted babies, all the shame I ever felt from having worked in an abortion clinic and having been a poster girl for the pro-death movement.”

Norma vowed to spend the rest of her life fighting to overturn *Roe v. Wade*. Evidently, she was not aware of, or did not comprehend, the significance of the Supreme Court decisions in *Doe* and *Casey*. She testified against *Roe* before Congress in 1998 without mentioning *Doe* or *Casey*. In the next few years, Norma led many protests, spoke against legalization of abortion, and advocated that *Roe v. Wade* be overturned. In 2004 she sought to have the Supreme Court reconsider *Roe v. Wade*, asking that the decision be overturned based upon new evidence of the harm caused to women. She testified similarly before the Senate Judiciary Committee in June 2005, but the Supreme Court declined that year to hear the case.

Interestingly, Sandra Cano (“Mary Doe” in *Doe v. Bolton*) claimed after the Court decision was announced in the *Doe* case that she was Pro-Life and that her attorney lied to her to get her to sign papers to start the litigation. In 2003 she filed a motion to re-open the case saying that she was not aware of the original case and would not have supported it. That petition was also denied by the Supreme Court.

In 2009 McCorvey dumped a box of tiny pink plastic fetuses on a table in the offices of Speaker of the House Nancy Pelosi. In May 2009 she was arrested along with 300 other anti-abortion protesters for trespassing at a Commencement address by President Barack Obama at the University of Notre Dame. In July of 2009 she was arrested for protesting at the Supreme Court nomination hearing of Sonia Sotomayor.

Activism of that nature seemed not to produce meaningful results. But, the 1992 decision in *Casey* by a more “conservative” Court, while reaffirming the arguments in *Roe*, also expanded the states’ right to impose more regulations of abortion (within limits), and that encouraged activists at the state level. In 2012 a record of over 1100 statutes were proposed in the 50 states regarding reproductive health and rights-related issues. By the end of the year, 135 of these became laws in 36 states.

Notwithstanding the decision in *Casey* nearly 20 years after *Roe*, there are those who steadfastly advocate that *Roe v. Wade* should be overturned. The question is properly raised as to what would be necessary for the Supreme Court to hear a case in which there could be a more favorable ruling for those against abortion than was achieved in *Roe* and *Casey*.

For one thing, the ruling in *Roe v. Wade*, as we have seen, was not a simple yes or no, but was a cluster of findings. In ruling in that case, the Court cited precedent cases and discussed their interpretation of what the Constitution says about the “right to privacy” and the concept of “personal liberty.” They also discussed the issue of who is a “person” having right to life under the Constitution, deciding that the Constitution does not include a fetus in that definition. In more recent years, defenders of abortion also cite the “involuntary servitude” clause in the

Thirteenth Amendment to mean that a woman cannot be forced by the state to give birth to a child resulting from an unwanted pregnancy.

Also salient to the Court's decision in 1973 was the observation that there is no agreement among religious authorities or philosophers on when life starts. In Chapter 1 we saw how the assertion of life beginning at conception emerged first in the 4th century, but that the concept of life and ensoulment happening at the moment of conception was not adopted by the Catholic Church until 1869.

Even in the 21st century there are religious factions armed with modern scientific knowledge that still support at least limited legal access to abortion. And, there are many influential individuals and authorities who have no regard for the question of when life begins, deny the existence of God and a human soul, and endorse abortion on demand. Others observe that abortion has been a part of society as long as women have been getting pregnant, and that anti-abortion laws have never prevented illegal abortions. Since there is no clear path by which all of those barriers could be overcome, and in the aftermath of *Casey*, activism began to shift toward an ongoing effort to protect life at a different level.

While decrying *Roe v. Wade* remains a focal point in the Pro-Life movement, efforts in the last 30 years have attempted to change the hearts and minds of the public in order to take advantage of the decision in *Casey* to modify state laws. At the same time, Pro-Life activists try to penetrate communities with education and information for women at risk for abortion and offer alternatives and resources and every kind of support in hope that abortion is the very last thing a woman thinks about doing. We will come back to that discussion in Chapter 9.

In 2013 McCorvey, then age 65, made a cameo appearance in the movie *Doonby*. The main character got off a bus in a small town and seemed to be in the right place at the right time to prevent bad things from happening and to have a positive impact on everyone whose life he touched. It is described as having a very strong Christian, moral, anti-abortion world view with references to God and Faith. The movie received much attention from activists due to its Pro-Life theme and was approved for viewing by the Vatican.

At this time in her life, McCorvey should have realized that reaching out directly to people in the communities where they live would be the only way to save women from the terrible decision to have an abortion.

As her health began to fail, she relocated to an assisted living facility in Katy, Texas where she passed away from heart failure February 18, 2017. In her autobiography she wrote, "I wasn't the wrong person to become Jane Roe, I wasn't the right person to become Jane Roe. I was just the person who became Jane Roe."

Fr. Pavone, in a statement, called her a friend for more than 20 years and said, "She was victimized and exploited by abortion ideologues when she was a young woman, but she came to be genuinely sorry that a decision named after her has led to the deaths [by then] of more than 58 million children. Norma's conversion to Christianity, then to Catholicism, was sincere, and I was honored to be a part of that journey."

5

Perspectives on Abortion in the United States

This has been the most difficult chapter to write. Many legitimate studies have been done over the years, sometimes in other countries, frequently using different techniques, having different patient entry criteria, and with different goals for the research. Various groups have seized upon such research for their own purposes...often drawing conclusions in their abbreviated pronouncements which are not totally correct, out of context, and not intended by the original authors, or they advance conclusions which have been refuted later by a rigorously scientific approach. Such unscrupulous behavior must be condemned because it is not possible to move society in the direction for the greatest good for all unless we face reality objectively.

Therefore, before I proceed, it is necessary to explain to the reader why the information herein should be considered reliable for decision making. In trying to understand abortion utilization in the United States, which women get an abortion, why they get an abortion, and the impact on a woman's physical and mental health, as well as the effect on society as a whole, and in order to present the most clear and correct information, I have reviewed not only the legion of misinformation but several original research documents.

Happily, results can be presented at this time without confusion by earlier studies less well done and with imprecise goals which has led some parties to willful dissemination of incorrect interpretation. Unfortunately, this also requires a rather wordy explanation at several points.

Some of the best data comes from the Guttmacher Institute, a research and policy institute in New York which has been tracking abortion data for 50 years. They are straightforward in pronouncing their support for abortion and state that "the institute strives to paint a more comprehensive picture of met and unmet reproductive health needs in the United States, especially among disadvantaged groups."

Notwithstanding their overt position favoring abortion, they present good data which is compiled from reliable sources such as the US population demographics and the CDC, and then add to that their own polling of doctors and abortion facilities to obtain data from such sources which are not reflected in that from the CDC. As an example, not all states are required to report all the same data to the CDC, and various states have different internal reporting criteria which leave the data incomplete in several metrics.

Guttmacher gains credibility in how they collect and report data by explaining their methods, exclusions, and assumptions, and one can see over time how they have changed their methods in order to obtain data in certain metrics not studied previously. As will be shown, a complete set of all desirable data has not been collected annually, there not being a reason to do so. One finds, for example, comparisons of data from 2008, 2014, 2017, and 2019 with different metrics in places. And, over time new interests have emerged.

I have also been able to find some recent studies in rigorous scientific detail which settle issues which have long been disputed based on limited information and deliberate misinformation. These are publically available to anyone wishing to read them, but the purposes of this document do not include documentation of all the resources used. I believe that the necessity to relate the numerical data below in order to support conclusions will be quite enough for most readers, and more than enough for many.

As of 2017, there were 808 clinics doing abortions in the US (not including hospitals), 30% were only doing medical abortions. This represents a 2% increase from 2014, but the increase was in the northeast and western states with a decline in the mid west and south. As of 2016, 65.4% of abortions were up to 8 weeks, 22.9% 8-12 weeks, and thus 88.3 % were up to 12 weeks (1st trimester). 10.4% were 13-20 weeks, and 1.3% were beyond 20 weeks into the pregnancy.

At this point we digress to discuss the Supreme Court decision in *Roe v. Wade* and the issue of fetal viability. It may be recalled that the Court ruled 2nd trimester abortions could only be restricted by the states if the mother's health is endangered (and "health" was defined broadly in the *Doe* decision). After the "2nd trimester" (undefined), the states could prohibit abortion.

An up to date scholarly article has reported that a baby at 23 weeks has only a 10% chance of survival and is likely to be handicapped, but recommends that ICU be offered "optionally" for a prematurely delivered baby at 23-24 weeks. At 24 weeks the child has a 50% chance of survival, and ICU "should" be provided.

In 2013 the House passed the Pain Capable Unborn Child Protection Act which was passed again in 2015 and 2017 and 2019. The Senate bill was subjected to filibuster and, while voted three times to pass by a majority, the last time on February 25, 2020, it failed again to reach the 60 votes needed for cloture. The bill would make it a crime to perform an abortion after 20 weeks, the point at which the baby can feel pain. Note that this could lead to a revisiting of the Supreme Court decision in *Roe* which protected 2nd trimester abortion (with limitations), thus affecting 1.3% of all abortions which are done beyond 20 weeks.

In 2017, 18% of pregnancies in the United States (862,320) ended in induced abortion, down 7% from 2014. This represents 13.5 per 1000 women ages 15-44. In 1973, the rate was 16.3 per 1000, and in 1980 it peaked at 29.3 per 1000. Thus, the abortion rate is down 56% from 1980 and falling every year since then, and even 17% below the abortion rate in 1973, the year when *Roe v. Wade* was decided. Nevertheless, it is still estimated that 24% of women aged 15-44 will have an abortion during their lifetime.

In the rest of this chapter we will discuss the socioeconomics of women who have an abortion, why they resort to that decision, and to what extent the procedure affects a woman's health when compared to women who have not had an abortion. This involves a lot of numbers, a fact for which there can be no apology, because we need this information in order for society to determine how to create circumstances in which women need not experience the distress and pressures which make them feel they have no choice but to have an abortion.

The Guttmacher Institute 5th National Survey in 2014 is a rich source of socioeconomics, and comparison with less complete data derived from other sources is similar. Therefore, the Guttmacher data is used below.

For women who had an abortion....

Age: under age 15 (0.2%), 15-17 (3%), 18-19 (8%), 20-24 (34%), 25-29 (27%), 30-34 (15.9), 35-39 (9.1%), 40 + (3.1%).....thus, 61% in their 20's, 25% in their 30's

Race: 39% white, 28% black, 25% Hispanic, Asian 6%, other groups 3%

Religion: 17% "mainline" Protestant, 13% "evangelical" Protestant, 24% Catholic, 38% none, 8% other

Sexual orientation: 94% heterosexual, 4% bisexual, 0.3% homosexual, 1% "something else"

Having had prior live birth: 59%

Economical status: 49% less than federal poverty level of \$15,730 for family of 2, or poverty level of \$29, 820 for family of 4
26% up to twice the poverty level... \$31,460...for family of 2

Place of birth: 16% outside the US (matching the 17% of population born outside the US)

Use of contraception: 51% (24% condoms, 13% birth control pills, rest "other")

Education: 8.9% less than high school, 27% high school, 40.9% some college or Associate in Arts degree, 23.1% college graduate

Marital Status: 14.3% married, 31.0% cohabiting, 45.9% never married and not cohabiting, 8.8% previously married and not cohabiting

Using the majority groups above, the typical woman who has an abortion is:

A 22 year old white woman, heterosexual, never married and not cohabiting, who has a previous live birth and thus a baby to care for, living below the poverty level, having no religious affiliation, having some college education—maybe an AA, and using some ineffective form of contraception.

So, a young unmarried woman who is not grounded in religious beliefs, who has already had one live birth, has some education beyond high school (but perhaps working at a low paying dead end job), living in poverty and barely getting by, finds out that she is pregnant.

42% of women with an unintended pregnancy choose abortion.

One can imagine the emotional distress that an unwanted pregnancy would cause under the circumstances cited above. And, when polled, 90% of women gave multiple reasons for having an abortion and typically an average of 4 of the below.

74% Having a child would dramatically change my life because:

- 38% It would interfere with my education
- 38% It would interfere with my job/employment/career
- 32% I already have children or other dependents

73% I can't afford a baby right now because:

- 42% I am unmarried
- 34% I am a student or planning to study
- 28% I can't afford a baby and childcare
- 23% I can't afford the basic needs of life
- 22% I am unemployed
- 21% I can't leave my job to care for a baby
- 19% I would have to find a new place to live
- 14% I don't have enough support from my husband/partner
- 12% My husband/partner is unemployed
- 8% I am on Welfare or other public assistance

48% I don't want to be a single mom...having relationship problems:

- 19% I am unsure of my relationship
- 12% My partner and I can't or do not want to get married
- 11% My marriage/relationship may break up soon
- 11% I am not in a relationship now
- 2% My husband/partner is abusive to me or children

38% I have completed my childbearing years

32% I am not ready for another child

25% I do not want people to know I have had sex and got pregnant

22% I do not feel mature enough to raise a child

14% My husband/partner wanted me to have an abortion

13% I think there are problems possibly affecting the health of the fetus

12% I have physical problems with my health

6% My parents wanted me to have an abortion

1% The pregnancy happened because I was raped

.05% The pregnancy was a result of incest

From the above, one can see that youth, poverty, duties to a child or job or education (or more than one of these), and lack of support in marriage or a committed relationship (or from family) are some of the biggest problems when an unwanted pregnancy occurs. Resources to help women are not the same everywhere in the country, and women typically do not know how much help they can get to deal with their circumstances and choose life for their baby.

We will now look at the safety issues surrounding abortion. This section is provided for those with interest, but the subject requires introducing medical terms that some people may not care to read, and the subject is complicated due to so many variables in the procedures and the timing of procedures. I will try to simplify the discussion somewhat, but after justification of conclusions with data, I will provide a “**Bottom Line,**” and some readers may wish to skip to that point at this time.

As with topics previously introduced, there is much information and misinformation on this subject. Some states require abortion providers to give women information that an abortion negatively affects future fertility, gives a risk of future breast cancer, and/or increases risk of mental health disorders. At the same time, abortion supporters claim that there is very little risk of complications when having a 1st trimester abortion (88% of all abortions) and that abortion does not cause any mental health issues.

The truth of the matter is important and surprisingly hard to find, although there are many claims and counter-claims on the subject. Part of the problem arises from the way some research studies have been designed. Other studies had problems with insufficient data to get good statistics. Other problems can arise in which, by mere chance, a study shows a result which is contrary to facts elucidated by multiple studies done in the future.

People wishing to advance an agenda will seize upon a research result favorable to their cause, usually without sufficient education and experience in reading and interpreting research papers, or perhaps without caring. If information is thought to be true at one time but later turns out not to be accurate, it is impossible to take back any assertion based in the error.

But, before we can go further, it is necessary to discuss the pregnancy trimester system. If one looks for such information, it may be surprising to see the three trimesters defined in multiple ways. Recall that the trimester system was referenced by the Court in *Roe v. Wade* and that fetal viability was the point upon which the third trimester ruling was based. But, that point has moved since 1973 due to advances in medical science. Currently, a baby at 24 weeks has a 50% chance of survival, so that is a reasonable point at which to define viability.

However, additional definitions for the beginning of the third trimester occur in different sources, so it is necessary to define the terms in order to discuss legalisms and complications associated with abortion. We will use the definition provided by the American College of Obstetrics and Gynecology, measuring from the first day of the woman’s last menstrual period through the last day of the week indicated: 1st trimester = up to end of week 13, 2nd trimester = weeks 14 – 27, 3rd trimester = weeks 28 – 40, or birth.

With the fetus able to feel pain at week 20 and a 50% chance to be viable outside the womb at 24 weeks, and abortion legal in 2nd trimester up 27 weeks, one can readily appreciate the moral, ethical, and legal ramifications. No wonder there is an attempt to confuse the issue. One credibly written article in *Obstetrics and Gynecology* (and backed up in other papers) finds that the risk of pregnancy related complications is greater than the risk of major complications

from induced surgical abortions in the 1st trimester...less than 0.5% (1 in 200). Vacuum aspiration is the most common procedure, but use of the abortion pills (medical abortion) has become much more common since being introduced in 2000 and is now about 39% of all induced abortions in the US, and about 55% of those abortions done under 9 weeks.

The complications from vacuum aspiration are, depending on the study, up to:

- 3% required repeat aspiration
- 1.0-4.7% had excessive bleeding not requiring transfusion
 - 0.1% had bleeding requiring transfusion or had uterine perforation, and these might require hysterectomy
 - 0.5% required hospital care
- 0.2-0.5% had anesthesia related complications
 - ? % scarring in the womb can occur, leading to future miscarriages and infertility

With the modern use of the abortion pills (2 pill regimen, up to the end of week 9):

- 1% had heavy bleeding, with only 1 in 50 needing transfusion
- 5% had incomplete expulsion of the fetus requiring either a vaginal abortifacient or vacuum aspiration or scraping out the inside of the uterus
- Other complications:
 - Retained tissues not recognized for quite awhile
 - Infection, usually from retained tissues
 - Pregnancy not terminated and the fact not discovered for quite awhile
 - 1% chance of fetal abnormalities if the procedure fails and the pregnancy continues

For 2nd trimester abortions, the most common procedure in the US is Dilation and Extraction.

Complications are more common and more serious:

- From week 14-16 there is dilation of the cervix and the fetus is killed by being pulled apart and removed from the womb, requiring care to be sure all parts are removed. Beyond that time frame the procedure is no less hideous.
- 0.2% have perforated uterus, which requires repair and could require hysterectomy
- 0.1% have excessive bleeding requiring transfusion
- .05% have incomplete removal of tissues requiring additional procedures
- 0.1% have infections which can lead to scarring in the tubes and infertility
- 0.1% have need for repair of cervical laceration which may complicate the ability to carry a future pregnancy to term

The subject of mortality from pregnancy and abortion are equally complicated subjects. The rate of death from pregnancy has increased alarmingly from about 7 per 100,000 live births to about 17 per 100,000 live births over the last 30 years. The cause is not completely understood. However, in recent years more pregnant women have hypertension, diabetes, and cardiovascular disease than in the past. Thankfully, the mortality rate seems to have stabilized in the last few years.

The CDC reports the percentage deaths by cause which are grouped as:

- 11% excessive bleeding
- 12% infection
- 5.6% amniotic fluid embolism
 - 9% pulmonary blood clot embolism
- 6.9% hypertension disorders
- 0.3% anesthesia complications
- 7.7% stroke
- 26.7% cardiovascular diseases, including those with an enlarged and weakened heart
- 13.9% other medical conditions

The relationship between mortality (per 100,000 live births) and ethnicity is also disturbing:

- 42.4% Black
- 30.4% Native American or Native Alaskan
- 14.1% Asian/Pacific Islander
- 13.0% White
- 11.3% Hispanic

These data are relevant to our consideration of how to provide resources so that women do not feel that they have no choice but to have an abortion, because it is also necessary that they survive a pregnancy.

For abortion-related deaths, the CDC reported 108 in 1998-2010, which represents 0.67 per 100,000 abortion procedures. In 2008-2015, the rate was 0.58 . The detailed data below is from 1998-2010, but there is no evidence that demographics have changed significantly.

Age Distribution:

- 12% under age 19
- 28% age 20-24
- 23% age 25-29
- 21% age 30-34
- 16% age 35 and over

Race Distribution (per 100,000 procedures):

- White 0.4
- Black 1.1
- Hispanic 0.5
- Asia/other 0.7

Gestation at abortion:

- 8 weeks and under 26%
- 9-13 weeks 21%
- 14-17 weeks 19%
- 18 weeks and more 33%

In addition, 60% had only up to a high school education, 64% were never married, at least 68% had prior pregnancies (32% unknown), and at least 53% had 1-3 children (40% unknown).

Cause of death:

	1 st Trimester (48)	2 nd Trimester (54)	Unknown (6)
Hemorrhage	5	17	0
Infection	19	17	1
Embolism	5	5	2
Anesthesia	14	7	1
Cardiovascular disease	1	3	1
Medical problems	3	4	1
Unknown	1	1	0

Notes:

1. 28 of the 48 deaths in the 1st trimester were direct complications of suction aspiration.
2. 39 of the 54 deaths in the 2nd Trimester were direct complications of D&E procedure.
3. The remaining causes of deaths above were due to medical procedures resulting from complications due to the abortion, other related procedures, or in some cases no procedure was done because death was between insertion of laminaria and before anesthesia was induced and thus due to the abortion process but before the abortion could be completed.

The issue of whether and how a woman's mental health is affected by having an abortion is another area of controversy and misinformation. One of the most recent studies was published in the *British Journal of Psychiatry* in 2011. The authors studied medical records of 877,000 women, comparing those who had an abortion with those who had not. They found that 81% of women who had an abortion were more likely to develop mental health issues than those who had not had an abortion: 34% more likely to have anxiety disorder, 37% more likely to have depression, 110% more likely to abuse alcohol, 220% more likely to abuse marijuana, and 155% more likely to commit suicide. And, 10% of these issues were felt directly linked to the abortion procedure itself.

But, the American Psychiatric Association, agreeing that women having an abortion often experience grief, sadness, anxiety, and depression, also said that these could be related to the reason they had the abortion rather than the abortion act itself.

On that subject Planned Parenthood published a retort by quoting a survey also in 2011 by the Academy of Medical Royal Colleges which concluded:

-unwanted pregnancy itself increases risk of mental health issues
-a woman is likely to experience negative changes in mental health from giving birth or having an abortion, at the same rate
-women with mental health issues before having an abortion may experience a negative impact after the procedure
-a negative attitude toward abortion will impact a woman's mental health in the aftermath of having an abortion

Since then there have been additional studies which have determined that having an abortion is not only associated with developing mental health issues, but that there is a causal relationship. In 2016 an especially very good, academic study was published which definitively showed that abortion is associated causally with higher rates of mental health disorders after adjusting for other pregnancy outcomes, demographics, and socioeconomic differences. Abortion is associated with a 45% greater risk of developing a mental health disorder:

<u>Condition</u>	<u>Relatively Greater Risk</u>
Depression	30%
Anxiety	23%
Suicidal ideations	69%
Alcohol abuse	110%
Nicotine abuse	72%
Cannabis abuse	151%
Illegal drugs	225%

Naturally, statements to the contrary are still prominent in the information provided to women seeking an abortion. If taken to task, such entities could point to older studies and nefarious opinions to justify their position. Such is the status of the world in which we live.

Now, let us turn our attention to the long term physical health consequences from abortion. Again, much is written to either deter women from having an abortion or to reassure them of the long term safety of having the procedure. Accordingly, we turn to a rigorously academic study so that we can be assured of the trustworthy aspects of the results.

A study published by the National Academy of Sciences in which the authors reviewed many other papers on the issues, subjecting them to exacting standards for inclusion and validity, and combining them in a statistically convincing manner, has found with respect to having had a prior abortion:

No...secondary infertility

No...increased hypertension

No...abnormal implantation of the placenta in a future pregnancy

No...relationship to future premature birth from a single prior medical or aspiration abortion

No...increased risk of developing breast cancer

No...increased risk of mental health disorders (the study discussed above was not referenced)

They were unable to locate sufficient acceptable literature to make a conclusion regarding future miscarriage or stillbirth, or premature death of the woman.

However, they did conclude that the literature does support an increased risk of future post partum hemorrhage if the woman had a prior medical abortion, but not if she had an aspiration abortion. The authors commented that this does not make any sense and cannot be understood in the context of available data.

That result could well be an outlier in the data. Such is known to occur, statistics being what it is. Even a P value of under 0.1 means that 1 in 10 studies would produce results outside the 95% confidence interval (not to be confusing, but these are terms used in validating data).

They further found that a woman having two or more aspiration abortions before the first birth had a clear risk of giving very pre-mature birth, but this risk did not occur with medical abortions.

Leaving those subjects, it is interesting and important to investigate how we as a people feel about abortion. Again there is much literature, but thankfully no real controversy or acrimonious dispute.

A Gallup poll in 2019 is very revealing. And, unlike many polls with a political agenda, information was requested in a manner designed to eliminate all sorts of biases, such as by rotating the order in which responses were offered. We can use these data to gain insight on what we think as a society, and thus determine where and how effort can be made to change hearts and minds. (In cases where the sums are less than 100%, some respondents said they “don’t know.”)

In a 1995 poll, 56% answered Pro-Choice, and 33% Pro-Life. In 2019 it was 45% Pro-Choice and 49% Pro-Life. At the same time, Planned Parenthood is viewed by 62% as favorable and 34% unfavorable, and 33% favor to overturn *Roe v. Wade* while 60% do not. And, when it comes to whether abortion should be legal, the response, unsurprisingly, is unchanged in 1975 and 2019:

Illegal in all circumstances	21%
legal in all circumstances	25%
legal under certain circumstances	53%

In 2020, those wanting more strict abortion laws are 24% and those wanting less strict laws are 22%. And, as for the morality of abortion:

morally wrong	50%
acceptable	42%
it depends	6%

So, when should abortion be legal:

	legal	illegal
1 st 3 months	60%	34%
2 nd 3 months	28%	65%
3 rd 3 months	13%	81%

In the 1st 3 months (up to end of week 13), should abortion be legal or illegal:

	legal	illegal
If the woman’s life is at risk	83%	15%
If the child will be mentally disabled	56%	42%
If the child has Down syndrome	49%	48%

If the child has a life threatening illness	67%	31%
If the pregnancy results from rape or incest	77%	21%
If the woman does not want the pregnancy for any reason	45%	53%

In the 3rd 3 months (beginning of week 28 to birth), should abortion be legal or illegal:

	legal	illegal
If the woman’s life is at risk	75%	22%
If the child will be mentally disabled	35%	61%
If the child will be born with Down syndrome	29%	68%
If the child has a life threatening illness	48%	49%
If the pregnancy results from rape or incest	52%	42%
If the woman does not want the pregnancy for any reason	20%	77%

Other interesting positions the majority took:

- 69% favor a 24 hour waiting period to have an abortion
- 71% favor parental consent before a minor can have an abortion
- 64% want the partial abortion procedure to be illegal
- 87% want the doctor to inform women of the risks of the abortion procedure
- 57% oppose a law prohibiting the use of federal funds to obtain an abortion
- 51% oppose allowing health care providers to opt out of providing abortions
- 50% favor requiring an ultrasound before a woman is allowed to proceed with an abortion
- 64% favor to notify the husband, if married, before proceeding with an abortion
- 88% favor requiring the doctor to inform about alternatives to abortion

How would you vote on the issue of allowing a woman of any age to get the “morning after” pill: 49% For, 48% Against

How do you feel about the “fetal heartbeat” law (which would prohibit abortion after about week 8 when fetal heartbeat could be first heard) : 40% Favor, 58% Oppose

Should politicians and judges I vote for:

Share my view on abortion	27%
One of many issues I am concerned about	46%
Abortion not a major issue	24%

Bottom Line

Research studies over the last 30 years have attempted to address concerns by the public on various aspects of the immediate and long term safety of abortion. Since it is not possible to do a “gold standard” placebo controlled study, and because different studies have been handicapped by such things as reviewing medical records, low number of cases, and faulty study designs, not to mention the inability to remove investigator bias, results have been produced that have been at least partially flawed or, since publishing, have become irrelevant.

However, findings have been used by both sides of the abortion issue at times. And, both sides have at times based their pronouncements on the results of at least partially flawed studies. Both the flawed studies and flawed pronouncements are still out there. That makes it exceedingly difficult for anyone honestly seeking information to find correct and valid answers.

This confusion does nothing but inhibit honest discussion on the issue of abortion. And, if that is not enough, there are ideologues who want women to have unrestricted abortion on demand who themselves have no interest in participating in an abortion at all. Such people do not want an honest discussion of anything which would provide social reforms or provide alternatives to abortion. And, to some degree the concept of eugenics which infused Planned Parenthood from the beginning is still alive and well: those deemed unfit to reproduce should have abortions. And there is a lot of money to be made doing abortions.

We have seen from most recent data that 42% of women in the US with unintended pregnancies have an abortion, and that is 18% of all pregnancies annually. And 24% of women age 15-44 will have an abortion. The major factors involved with those choosing abortion are youth, poverty, duties to child or job or education, and lack of support from the father.

The availability of crisis pregnancy resource centers and state provided programs for pregnant women varies in different parts of the country. More effective programs which relieve poverty and encourage better education and elevate self-esteem would be valuable. But a huge and intractable problem is the attitude toward having sex outside of a commitment by the partners, and deterioration of the family unit in which the father feels no obligation toward the child.

We saw that 88% of abortions are in the 1st trimester. The baby can feel pain by 20 weeks, and is viable outside the womb by 24 weeks, but abortion is legal in most states up to the last day of week 27. Legislation to ban abortion after 20 weeks has passed Congress by a majority vote, but has been stalled for years due to Senate rules of procedure.

In 1st trimester abortions, the most common procedure is vacuum aspiration, but the abortion pills are now used in about 39% of abortions in the US, and up to 60% in some European countries. Complications from aspiration can be serious but are less than 1 in 200. With use of the abortion pills, there can be significant pain, cramping, and bleeding, sometimes infection, and occasionally there is need to have retained tissues scraped out, but serious complications are fewer than with aspiration.

In the 2nd trimester, up to 16 weeks, the fetus is killed by being dismembered and pieces are removed. Beyond that date, a more elaborate Dilation and Extraction procedure is used which is associated with higher risk of serious complications.

The most recent data also shows that mortality from abortion is 0.58 per 100,000 procedures. Mortality from giving birth is 17 per 100,000 live births. However, the biggest causes of maternal death are cardiovascular diseases and other medical problems, and the largest number of deaths by far is in Blacks and Native Americans.

With abortion the biggest causes of death are bleeding, infection, and anesthesia. Black women are more than twice as likely as other groups to have death from these complications.

Mental health issues are 45% more likely to develop in women after abortion than in women giving live birth. This includes suicidal ideations and serious substance abuse. Long term physical complications from abortion are very few, and many earlier concerns and claims have been discredited. There is no increased risk of breast cancer or other cancers.

When it comes to how our society views abortion, we are split between those thinking it is morally acceptable in most circumstances and those thinking it is morally wrong, but acceptable anyway in the 1st trimester.

In the 1st trimester, most people believe abortion should be legal in all circumstances, including a diagnosis of Down syndrome, opposing only the case where a woman just does not want the pregnancy for any reason.

In the 3rd trimester, from the beginning of week 28 to birth, 75% approved of abortion if the woman's life is at risk, 68% chose life for a child with Down syndrome that they would have aborted in the 1st trimester, their opinions are evenly split if the child has a life threatening illness, and 77% were against abortion if only because the woman did not want to be pregnant.

In other results, most people favor the woman having an ultrasound, favor a 24 hour waiting period for an abortion, favor to inform the husband if the woman is married, against allowing a minor to get the "morning after" pill without prescription, favor a minor to have parental consent before an abortion, favor requiring a doctor to provide information on abortion risks and alternatives, and most people oppose partial birth abortion.

But, most people also opposed a law prohibiting the use of federal funds to obtain an abortion, opposed allowing a doctor to opt out of providing abortions, and 58% oppose a "fetal heartbeat" law.

And, when asked how important these issues are for electing politicians and judges, 46% said that abortion is one of many concerns, and 24% said abortion is not a major issue for them.

It is evident from the demographics and socioeconomics of women who, in the circumstances of their lives, feel they have no choice except to have an abortion, that attempts to reduce the number of abortions must start with reducing the cause for the helplessness and despair women experience when faced with an unwanted pregnancy.

Crisis pregnancy resource centers and state programs are an important part of alternatives, and publically demonstrating for the protection of life while offering every kind of help and alternative could reach some women who feel alone and without hope.

At the same time, it appears that many people concerned about abortion have a curious set of beliefs and largely do not want to prevent women seeking abortion in the 1st trimester and, under some circumstances, in the 2nd and even 3rd trimesters. Part of the reason for producing this compendium is so that the readers will look inside their own hearts and refine their beliefs and decide in what way they feel obligated to act on those beliefs.

6

Funding Abortion for Family Planning Medicaid, Title X, and the Hyde Amendment Politics and Public Policy

In previous chapters we have seen how the practice of contraception and abortion has developed over thousands of years. Laws prohibiting abortion in the United States became more restrictive in the 1820's and more so after 1860. And, laws prohibiting public discussion and literature concerning contraception were enacted in the 1870's.

However, women began to be more assertive of their rights to equality, especially the right to vote, and some factions advocated loosening restrictions on contraception and abortion. As we entered the 20th century, Margaret Sanger joined the fight for women's access to birth control while steadfastly rejecting abortion. In 1914 she fled to England to avoid prosecution for violation of the Comstock Law.

In her absence, Mary Dennett formed the National Birth Control League in 1915 to continue the struggle. In 1917 a "Committee of 100" wealthy and influential women was formed and they raised substantial money to support Sanger's legal fees and further the movement. Sanger later wrote:

"The answer (to promoting the cause of birth control) was to make the club women, the women of wealth and intelligence, use their power and money and influence...the women of wealth must give."

And these women did give large sums of money, funded publication in 1917 of the *Birth Control Review* which was edited by Sanger, and supported rallies and conferences. However the National Birth Control League was ineffective in producing legislative reform and was dismantled in 1919. Dennett immediately changed tactics by forming the Voluntary Parenthood League. This organization was also ineffective and short-lived.

When Sanger established the American Birth Control League (ABCL) in 1921, many of the "Committee of 100" became officers. They continued to provide financial support and helped in receiving grants from other sympathetic entities.

The ABCL was permeated with ideologies of racism and eugenics and the belief that characteristics which people acquired during life could be passed on to their children. These beliefs were reflected in the public positions of ABCL Board members and leadership, including Sanger, and in the pages of the *Birth Control Review* which she edited.

These beliefs produced an urgency to prevent such people from having children through birth control, and in some cases, forced sterilization. However, she continued to reject abortion and euthanasia.

But, to demonstrate how complicated and conflicted those times and thought processes were, Sanger also wrote about those years in her autobiography in 1931:

“These (working class women) were the people toward whom my work was directed and for whom I was fighting. I felt I was the protagonist of the mothers of the child laborers and of the wives of the wage slaves. I knew their lives; I knew their burdens, their sorrows, their problems.”

But, such people were not in a position to help themselves or the movement to promote sex education, birth control, and family limitation. That made the support of wealthy donors and other fund raising efforts critical, and it may well have been responsible for Sanger’s association with people advancing beliefs she would rather not have been associated with.

In 1923 Sanger opened the first legal birth control clinic in the US called the Clinical Research Bureau (CRB) under the auspices of ABCL. In 1926 she split from ABCL and renamed the organization the Birth Control Clinical Research Bureau (BCCRB). By 1928 she had severed all legal ties with ABCL and the facility served as an autonomous birth control clinic and research facility from 1928-1939, serving over 10,000 patients a year. Sanger traveled widely to promote birth control, engaged in fund-raising activities, and eventually the BCCRB established a nationwide network of affiliated clinics.

In 1939 the BCCRB merged with ABCL again in order to unite and cooperate rather than to compete and duplicate services, forming the Birth Control Federation of America (BCFA). Sanger served as honorary chairman of BCFA and continued to participate in fund raising, but BCCRB retained much of its independence. In 1940, the BCCRB was renamed the Margaret Sanger Research Bureau (MSRB) in her honor, and she continued to place most of her efforts in fund raising and the day to day operation of the Bureau.

When Hitler invaded Poland in 1939 and then France in 1940 and the US entered WW2 in 1941, the horrors to which the Nazis had taken racism and eugenics caused public support for those ideas to diminish. By January 1942 the BCFA realized that the racism and eugenics which had permeated the ABCL, and thus had been carried into the BCFA, threatened to affect their support and the enthusiasm of donors. Thus, they changed the name to Planned Parenthood Federation of America (PPFA, “Planned Parenthood”) to distance itself from that connection. Sanger opposed substitution of “family planning” for “birth control,” but leadership also thought “birth control” would alienate some potential financial supporters.

In 1941 Abraham Stone assumed the position of Medical Director of MSRB while Sanger continued to be Director and Chairman of the Board of Trustees. After the death of her husband in 1943, she withdrew into semi-retirement. However, she continued to make many

of the budgetary and personnel decisions while leaving the daily operation to the Executive Secretary and Medical Director Stone.

In 1945 Stone inaugurated a fertility service. Although Sanger was not supportive of this move, she continued to raise funds to support MSRB. In 1950 she named him Director and sold him the building in which MRSB was located, but she remained on the Board and offered Stone her counsel.

In the mid 1950's, while Planned Parenthood began to advocate for abortion law reform, MSRB began to experience budget deficits and aligned itself more closely with PPFA in exchange for financial assistance. The Bureau assisted with PPFA fund raising efforts, accommodated an increased number of PPFA Board members on its Board of Trustees, and became the clinical research arm of the PPFA. In return, PPFA covered the growing budget deficits of the MSRB and supported doctors and researchers with grants. Sanger ended her affiliation with MSRB in 1962, and she died four years later in 1966 at age 86.

While MSRB had become the largest combined birth control and fertility center in the world by 1962, its growing financial problems in the 1960's caused MSRB to affiliate with Columbia University in 1968 in an attempt to restructure. However, this also failed to produce profitability. Meanwhile, Planned Parenthood was becoming an increasingly vocal proponent of liberalized abortion laws during the 1960's, being prescient of future revenue sources.

In 1968, the president of Planned Parenthood (1962-1974) Alan Guttmacher founded a branch of PPFA called the Center for Family Planning Program Development. The federal government was intensely lobbied to pass a law providing federal funding for comprehensive family planning and related health care for low-income and uninsured women not eligible for Medicaid (part of the Social Security Act of 1965). In 1970 President Nixon signed the Title X "Population Research and Voluntary Family Planning Programs" amendment to the Public Health Services Act.

This Title X revenue resource began to bolster the financial status of PPFA. Also in 1970, the state of New York legalized abortion. The Planned Parenthood location in Syracuse, NY, was the first to begin to do abortions. After the 1973 *Roe v. Wade* and *Doe v. Bolton* decisions by the Supreme Court legalized abortion for almost any reason, new revenue streams were opened for Planned Parenthood, and MSRB also began to do abortions. However, financial problems by then were too critical for MSRB to survive.

In 1974 the Bureau closed its location permanently and combined its staff with that of Planned Parenthood of New York City in a new building location which was called the Margaret Sanger Center in New York. In 1992 Planned Parenthood of New York City moved to yet another location and named the site Margaret Sanger Square, an irony since Sanger opposed abortion all her life. Since 1973, abortion had become an indispensable source of revenue and financial security for Planned Parenthood.

In 1977 Alan Guttmacher died and the Center for Family Planning Program Development became an entity separate from Planned Parenthood and was renamed the Guttmacher Institute. Since then, the institute has supported abortion by studying political issues, collecting demographic, socioeconomic, and other statistics regarding availability of abortion resources and those women seeking abortion.

Since this discussion is getting us closer to more recent decades, we need to understand some background to the rules under which PPFA is organized as a tax exempt charitable 501(c)(3) corporation. Furthermore, we need to know how they are able to maintain that tax-exempt status and still carry out political activities.

Charities have been given a tax break since the Tariff Act of 1894. Although legislators attempted that year to impose an income tax, it was determined to be unconstitutional. Federal income tax was not successfully launched until the Revenue Act of 1913. However, controversy arose when some organizations used donations to further a political agenda.

The Revenue Act of 1934 provided that “no substantial part” of the activities of a tax-exempt organization can be the “carrying on of propaganda” or “attempting to influence legislation.” Twenty years later the Revenue Act of 1954 established the 501(c) tax codes as we know them today. The new section 501(c)(3) added the restriction that the organization may “not participate in, or intervene in...any political campaign on behalf of any candidate for public office.” In 1976 subsection 501(h) was added so that certain 501(c)(3) organizations could file a “501(h) Election” and participate in lobbying activities which did not endorse a specific candidate for public office, subject to certain restrictions and monetary caps. In 1987 the phrase regarding any political campaign for “or, in opposition to” any candidate for public office was added.

Planned Parenthood Federation of America states in its IRS filings that the organization was formed in 1922, despite the many name changes and mergers, because Margaret Sanger established the original American Birth Control League in 1921. Prior to October 9, 1969, an organization could declare itself to be tax exempt under 501(c)(3) without filing with the IRS for a letter of approval.

Therefore, PPFA files their report to the IRS stating its purpose is to provide “Leadership and Advocacy in the Field of Reproductive Health” and declares itself to qualify because it is engaged in charitable and educational activities for relief of the poor, distressed, and underprivileged. At the same time they make huge profits and have nearly 2 billion dollars in assets. And, they make substantial contributions to political parties and advocate for and against specific candidates for public office.

To do the latter, they have formed other legal entities with capabilities to do what a 501(c)(3) corporation cannot. The Planned Parenthood Action Fund (PPAF) was formed in 1996 under section 501(c)(4) and operates as a non-profit charitable and educational “Social Welfare Action Fund” which has branches in most states.

PPAF shares leadership with PPFA so that the political advocacy goals of Planned Parenthood can be executed legally to support political parties and specific candidates. When the Patient Protection and Affordable Care Act passed in 2010, the Obama administration provided grants to PPAF to help promote the legislation. And, PPAF gained prominence in the 2012 election cycle for its direct contributions to Democrat candidates.

In 1989 PPFA also organized the Planned Parenthood Action Fund PAC, a “political action committee” organized as a tax exempt “527-organization” under Section 527 of the Internal Revenue Code. There are no restrictions on who may contribute or how much and there are no spending limits. Whereas such organizations also cannot advocate for or against a specific political party or candidate, they are used to raise money for such things as issue advocacy and voter mobilization.

And, in 2010 PPFA established the 527-organization “super PAC” Planned Parenthood Votes. This differs from traditional PAC’s in that they may raise funds from individuals, corporations, unions, etc., without limit to contributions, and they may engage in unlimited spending (for example, for political ads), but may not make contributions directly to candidates or political parties.

Donors to Planned Parenthood have included such names as the Bill & Melinda Gates Foundation (the donation not to be used for abortions), the Buffett Foundation (which does approve abortions), the Ford Foundation, the Turner Foundation, and the Cullmans.

From July 2009—June 2017 the Planned Parenthood Action Fund (PAC) raised \$179 million, including \$29 million from PPFA itself and \$26 million from the Buffett Foundation.

Planned Parenthood Votes (Super PAC) received over \$21 million in 2018, including \$1.5 million from Michael Bloomberg, over \$2 million from the Soros family, over \$2 million from Richard Rosenthal, \$900,000 from the Planned Parenthood Action Fund (PAC), and 3 other donors of \$1 million each and many donations of \$400,000 and \$500,000. Tax deductible funds donated to the 501(c)(3) charitable non-profit PPFA ostensibly for women’s health is easily diverted to the PAC or Super PAC to spend for political purposes, perhaps with some intention in many cases.

Super PAC’s have begun to play a major role in election year politics, sometimes spending more than the candidate’s own campaign organization. Planned Parenthood has vowed to spend \$45 million through their Super PAC in the 2020 election cycle to defeat incumbents (Republicans) who do not support abortion and replace them with those who do (Democrats), because the former have taken regulatory action which affects the PPFA “bottom line” profits.

The PPFA maintains two national offices, one in Washington, D.C., and the other in New York City. It has over 700 locations in the US and has had international outreach through Planned Parenthood Global (PPG) for 45 years. PPG states to have partnerships with more than 120 organizations in Africa and Latin America.

PPFA was also a founding member and continues to have international influence through the International Planned Parenthood Federation (IPPF). The IPPF was founded by Margaret Sanger for sex education and birth control in 1952. Since then the IPPF has 149 affiliates in 189 countries. No organization has done more to spread abortion throughout the world, and the IPPF have become increasingly viewed as a “population control” organization, which is in fact where it started, based on Malthusian principles.

With the establishment of Medicaid in 1965, Planned Parenthood began services to that population, and in 1970 they began to provide services to Title X patients. In that year they also began to do abortions legally in Syracuse, New York. Following the *Roe v. Wade* decision in January 1973, PPFA began to expand its abortion services widely until reaching a peak in 1980 before the abortion rate in the United States began declining toward the present day numbers.

In 1977 Congress passed an appropriations bill for the Department of Health, Education, and Welfare with an attachment called the Hyde Amendment after its main sponsor Congressman Henry Hyde. The measure ended the use of federal funds to pay for abortion unless a woman “suffers from a physical disorder, physical injury, or physical illness, including a life-endangering physical condition caused by or arising from the pregnancy itself, that would, as certified by a physician, place the woman in danger of death unless an abortion is performed.”

The Supreme Court has ruled that there is no constitutional right to an abortion being paid for by the government. Attempts have been made to include within the Hyde Amendment exceptions for rape and incest, but the matter remained undecided until 1980 when the Supreme Court further ruled that the individual states could make their own exceptions. Thus, some states do make an exception for forced rape and incest.

The Hyde Amendment is not law. It must be renewed every time a new HEW appropriations bill is passed. So far it has been renewed every time. This situation continues to cause much acrimony with Planned Parenthood and supporters of liberal access to abortion at government expense. It cuts off a significant revenue stream for abortion providers. At this time there are 17 states which require the state portion of Medicaid to pay for abortions, and this accounts for about 20% of all abortions done in the US annually.

In 1984 President Reagan announced at a meeting in Mexico City an expansion of the Foreign Assistance Act of 1961, which already prohibited use of Federal Funds in foreign countries to promote abortions or pay for abortions, also to prohibit non-governmental organizations (NGO) from providing information or counseling about abortion or lobbying for abortion. This was much decried and became known as the “Mexico City Policy” and later the “Global Gag Rule.”

In 1988 the Reagan administration also issued regulations prohibiting entities accepting Title X funds from promoting abortion as a method of family planning, prohibiting referrals for abortion (while still allowing counseling about abortion), and requiring physical and financial separation of facilities providing Title X services from those facilities providing abortions. This

became widely known as “the Title X Gag Rule” or “Domestic Gag Rule. It received much criticism and was challenged, but the Supreme Court agreed in 1991 that this is lawful.

The domestic issue for Pro-Life activists in that 1988 action is that Planned Parenthood and other organizations, already prohibited by the Hyde Amendment from federal funds to do abortions, were still permitted to discuss abortion and promote abortion to Title X recipients. And, the organizations were given federal funds in the form of grants to provide healthcare for women under Title X. But, such grants allow salaries of workers to be used for Title X services in one room and abortions in the next, as well as the sharing of operating costs, thus decreasing overhead and increasing profits from providing abortions to non-Title X women. At the same time, women receiving Title X could possibly be persuaded to pay cash to have an abortion.

However, the rule led to much protest by pro-abortion groups and seems never to have been enforced, and it created a lot of anger and confusion. The George Bush administration attempted unsuccessfully to modify the rule, and Congress passed laws twice to retract it but failed to override presidential vetoes.

In 1993, as Clinton became president, the “Mexico City Policy” and the “Title X Gag Rule” were rescinded. They were re-instituted by Bush in 2001 and rescinded again by Obama in 2009.

In January 2017 the Trump administration reinstated and expanded the “Mexico City Policy.” renaming it “Protecting Life in Global Health Assistance.” The policy requires foreign NGO’s who accept US government global family planning assistance to certify that they will not “perform or actively promote abortion as a method of family planning” using funds from any source, including non-US funds.

In June 2019 the Trump administration extended the policy for the first time to prohibit foreign NGO’s that accept US government funding from providing any financial support, using any source of funds (including non-US funds), for any purpose, to other foreign NGO’s that perform or actively promote abortion as a method of family planning.

By 2019 Planned Parenthood was operating over 700 facilities in the United States through 68 affiliates in all 50 states and the District of Columbia, and over 600 of those received \$60 million for services to Title X patients which comprised about 40% of such patients nationwide. Despite the fact that this population was not a source of significant abortions, in August 2019 Planned Parenthood withdrew from providing services to Title X patients in protest of the new Title X regulations. Pro-Life activists interpreted this to indicate that Planned Parenthood would rather not provide wellness healthcare and prenatal care if they could not refer patients to one of their facilities for an abortion, which would have to be paid for without Title X funds.

In any case, and notwithstanding the fact that \$60 million is not a lot of money for Planned Parenthood, it seems a bit callous and inconsistent with their stated goals to quit Title X precipitously and leave women with a shortage of non-abortive services in some areas.

PPFA did not leave Title X in 1988, 1991, 2001, or 2008 when there were prior attempts to separate Title X services from non-Title X services. Clearly they want women to do without services, then increase and publicize their distress, and use the situation as a political weapon.

Most of the Planned Parenthood locations do not perform abortions. Those facilities are recruitment depots for the clinics which do perform abortions. Title X patients could easily be routed to some of those facilities exclusively, with non-Title X patients sent to others. Or, services could be relegated to different days of the week at those locations. But, such a choice would not produce the same political maelstrom with hope to change to another (Democrat) president in 2020. In any case, the non-abortive Title X services previously provided by Planned Parenthood will soon be offered by the growth of other clinics which are already providing non-abortive services.

Interestingly, several states have also vowed to stop taking Title X funding and provide services through their own state and local funding. However, it is not clear how long that will last before a long term tax supported plan for such state funding needs to be formulated.

Since we are now into current events, we must pause to look at PPFA in more detail. We have selected Planned Parenthood for special attention because their origin was rooted in racism, eugenics, Malthusian concerns for population control, and the belief that people can pass on acquired characteristics (like ignorance and poverty) to their children.

Planned Parenthood has helped spread population control word wide with a suspicious predilection for promoting abortion among peoples who would be less “fit” to reproduce under the belief systems out of which the organization was developed. Furthermore, Planned Parenthood receives much money in federal funds domestically to provide non-abortive healthcare for lower income women, and they still perform 40% of all abortions in the US.

We have also seen that by 1973 the MSRB was hopelessly in debt doing non-abortive healthcare. MSRB merged with PPFA whose leadership embraced abortion as the way to financial security. Abortion remains big business, but an alliance between abortion protagonists and others advocating a “liberal” agenda has attempted to make abortion a rallying point for those like-minded people seeking money and power through political elections.

Planned Parenthood supplies data on the health care services they provide and lists: contraception, testing and treatment of sexually transmitted diseases, cancer screening and prevention, pregnancy tests, pre-natal care, general medical care for every conceivable disease condition (through some of its affiliates in some locations and to some degree), some nutritional aid under the WIC program (federal funds for women, infants, children), adoption referrals, and abortions. They also list programs in sexuality education (from preschool to puberty to prison to sexual orientation and homophobia), political advocacy through its PAC’s and Super PAC’s, and a plethora of international activities.

Of significant interest is the claim that abortion is a small part of their business, only 3% of the “services” they provide. Indeed their own information and the testimony of former employees reveal how they obtain such a number. If a woman late for her period comes in for an exam and receives a urinalysis, a pregnancy test (which is negative), a consultation and physical exam, a Pap smear, a breast exam, and a prescription for birth control pills, that is 6 services. If a woman has an abortion, that is one service. Some people would see that as one wellness visit and one abortion, but that way of counting is how they are able to make their assertion.

It is also disturbing to note from the testimony of prior Planned Parenthood management personnel that there is a policy to actively encourage abortion, to strive for quotas, and to provide awards and bonuses and celebrations for those achieving “production” well beyond goals. It is reported by those who have done so, as an example, how they would approach a woman distressed and confused and uncertain of what to do when she finds out that she has an unwanted pregnancy.

They would point out her poor life situation, poverty, school or work plans, (typically) unmarried status and/or status of already having a child, and (typically) lack of support by the father. Then, in an understanding tone, it would be explained to her that it is not practical to have a baby at this time, and that the responsible thing to do is to terminate the pregnancy. The word abortion, with its stigmata, would not be used. The main thing is to abort the pregnancies of women of certain races and socioeconomic classes and, as Planned Parenthood proudly proclaims on their web site, “create the healthiest generation ever.”

The Planned Parenthood annual report published in 2019 states 345,672 abortions were performed, which is a new record high for the organization, despite the fact that the total number of abortions annually in the US has been declining every year since 1980. At the same time they report that the number of services such as Pap tests, breast exams, wellness exams, and provisions of birth control were all less than in the 2018 report. In fact, the non-abortion services they provide are down 12.6% in the last 10 years.

They also report receiving \$616.8 million in federal funds (up from \$563.8 million), private donations \$591.3 million (down from \$630 million, with individual donations down from \$1.5 million to \$1.1 million), \$1.6 billion in total revenues, \$110 million in net revenues, and net assets about \$2 billion. Most of their revenues come from fees for services and not from donations.

Planned Parenthood says first trimester abortions cost from \$350--\$950 and that second trimester abortions cost “more,” and abortions in a hospital cost much more. They also state that 95% of pregnancies they diagnose end in abortion, 2.7% go on for prenatal care, 0.6% end with miscarriage, and 1.2% get adoption referral. This works out to be 81 abortions for every adoption referral, and 35 women were referred for abortion for each woman referred for prenatal care. It is quite evident that abortion is by far the biggest revenue stream. And, it must be protected by every possible means.

Therefore, when attempting to research what the new Title X rules are, one encounters the most vitriolic, hate filled, fear mongering misinformation that can be imagined. No matter what search words are used, there are pages and pages of commentaries condemning the rule changes and often directly berating Trump and Republicans in general, many produced by PPFA itself with payment rendered to get their pages to come up on top in any search.

But, with perseverance, I was able to find the actual wording of the new rules. And, it is worthwhile to determine if the outcry is justifiable to the general public, or if it is deliberately distorted, then combined with withdrawal from Title X, as part of a broader political plan. If what is said about the rules is true, it would certainly rival the programs of the Nazis in destroying certain populations, so it is important to know the truth.

The Health and Human Service Department released in February 2019 the final rules, which became effective in March 2020. After explaining the history and purpose of Title X and the types of services intended by law, HHS went on to offer comments:

“Pursuant to Congressional mandate, family participation is to be encouraged, particularly in services involving adolescents. And, from the start, Congress was clear that Title X funds cannot be used to support abortion.” “This final rule ensures that grants and contracts awarded under this program fully comply with the program statutory integrity requirements...” “The regulations...have not been substantially updated since 2000. Since then, the need to clarify and ensure compliance with the statutory intent of the program has only increased.”

It is an old observation about dealing with the government: if you take the money, you have to deal with the laws and strings attached. However, past administrations have not felt a need to deal with the changing times, and administrations friendly to the concept of abortion and in league with sympathetic individuals and organizations for political support, certainly had no motivation to clarify anything which would require strict compliance with the law and affect the profits of abortion facilities. It has been 20 years since a comprehensive update.

HHS goes on to explain what the new rules do to comply with existing law in bullet points:

1. Prohibits use of Title X funds to perform, promote, refer for, or support abortion as a form of birth control. Nothing new there.
2. Permits, but no longer requires, nondirective counseling on abortion (that is, counseling is allowed but specifically referring to have an abortion is not)
3. Provides for a clear physical and financial separation between Title X services and non-Title X services (The new rule prohibits the mixing of monies for approved Title X procedures and non-Title X procedures in the same building at the same time. As it is, the same staff and health care personnel can support abortions and non-abortion procedures throughout their work day. Thus, part of the federal funds would be paying the cost of providing abortions, and there would be a mixing of federal and non-federal funds during such activities. This is a violation of federal law and has led to accusations of mismanagement of federal funds.)

4. Requires more complete reporting by grantees about subrecipients and informal relationships with referral agencies to ensure compliance with statutory and regulatory requirements (again due to complaints about such illegal activities as profit sharing).

In the next section, HHS explains how the rule protects patients and healthcare providers:

1. Requires referrals for those conditions deemed medically necessary
2. Eliminates the requirement for healthcare providers to counsel or refer for abortion (in those cases where it is a covered benefit) if such action is against their conscience

And in the next section:

1. Requires reporting when women are victims of sexual abuse, intimate partner violence, incest, or human trafficking
2. Requires that children who are victims of rape, incest, child abuse, child molestation, or human trafficking be protected under the law, and it provides guidelines to protect children from being intimidated by an abuser who might accompany them to the clinic
3. Requires that minors be counseled on how to resist coercion to engage in sexual activity
4. Requires clinics to encourage family participation in family planning decision-making, particularly for a minor seeking family planning services

Expands coverage, partnerships, and innovation:

1. Offers innovative approaches to expand services to underserved areas and sparsely populated areas historically without Title X services
2. Encourages diverse and non-traditional Title X partners
3. Changes grantee selection criteria to provide innovative partnerships in order to provide services to more people
4. Provides a pathway for consideration of Title X benefits for contraception if an employer does not provide coverage due to religious or moral values

Returns Title X flexibility to states and other grantees:

1. Restores states' ability to prioritize funding according to the needs of the population
2. Revokes the 2016 rule which put unnecessary restrictions on the flexibility of states, which was also rendered void by a joint resolution of Congress under the Congressional Review Act

It is evident that (1) the requirements to ensure compliance with the law in the handling of funds by requiring physical and financial separation of Title X and non-Title X services, and (2) requirements to report the financial relationships with subrecipients and referral agencies to be sure they are legal, are the real reasons some entities find the new Title X rules objectionable.

In that case, those new rules are surely necessary. Any state or organization not willingly in compliance with the law and engaged in illegal activities should not be involved with the Title X program. It may well be the case that such entities have been knowingly involved in marginally lawful (or unlawful) activities. If so, they are well advised to get out of Title X now before they are caught and scandalized or prosecuted. They should properly be subjected to that suspicion.

For a glimpse into the future, consider Texas. In 2011 the state passed a law which diverted Title X money to providers who did not perform abortions. In response, the Obama administration cut all of the state's Title X funding. Within a year 82 clinics not satisfying the new law closed, one third of them run by Planned Parenthood. The Title X money was clearly needed to keep those facilities financially viable for the purpose of providing abortions.

In 2013 a nonprofit organization called Women's Health and Family Planning Association of Texas (WHFPT) received a Title X grant, and it is still the only Title X grantee in Texas. They provide "reproductive healthcare to low income and uninsured women, men, and adolescents." WHFPT is "responsible for distributing Title X funds to (reproductive healthcare) clinics throughout the state...." This includes some city and county clinics as well as Planned Parenthood clinics.

On July 1, 2016 Texas launched the Healthy Texas Women (HTW) program which provides at no cost to eligible low income and uninsured women comprehensive healthcare and birth control. HTW also launched a Family Planning Program providing expanded reproductive healthcare followed by a Breast and Cervical Cancer Services program. Texas Health and Human Services then got permission to administer Texas Medicaid through HTW and started that program September 1, 2018.

So, states could take the initiative away from private companies vying for Title X money, or new companies may form as they did in Texas to capture the revenue and/or distribute the money to others. And, a future presidential administration sympathetic to promoting abortion could very well reverse the rules of the Trump administration and allow activities possibly unlawful to go unchallenged.

In any case, Planned Parenthood is financially protected by the profit stream from doing abortions and by donations of huge sums of money to make up for any decrease in federal funds. That not only arises from a shared philosophy regarding the need to abort certain babies which grew out of the origins of PPFA, but also occurs because the controversy over the morality of abortion, when life begins, and at what point a fetus becomes a person with the right to life has proven to be an effective tool in the struggle for political power...and money...and control over others...and even more money.

7

Unwanted Pregnancy Prevention and Termination

We are accustomed to images created in our minds by books and magazines and motion pictures of families and societies welcoming new babies with much joy and celebration. And, our own cultural history contains stories of large families, often in farming and ranching communities, which shared the work, and indeed were necessary for survival and later to expanding the food supply for growing communities. But we also saw that Margaret Sanger was one of 11 children born into an impoverished urban community, and that she blamed her mother's early death on her large number of births into a family of limited means.

But the darker side to the history of child rearing and large families is not just that nutrition and clothing and other means are stretched thin, but a woman's death due to complications of child birth was not uncommon, and childhood mortality was also high.

If those tragedies are not sufficient to create a more sobering image in our minds, we have also seen that the practices of contraception, induced abortion, and infanticide are part of the ancient history of mankind.

We have already discussed much of the history of contraception and abortion in previous chapters, so in this chapter we will mostly explore how attitudes towards sex, pregnancy, and family have changed since the middle of the 19th century and thus how those attitudes have shaped our society today. But, to do that we first visit ancient Rome.

In the Roman Empire, social practices and laws governing sexual morality were designed to ensure honorable family bloodlines. The chastity of respectable women was heavily guarded. However, male sexual restraint was not a prerequisite for dynastic purity. Male promiscuity was considered normal, and laws accepted prostitution, bisexuality, and pederasty. Sex with slaves was also common and abuse of women at many levels often led to bastard children.

Christianity brought a wholly new paradigm to sexuality in the Roman Empire and this is sometimes called the "first sexual revolution" in the cultural history of the United States, prohibiting sex outside of marriage. However, the new Christians did not immediately and perfectly practice the new teachings, but the influence of the church continued to grow and establish those norms of society for centuries.

Then, from the middle 17th century to the early 19th century the "Age of Enlightenment" changed Europe in every respect from philosophy to science to politics and sex. This was the

era of the French Revolution and the American Revolution. Benjamin Franklin, Thomas Jefferson, and others brought many of the new ideas concerning political structures and human rights to the United States. Much of our science and laws and customs arose during this time.

And, Enlightenment scientists came to the realization that the female form was not an “imperfect male form” but (as astonishing as it may seem to us) there are two “opposite” sexes. This seems to have given rise to long-ranging attitudes in which men and women were not just different but opposite, basically entrenching the concept of male dominance.

At the same time, wide spread changes in European society led to rebellion against the authority of the church and increased tolerance of pre-marital sex, mistresses, and prostitution. The rate of out of wedlock births rose to about 25% by 1800, and about 40% of new brides were already pregnant.

However, as the 19th century dawned, the middle class in the UK was rapidly growing and with it the public sphere, in which people could gather and debate issues. The proliferation of reading materials and attitudes born out of the Enlightenment were also changing society.

The “Victorian Era” from 1837-1901 saw spiritual reform in the UK and a fostering of personal responsibility and respectability and revulsion against social evils and misbehavior. The family unit became central to society, and the role of women was to care for the husband, the children, the household, and to oversee religious and moral concerns.

The woman was seen as daughter, wife, mother, and widow. Her superior qualities were delicacy, sympathy, and sensitivity. Women decided on household furnishings, food, clothing, and education. Some women wrote popular novels about home and family and love. Yet, some early feminists began to talk about expanding the social roles of women. Victorian England had a deep influence on American society in every respect.

In Chapter 1 we discussed the practices of contraception and abortion and the debate over the beginning of life and ensoulment over the centuries, leading into and encompassing the Enlightenment, then leading into the colonial period in America, independence for the colonies, and entry into the 19th century.

Anti-abortion statues began to appear in the United States in the 1820’s. The human egg (ovum) was discovered in 1827. By 1848 women were organizing and asserting that “all men *and women* are created equal” and were calling for economic and educational opportunity and the right to vote. By the late 1800’s some factions of the women’s movement were also talking about sexual freedom and advocating fewer restrictions on contraception and abortion.

World War I ended with sweeping changes in attitudes at all levels of society. In 1920 women got the right to vote, and by then single women were taking jobs which provided them with income to become more independent. Women began to have opportunities for education and

to envision having both a career and a family, rejecting the Victorian belief that women's roles in society were rooted in biology.

At the same time, there developed a subculture social revolution in which young people developed an "anything goes" attitude toward sex, especially among women called "flapper girls" who dressed and behaved in a seductive manner and engaged in casual sex. It was against this background that there developed a liberalization of laws concerning contraception and abortion. But, this era ended with the stock market crash October 1929 because nobody could afford the lifestyle anymore.

In the 1930's women of every social stratum turned to abortion. Doctors attending women with complications due to illegal abortions performed by untrained people developed increasing concern for the procedure being illegal. Although rejected in official channels, this concern continued in the minds of many health care providers over the ensuing decades.

In the prosperous aftermath of the Great Depression and WW2, there ensued another significant increase in sex outside of marriage. Changing attitudes toward women's sexuality, pre-marital sex, and freedom of sexual expression were reflected by dramatic rises in sexually transmitted diseases, births out of wedlock, and births to teenagers in the 1950's. With that background we entered the 1960's.

To say that the 1960's were a time of turmoil and social change in the United States could be one of the greatest understatements of all time. With the aftermath of the Korean War, the developing Vietnam War, the Civil Rights movement, emergence of "second wave feminism" (the first 'wave' being women's suffrage and associated issues), and the "women's liberation movement," we also underwent the "sexual revolution."

Betty Friedan's 1963 book *The Feminine Mystique* came at a time when "second wave feminism" was gaining ground. It created a new way of thinking about the domestic role of women and the sexual role of women in society. "Feminism" addressed issues of sexuality, family, the workplace, reproductive issues (contraception and abortion), and called to attention other issues such as domestic violence and marital rape.

Late in the 1960's the "Women's Liberation Movement" (WLM) formed out of women impatient with lack of progress from traditional sociopolitical methods within "second-wave feminism." They sought to push men to help with such things as housework, childcare, and meal preparation.

And, they loudly protested standards of beauty which reduced women to sex objects. Demonstrations gained national attention by loudness, throwing such things as curlers and high heel shoes, and burning bras taken off their own bodies. Conscious raising groups such as the Women's International Terrorist Conspiracy from Hell (WITCH) advocated for these issues and also for more liberal abortion laws.

“Radical feminism” developed largely among younger women and grew out of the WLM and viewed society as a patriarchy in which men dominated and oppressed women. The movement also saw the middle-class nuclear family (parents and children) as an institution which oppressed women. Half the human race was seen to bear the burden of reproduction and the child bearers were no better off than ‘beasts of burden.’ Men basically took advantage of that condition to reduce women from the human condition to that of an animal.

And, they began to view male-dominated and male-oriented countercultural movements, the New Left, Marxist organizations, and even the National Organization of Women (NOW) as failing to advance the elimination of any distinction of any kind between men and women on the basis of biological sex. At the same time they opposed sexual objectification of women and raised awareness of issues of domestic violence and rape.

The “sexual revolution” (as we know it) started in the 1960’s and was wrapped up with many other social issues, notably the push by women’s rights movements for sexual equality in all aspects of life including freedom to have sex without a male dominated marital relationship and children. Contraception and abortion on demand were obvious issues controlled by men.

The birth control pill was approved in 1960 but was not widely available to unmarried women until 1972. The 1960’s also saw better medical care during pregnancy, better treatment for sexually transmitted diseases, and more availability of abortions. While abortion was still illegal in most cases, there was no significant policing of doctors, and many doctors not performing abortions referred women under certain circumstances to those who did.

Many concurrent social movements beginning in the 1960’s continued into the 1970’s and some into the 1980’s. The diverse goals and tactics of women’s rights movements and changing views of sexuality and morality became combined with a redefining of the family unit in the minds of many women. A call for liberalization of other controlling aspects of women’s lives, such as laws limiting access to abortion, created the “perfect storm” into which the *Roe v. Wade* case was decided in January 1973.

We have seen that chastity was demanded of respectable women in ancient Rome, and that sexual relationships outside marriage were later prohibited by the Christian Church. Then the beginnings of the Enlightenment in the 17th century led to a movement of sexual amorality which was not opposed until the Victorian Era. This not only involved moral standards for sexual behavior but led to increasing restrictions on contraception and more severe penalties for abortion.

However, women’s movements for equality led progressively to demands for easing of restrictions on contraception and abortion. The post WW1 era involved an expression of sexual relationships outside marriage until the Great Depression. After WW2 there was a resurgence of sexual encounters without relationships leading into the 1960’s. The social upheavals of the women’s rights movements and the sexual revolution lead to wide use of the birth control pill and access to abortion basically for any reason after 1973.

This was widely celebrated as a victory for women in some circles and a tragedy by others. Legalization of abortion progressively polarized society at all levels into those favoring abortion (Pro-Choice) and those opposing abortion (Pro-Life). And this included a huge contingency of women.

By the early 1980's feminists began to disagree on support for the countless ways in which sexuality could be expressed. The "feminist sex wars" disputed such things as pornography, prostitution, lesbian sexual practices, the role of transgender women, sadomasochism, etc. Ultimately this led to weakening of the movements until a "third wave" in the 1990's and a "fourth wave" in the 2010's. Further discussion along these lines is beyond the scope of this writing.

The various factions and goals of the women's rights movement(s) did much good to point out social wrongs and promote equality for women in many areas, and likewise to call attention to areas of need such as crisis pregnancy centers, women's shelters, and rape counseling. It also awakened within many men an awareness of how confined and limited their beloved wives and the mothers of their children felt when they were not held in adequate esteem and when the duties within the family were not shared in a more equitable way.

Until now we have discussed that abstinence as a form of birth control has not been highly effective over time. We have also previously seen that many forms of contraception have been used over the eons, with one of the most popular in modern times being the birth control pill. Then we noted how the struggle for women's rights became entangled with the sexual revolution and legalization of abortion on demand. The many hideous ways in which unwanted pregnancies have been terminated over thousands of years have been replaced by medical and surgical techniques. Now we will discuss the modern issues of contraception and abortion, and then abortion survivors. Finally, we will look at rape and incest and neonaticide.

However, before going on it is worth noting that some of the most influential and fervent protectors of life are Catholic. And, the official teaching of the Church is that contraception and abortion is forbidden. But, the position of the Church has been one of change and development of opinion for 2000 years. Early Christians undoubtedly shared a common knowledge of contraceptive techniques and used them the same as others in the community, despite conversion to Christianity. And, despite the fact that these techniques have been known from antiquity, there is no teaching in the Bible about contraception or abortion.

It was not until 1588 that Pope Sixtus V took a stand on contraception and ordered all church and civil penalties for homicide to be brought against those practicing contraception. But, church and civil authorities refused to enforce the order and laypeople simply ignored it. The next Pope rescinded the order.

In 1866 the penitential manual instructed confessors to ask couples about use of contraception and, if they are doing so, to withhold absolution until they stop. That order was also "virtually

ignored.” In the 20th century Christians in some of the most heavily Catholic counties in the world are also those most heavily using contraception.

In 1930 Pope Pius XI pronounced that contraception is “inherently evil” and “violates the law of God and Nature” and is “stained by a great and mortal flaw.” But, Pope Pius XII approved the rhythm method for rather broadly defined “morally valid reasons for avoiding procreation.” However, when birth control pills were approved for contraception in the United States in 1960, many devout Catholics wanted permission to use them.

With the advent of scientific knowledge and new contraceptive technologies, some church leaders took the position that the church could not know God’s will on that issue and should stop pretending that it did. In 1965 Pope Paul VI admitted in an interview that the church has never been confronted with such a problem and that he did not know what answer to give. Others believed the church’s teaching against contraception was grounded in divine revelation.

In the meantime, a Pontifical Commission on Birth Control meeting from 1963-1966 recommended by 80% that the church expand its teaching to include approval of artificial methods of contraception. A minority opinion feared that to suggest that the church had been wrong in prior teachings would be to admit that the church was lacking in guidance by the Holy Spirit. However, the church has already reversed itself of such issues as slavery, usury, and the famous issue of the sun in orbit around the earth.

In any case, Pope Paul VI sided with the minority and prohibited all forms of artificial birth control. This caused protests from both priests and laypeople with comments that the decision was not about birth control but about protecting the authority of the church. Prohibition of contraception remains, but many priests apparently never encounter the question or give counsel that a couple might want to use contraception to limit the size of the family for the good of the family unit. Millions of Catholics around the world simply ignore the church teaching on contraception.

After the rhythm method, withdrawal, condoms, and internal or implanted devices, other contraceptive techniques are widely used. However, the birth control pills are very popular and are generally 92.5% effective. By contrast, female sterilization is about 99.5% effective.

The concept of “Emergency Contraception” emerged in the 1960’s and was available in many countries by the 1980’s. Various products were designed for use to prevent pregnancy in cases when no contraceptive method was practiced or if other methods failed, but they were all gradually withdrawn from the market over 20 years.

In 1976 it was noted that insertion of a copper IUD would provide emergency contraception. This was especially used in emergency rooms after rape. With the advent of oral substances, this is rarely used now.

In 1999 the Plan B pill was approved for use in the US. Initially the product was by prescription only for all ages, then OTC for women over age 18 in 2006, then OTC for boys and girls over age 17 in 2009, then in April of 2013 to boys and girls over age 15, and by June of 2013 the Obama administration gave up and approved the product OTC for anybody who wanted it. There are several generic brands available now. The product prevents or delays ovulation or prevents implanting of the fertilized egg in the womb. It is 95% effective if taken within 24 hours, and 89% effective if taken within 72 hours. However, it is ineffective in women weighing over 155#.

The CDC reported that 4.2% of women used the technique in 2002 while still by prescription only, and 11 % (representing about 5.8 million women) used the pill in data from 2006-2010 when it became OTC for women over age 18. One might now see ads on TV for the Plan B pill and slogans suggesting to “have a ready supply in your medicine cabinet.”

The product called “ella” was approved in 2010 and may be taken orally up to 5 days after unprotected sex with an efficacy of 85% in women weighing up to 195#. However, it requires a prescription. Planned Parenthood advertises an on-line prescription service with next day delivery.

If the teaching of the Catholic Church on contraception has been confusing, the position on abortion has been no less so until relatively recently. We saw in Chapter 1 that a Christian writing prior to 100 AD admonished “do not kill a child by abortion” and that this teaching set early Christians apart from pagans who not only practiced abortion but even infanticide.

However, it was debated as to when the “unformed” fetus became a living being infused with a soul (thus, “formed”). St. Augustine in the 4th century opposed abortion at any time, but felt that abortion of an “unformed” fetus was not murder. However, Gregory of Nyssa in the 4th century and Maximus the Confessor in the 7th century held that human life began at conception.

While there remained a general condemnation of abortion, philosophical debates centered around the degree to which abortion caused the death of a fetus which had ensoulment. By the late middle ages, abortion was treated as an ecclesiastical offence with degrees of severity before and after “quickening” as the point of ensoulment.

Advances in science in the 1800’s led to progressively stronger anti-abortion laws beyond 1860 as physicians argued that quickening was just one step in the growth of a baby. The idea prevailed that the fetus had life, and thus a soul, at the moment of conception. The Catholic Church canon law did not prohibit abortion prior to quickening until 1869 after which all abortion was prohibited. However, there remained a distinction between the formed and unformed fetus until the 1917 Code of Canon Law.

Whereas the Church teaching on contraception is largely ignored by Catholics, the teaching on abortion is accepted to varying degrees. Some feel that there should be at least a few exceptions. Others identifying as Catholic feel that there should be no restrictions on abortion.

The degree to which Catholics are against abortion correlates with attendance at Mass. Those rarely or never going to Mass tend to favor relatively unrestricted access to abortion. But in 2008 about 24% of those attending Mass weekly believed at least some abortions are morally acceptable. And, the spectrum of beliefs and practices extends also across all faith traditions.

Immediately after the Plan B pill was introduced in 1999, the FDA approved the “Abortion Pill” (RU-486) in the year 2000, although the technique now employs the use of 2 pills to improve efficacy. The first pill kills the fetus and the second, taken 2 days later, empties the uterus. This is the method used by Abby Johnson when she had her abortion, and her rather horrifying experience was portrayed in the movie “Unplanned.” It is 97% effective if taken in the first 9 weeks of pregnancy. There can be substantial blood loss and infection, and the baby could be deformed if the pregnancy does not end. The cost varies from \$110-360 in the US. The product is by prescription only and is a favorite of Planned Parenthood. It is reported that at least 39% of all 1st trimester abortions happen this way in the US and 60% in some countries in Europe.

Sometimes a woman takes the first pill and promptly regrets doing so. There has been some success with “abortion pill reversal” with high doses of progesterone if given quickly enough.

Beyond gestational age 9 weeks and up to 14 weeks, the next abortion option is the surgical approach, killing the developing baby by suction aspiration. This procedure was portrayed in the movie “Unplanned” and it was while Abby Johnson was holding the ultrasound to guide the doctor that she realized the horror of it all. Now she is a very outspoken Pro-Life activist and has widely told the truth about Planned Parenthood’s plan to push the option of abortion over other choices and thereby reduce the population of people deemed less desirable to reproduce. The abortion doctor in the movie played himself...he also had a conversion experience and is now a Pro-Life activist.

After 14 weeks, the procedure called dilation and evacuation (now known as D&E) is used. The baby is killed by being removed from the womb in pieces. Again, in the movie “Unplanned” there is a scene in which the “Products of Conception” are inspected to be sure all of the baby parts have been removed.

Abortions by saline injection through the abdominal wall into the fetal sac to kill the baby and induce expulsion from the body, and hysterotomy (similar to the way a C-Section is performed by abdominal incision) to remove and kill the growing baby are still performed, but infrequently now due to excessive complications. And, with saline abortions, the baby is sometimes born alive. Such babies have been smothered or strangled or just put aside with medical waste to die, which can sometimes take up to 3 days.

Discussing “late term abortions” gets us into even more hideous territory. There is no agreed upon definition for “late term abortion” so it is sometimes intended to mean beyond 20 weeks and sometimes beyond 27 weeks, that is, in the 3rd trimester (1st trimester is up to 13 weeks, and 2nd trimester is 14-27 weeks). Sometimes the term is meant to be beyond the date of fetal “viability” (24-25 weeks) although this is not a fixed time in any one pregnancy.

In the past late term abortions were commonly performed by the saline injections discussed above which sometimes resulted in “the dreaded complication” of babies being born alive. That technique was largely replaced by “intact dilation and extraction” which is discussed below.

In 1995 and again in 1997 Congress narrowly voted along party lines to ban partial birth abortions, but these bills were vetoed by President Clinton. In the year 2000 the Supreme Court ruled 5-4 against a Nebraska law banning partial birth abortions, saying the definition was too vague.

In 2003 Congress again passed the Partial Birth Abortion Ban Act which this time was signed into law by President George W. Bush. This defined the act as:

“An abortion in which the person performing the abortion, deliberately and intentionally vaginally delivers a living fetus until, in the case of a head-first presentation, the entire fetal head is outside the body of the mother, or, in the case of breech presentation, any part of the fetal trunk past the naval is outside the body of the mother, for the purpose of performing an overt act that the person knows will kill the partially delivered living fetus; and performs the overt act, other than completion of delivery, that kills the partially delivered living fetus.”

The new law was promptly challenged and was ruled unconstitutional in 3 District Courts. In the meantime President Bush replaced Justice O’Connor who favored liberalization of abortion with Justice Alito who did not. When the case reached the Supreme Court, this time the court upheld the law by a 5-4 decision.

Abortionists reacted by changing the procedure so that the baby is killed prior to removal from the womb. The umbilical cord may be severed to cause death, or substances can be injected into the heart or head of the baby to cause death before the “intact dilation and extraction” procedure is initiated to remove the baby. The dead baby is removed feet first. The brain is sucked out to collapse the skull and complete the process.

During the 2020 Presidential State of the Union address President Trump called for Congress to pass a law totally banning late term abortion. However, the House is controlled by a political party which supports liberalization of abortion, so this is not going to happen in the near future.

Precise data is hard to obtain, but in 2014 approximately 3% of abortions after 21 weeks were late term abortions, representing about 25,000 pregnancies. To put this in perspective, that exceeded the number of homicides by firearms in 2013. And, that says a lot about those who advocate strict gun control laws but at the same time liberal abortion laws.

Defenders of late term abortions say that the procedure is “almost always” due to fetal abnormalities or when the mother’s life is in danger. However, when women are actually polled, a small minority of such abortions are for those reasons, and the vast majority are said

to be due to stressful circumstances of life, single-motherhood, financial pressures, and relationship problems with the father.

Recently in 2019 the State of Virginia considered a bill liberalizing its abortion laws so that late term abortion could be performed in principle until the mother went into labor. Due to public outcry this never reached a vote.

However, also in 2019, New York passed a law allowing Physician Assistants, Nurse Practitioners, and Midwives to perform abortions past 24 weeks if the “health” of the mother is at risk or if the fetus is “non-viable.” However, the terms “health” and “viability” are not defined so that late term abortion is readily available to basically any woman for any reason. And, again, the procedure could legally be performed up until the mother went into labor. In practice there are almost no abortions performed in the last few weeks of pregnancy.

The American College of Obstetrics and Gynecology position paper states that abortion is an important part of a woman’s reproductive health and that more doctors need to be trained to do abortions. And, at the same time that many doctors advocate for abortion, 85% of OB/GYN doctors do not want to do abortions, and many take an active position against abortion in general and especially late term abortion.

Dr. Donna Harrison, Executive Director, American Association of Pro-Life Obstetricians and Gynecologists (AAPLOG) wrote:

“Most late term abortions are done for the same social reasons that earlier abortions are done. Late-term abortions are much more dangerous to the mother than giving birth. Late-term abortions involve a much higher risk of death from the abortion procedure itself, as well as higher risk of perforating the womb, massive bleeding, and damage to the womb. Late-term abortions are only safe for the abortionist, not for the mother, or her child. If a baby has died in the womb, the procedure is not an abortion. The purpose of an abortion is to kill the unborn child to ensure the child is born dead.”

Dr. Christina Francis, Chair of the Board, AAPLOG added:

“Women carrying children with life-limiting conditions need to be cared for in a way that not only maximizes maternal health, but also honors the life their child. Delivering a child intact and then administering the appropriate medical care for that child—whether that be palliative care or active treatment—is the medically appropriate and ethical thing to do. This scenario is one that every OB/GYN faces. Given that 85% of OB/GYN’s do not perform abortions, third-trimester abortions do not need to be legal in order to optimally care for women and their children, no matter what the circumstances.”

And, Perinatologist Dr. Byron Calhoun has commented:

“There is never a reason to take the life of an unborn child since there is no maternal condition that requires the death of the fetus to save her life. The infant may need to be delivered prematurely and die as a result of that, but it is not necessary to take the infant’s life. Further, if a fetus has an adverse prenatal diagnosis, all patients should be offered perinatal hospice care since this is far better for maternal health than any elective abortion. Perinatal hospice allows the parents to be parents and provide all the love they can for their child.”

It is interesting to note that not all abortions have been successful. Melissa Ohden has founded the Abortion Survivors Network and is herself a real survivor. Melissa’s mother was a 19 year old college student who had a late term saline abortion in 1977. Melissa was born alive but was put aside with medical waste to die. She was rescued by a nurse who took her for medical care. She was adopted and grew to be a normal healthy woman who one day discovered the truth.

Gianna Jessen has a similar story to that of Melissa. The abortionist was not present when she was born alive and she was rescued. Claire Culwell survived when the abortionist killed her twin sister but failed to notice that she was a twin. Josiah Presley lost part of an arm in an attempted abortion but survived to be adopted. So did Ana Rosa Rodriguez. Heidi Huffman survived an aspiration abortion.

So far there are over 250 abortion survivors associated with the Abortion Survivors Network. As might be expected, many of these people have had difficult emotional journeys when they realized that their mother’s tried to kill them. And some suffered injuries and disabilities from the attempt. Many of their stories are posted on-line, and one may see the smiling faces of people who were once treated as a piece of tissue to be destroyed on demand of the mother. And, the story of how their pain was replaced by forgiveness and love is a message for us all.

Abortion laws typically make exceptions for rape, incest, and the health of the mother. We have seen that “health” as defined in the 1973 Supreme Court case of *Doe v. Bolton* could mean literally any complaint, such as emotional stress. The cases of rape and incest are tragic and emotionally charged with huge issues for mother and child and extended family.

The CDC reports that 32,000 pregnancies occur each year as a result of rape, and about 12,000 (at least 30%) are carried to term and raised by their birth mothers. These children can face very difficult challenges if they are rejected by their mothers or other family members. But, is it their fault that they were conceived, and should they be killed by abortion? Many mothers are starting to speak out and object to the negative perceptions and stigmata associated with children of rape. Shauna Prewitt is one of those.

Valerie Gatto is a child of rape. She was raised by loving parents and was told that she could be anything she wanted to be. In 2014 she was Miss Pennsylvania and competed in the Miss USA contest. She works to educate women about protecting themselves from sexual assault.

Reading about the anguish women experience leaves one saddened but with the observation that the conception is not the fault of the child. Analyn Megison wrote in her article *Conceived in Rape, Born in Love*: “My daughter was born of me, not of the rape I endured.”

The subject of a child born from incest is extremely difficult. It might be surprising to learn that there are no data available on pregnancies arising from incest, and thus no data on abortions and live births. Even the data on pregnancies and births resulting from rape are only estimated, and it is easy to see why these facts are the case: there are issues of privacy and perceived shame which affect voluntary reporting and make it difficult to discuss how to collect data.

Rape and incest are often discussed together, and indeed most incest likely involves minors and is technically rape even if not by force or coercion. So, pregnancies and births estimated to be from rape likely include at least some cases of incest. In Chapter 5 we saw that women wanting abortions stated the reason to be because of rape 1% of the time and due to incest 0.05%.

The incidence of pregnancy from rape is felt to be about 5%, and there is no reason to suppose it would be different for pregnancies arising from incest. Based on request for abortion, it cannot be said that forcible rape occurs more often than incest or whether women pregnant from incest have more live births. Comments in on-line blogs suggest that pregnancies from incest are uncommon, which implies that incest is much less common than forcible rape.

Social services people say that pregnancy in a minor as a result of incest is typically brought to term and the child reared alongside its mother. Another article in the *Journal of Pediatrics* states that most babies born of incest are given for adoption. It appears that there are few cases of abortion because of incest.

It can be said, however, that a pregnancy resulting from incest between first degree relatives (parents, children, and siblings) results in a 40% chance of autosomal recessive (genetic) disorders, congenital physical (birth) malformations, or severe intellectual deficits. Another 14% have milder mental disabilities. Less than 50% of such children are healthy.

In the interesting study producing that data, the unique control group was the women themselves who also had children by men who were not first degree relatives. In the later group of children the rate of birth defects was 7%.

The heart is greatly saddened by a glimpse into the lives of those women affected by rape and incest, and the children born from those relationships, and for those very real people who had no choice and lost their lives to abortion.

These tragedies are compounded by human sex trafficking. In an article published on line in 2017 data was presented from the International Labor Organization which estimated 11.4 million women and girls worldwide are in forced labor and 4 million in forced sex work or sexually abused while exploited in other sectors.

Of these about 7.5% (300,000) become pregnant and studies estimate 34-55% have at least one abortion and about 30% have multiple abortions. This is a population into which new women appear as older women leave and is an ongoing problem around the globe. In particular, prostitution is considered a low risk, high reward business.

A study of over 1000 prostitutes in the US by the Beazley Institute for Health Law and Policy in 2014 reported on how many victims of such sex trafficking had abortions. Two-thirds said they had abortions in clinics and 30% said they went to Planned Parenthood. One woman reports:

“I got pregnant 6 times and had 6 abortions during this time. Several of them were from a doctor who was a client—he did them backdoor... At least one of my abortions was from Planned Parenthood because they didn’t ask any questions...You went backdoor where the charge was more like \$150.”

In 2011 Live Action (an anti-abortion organization) produced videos since 2008 from several Planned Parenthood locations. Eight Planned Parenthood locations in 6 states were found to be covering up child sexual abuse when an investigator was posing as 13 years old. Employees said later that they did not want the publicity or problems with angry abusers.

An investigator posing as a pimp and seeking evaluation of his girls for sexually transmitted diseases and to have abortions when they were pregnant was told, “If they are minors, tell them they are students.” Pro-Choice commentators have said the videos are “intentionally misleading.” However, the Beazley report has not been challenged.

We finish this chapter with a discussion of neonaticide and infanticide (infant homicide). Anthropologist Laila Williamson has written that “infanticide has been practiced on every continent and by people in every level of cultural complexity, from hunter gatherers to high civilizations, including our own ancestors. Rather than being an exception, then, it has been the rule.” Neonaticide is the act of a parent killing a child during the first 24 hours of life. For our purposes we will only discuss the act of killing an unwanted baby which has been born alive.

We have mostly dealt with abortion, but the culture of death has other unsettling dimensions. Indeed, sometimes babies born alive during attempted abortion have been smothered or strangled or put aside to die from lack of care, and there is still discussion at times of whether a full term baby might legally be left to die if the mother does not want it, and near full term abortions are not consistently protected by law. However, for the present time, the Born Alive Infants Protection Act of 2002, signed into law by George W. Bush extends legal protection to an infant born alive after a failed attempt at induced abortion. But, neonaticide remains a shocking reality around the world.

A story in the New York Times in 1997 reads: “...every year, hundreds of women commit neonaticide: they kill their newborns or let them die. Most neonaticides remain undiscovered.”

An article in Behavioral Science Research in 1982 titled "*Infanticide as a Terminal Abortion Procedure*" actually concerns itself mostly with neonaticide. The author studied 57 societies to examine "the proposition that infanticide is a terminal abortion procedure, practiced when abortion attempts fail, or when the decision to kill an infant is based on characteristics which can only be observed after birth." He determined that most deaths were at birth, mostly done by the mother, and that most victims were illegitimate, twins or triplets, weak, or deformed. Furthermore, the victims were viewed as fetuses and not newborns.

It has thus been suggested that restrictive abortion laws are a contributing factor to neonaticide. However, this has been discredited by a study of 39 countries with various degrees of strictness in their abortion laws where no correlation is found.

In the United States 45% of all child murders occur in the first 24 hours of life. Neonaticide is far more likely to be committed by the mother than by the father. 90% of neonaticidal mothers are under 25 years of age, less than 20% are married, and less than 30% are determined to be psychotic or depressed. A common characteristic of neonaticidal women is concealment of the pregnancy. 95% deliver at home and only 15% receive any prenatal care. Virtually all of them go on to hide the body of their victim. Some have been found in freezers, and some have been found in trash dumpsters. It is, therefore, not known how many bodies have never been found.

There appears to be no gender or ethnic bias in the victims, there is no correlation with congenital abnormalities, and the economic circumstance of the mother is not a factor. However, neonaticide is more common among teenage mothers and those with lower levels of education. Most of these women are single and living at home, and it is their first pregnancy. Furthermore, most of these young, unmarried women still living at home appear to have been born out of wedlock (in one study 23 of 24 women). It has been suggested that the stigmata from having an illegitimate pregnancy could be a causative factor. Among married women, the most common reason for neonaticide is extramarital paternity.

In trying to prevent these tragedies, we identify an at risk woman as "a shy, timid, passive, adolescent living with her parents who is concealing her pregnancy...with few biological manifestations of her gravid state, and the absence of any psychiatric symptoms."

Another authors says the "mothers shared a personality profile marked by immaturity, dependency, weak self esteem, absence of affective support, (in) psychological isolation, and (having) poor communication with partners." "Pregnancies were experienced in secret, with conflicting feelings of desire (for) and rejection of the infant and an inability to ask for help."

It is well pointed out that we have little hope of identifying such women until a tragedy has occurred. And, from discovery of cases where 2 or even 3 dead babies have been found, it is reasonably suspected that many cases occur in which the babies are disposed of and never found.

In this chapter we have covered a lot of history and encountered a lot of anguish in women experiencing a wide variety of sorrowful events in their lives. It is a necessary journey in order for us to have understanding and compassion for the circumstances those women face. It can only be concluded that all children regardless of the circumstances of their conception and birth should be loved and cherished and receive compassionate care. In building a culture of life we must be aware of all these needs and help provide resources and alternatives. This will be the subject of Chapter 9.

8

Creation and Termination of Life The Domain of God and Man

We have seen that mankind figured out pretty early where babies came from and that children were generally welcomed and celebrated, but not always. The history of mankind on this subject is clouded by contraception, abortion, neonaticide, and infanticide.

Our cultural and legal attitude toward the creation and protection of life is born from thousands of years of the Jewish tradition out of which Christianity emerged 2000 years ago. However, culture is not a static thing, and attitudes toward abortion have become a battleground which has been especially polarizing in the last 50 years.

And in the past few decades, advances in the study of human reproduction and genetics has put scientists and doctors in a position of being able to take charge of the creation of new life and to determine the characteristics of who will be allowed to develop into a baby.

In this chapter we will discuss the issues surrounding this topic and also the way in which some factions are pressing for control over the termination of life when the lives of some people are no longer deemed to have value according to their standards.

First we return to the discovery of the human ovum in 1827. We have seen that the ensuing 100 years was a battleground over contraception and abortion and women's rights, first the right to vote and then increasingly a demand for access to contraception and abortion.

While those events were developing, in 1878 Samuel Schenk in Vienna fertilized rabbit and guinea pig ova *in vitro* ("in glass") in his lab. In 1934 Gregory Pinchus and Ernst Enzmann in the US attempted "*in vitro* fertilization" (IVF) in a rabbit. The attempt was flawed by failure to understand the complexity of the process, and fertilization was shown to have actually occurred inside the rabbit. While many scientists turned their attention elsewhere for awhile, Dr. Pinchus never lost interest in mammalian reproductive systems. And, in the 1930's scientists began to understand human reproductive hormones better.

In 1951 Margaret Sanger (Director of MSRB) and Abraham Stone (President of PPF) met with Dr. Pinchus to discuss an oral hormonal birth control technique. Initial research was encouraging but Planned Parenthood showed little interest. Sanger met with her friend Katherine McCormick, philanthropist and heir to the McCormick family fortune, to discuss the project. In 1953 McCormick contributed most of the funding for Pinchus to develop the first birth control pill "Enovid" which was approved by the FDA in 1960.

In parallel with these developments, advances were made in 1951 which lead to the first successful IVF in a rabbit in 1959. In the 1960's and 1970's scientists concerned with issues of female infertility made advances, but their attempts at human IVF were unsuccessful.

In 1976 Patrick Steptoe and Robert Edwards in England began working with an infertile couple Lesley and John Brown. Lesley was infertile due to occluded fallopian tubes. On July 25, 1978, Lesley gave birth to a healthy girl named Louise Brown who was promptly labeled the first "test tube baby." As of 2018 (40 years later) about 8 million babies worldwide have been born after IVF, and it is estimated that 1-3% of births in the US and Europe annually are by IVF.

The Catholic Church officially recognizes and speaks at length on compassion for couples wishing to have a child, and does not judge the use of technology to overcome fertility as wrong in itself. In 1987 a document on "The Gift of Life" proclaimed that methods which "do violence to the dignity of the human person and the institution of marriage" are immoral, but that "a medical intervention which helps or assists the marriage act to achieve pregnancy" may be considered moral. And, IVF is decidedly considered to be immoral.

The simplest argument to explain this teaching is the fact that several eggs are fertilized *in vitro* which eliminates the marriage act of love between husband and wife. Furthermore, life of the embryo begins at the moment of conception, and it is at that moment that the embryo is a person who has a soul. And, the IVF procedure need not be completed with an egg from the wife or sperm from the husband, leading to many other social issues.

Finally, the doctrine goes on, "leftover" embryos are discarded or frozen or relegated to experimentation. And, it cannot be disputed from cases where thawed embryos have been brought to full term healthy babies who become adults that the embryos are real people, just undeveloped. As we shall see, this is also the subject of much debate and legal action.

Not every IVF attempt results in pregnancy. For one attempt about 45%, for 3 attempts about 50%, and for 6 attempts about 75%. The success rate can be improved by implanting several fertilized eggs which risks multiple births. And, multiple births result in more and more risk to the mother, and increasingly high risk of some of the babies dying before or shortly after birth when there are 3 or 4 or 5 or more. Therefore, in the 1980's doctors began the process of "selective reduction" of multiple pregnancies by injecting chemicals into the heart and killing all but one developing baby.

Typically 15 eggs are fertilized giving rise to the issue of which embryos to implant. Most recently doctors are using deep learning artificial intelligence software "to determine which embryo has the best chance to become a baby."

Studies indicate that there is about a 30% chance of birth defects in children born by IVF over the general population, which seems to be related to the reasons for infertility in the parents. And, whereas children born by IVF do not have cognitive or behavioral problems, long term studies indicate a higher incidence of such things as increased body fat, hypertension, impaired fasting glucose, depression, and binge drinking. It is not known if this is due to parental genetics or something in the IVF procedure.

At present only one or two eggs are typically implanted. But, some doctors have deliberately implanted more and made news when there were multiple live births. Some countries have enacted laws against implanting many embryos to prevent multiple births. Many states now require insurance companies to cover IVF which has led to rules on how many eggs can be harvested and how many can be implanted.

What happens to leftover eggs which are not fertilized? And, what is done with fertilized embryos not implanted? Leftover eggs can be frozen and used later by the same woman or donated later to another couple to be fertilized by the man's sperm. Leftover embryos are alive and have the potential to become babies, but they can be legally discarded as trash or designated for research and then killed. They can also be frozen and implanted in the same woman or another woman at a later date. But storage fees are costly. Some couples donate their embryos for adoption through agencies. Rather than going through the expensive IVF procedure or trying for years to adopt a baby, the receiving woman has a natural pregnancy and delivery. Currently there are over 1 million frozen embryos in the US alone.

It is now possible for doctors to use donated eggs and donated sperm to create a new living embryo. This new life can be implanted in a woman to become a baby who grows into an adult, or the embryo could be used for research and killed. This has produced intense debates over "the beginning of human personhood" and "the value of potential human persons." And, this is the subject of political and ethical arguments over how to legally prohibit or regulate such activities.

In the meantime, in November 2018 it was announced that an illegal experiment in China has produced live births from genetically altered embryos. And, Japan had approved an experiment to implant human cells in animals to try to grow spare human organs to be harvested when needed.

We have spent time on this topic so we can understand a discussion of embryonic stem cell research, adult stem cell research, and embryo-like structures.

Stem cells are those cells found inside a developing embryo by day # 6 which have the potential to develop into all of the body parts which are present in a baby at birth. The original research investigated the intriguing prospect of developing lines of stem cells which could be used to repair worn or diseased body parts in adults. In 1981 researchers had found a way to develop stem cells from mouse embryos.

Researchers then acquired living human embryos produced by IVF which were designated to be discarded. This led to ethical arguments that these are living humans, and discarding them or destroying them in the process of research was immoral. However, such research continued by removing the stem cells from inside the embryos, thus killing them, throughout the 1980's, and the first embryonic stem cell line was produced in 1998. When George W. Bush became President in 2001 he acted just 7 months later to restrict the use of federal funds for research on human embryonic stem cells to those that had been removed before that date, citing that it was immoral to waste human life in that way.

However, embryonic stem cell research continued in other countries. In one famous case, a company in California began operation in 2008 to sell fetal body parts illegally to pharmaceutical companies and academic institutions around the world. This all came to light in 2015 when videos were released showing Planned Parenthood executives discussing the sale of tissues and organs from aborted babies. For eight years Planned Parenthood supplied hearts, brains, lungs, intestines, and other organs in exchange for substantial monetary contributions which made that company one of their largest "donors."

When the company was discovered and the owners prosecuted, it came to light that the sellers involved were wanted by authorities in Ecuador for crimes involving abortion, but they were admitted into the US after making huge monetary contributions to certain political parties of the incumbent government which favored expanded access to abortion, and thus they had been granted political asylum.

Whereas the sellers' assets were liquidated and they were deported, the California Attorney General declined to prosecute Planned Parenthood for trafficking in fetal body parts and was later found to have received substantial donations from Planned Parenthood as political campaign contributions. However, in September 2019 Planned Parenthood personnel admitted in sworn testimony to selling fetal body parts, and it appears that under the current administration the FBI and DOJ are still investigating the matter for possible prosecution.

At the same time that all of this was going on, other legitimate research centered on the regression of specialized cells such as from bone marrow or umbilical cord blood into "adult stem cells." Eventually it was discovered that there were problems getting human embryonic stem cell lines to work for treating diseases. But, adult stem cells did work and became the "gold standard" for further research, ending that controversy.

Another issue arising from IVF is Pre-implantation Genetic Diagnosis. This involves sampling cells from the embryo before it is implanted to determine if there are any of a certain number of genetic diseases or predispositions to cancer present. This is often done when such diseases occur in the family line. But, it may also be done to select the sex of the child. In some cases the embryo may be selected as a match for a sick sibling so that the new child will be available to donate tissues to save the sick child.

However, ethical issues surround the fact that about 20% of embryos frozen and thawed do not survive, and others may be damaged during the biopsy procedure and not survive. Beyond that are social concerns for the prospects of a "designer baby." On the other hand, it is also proposed by some that parents should have a moral obligation to select their children for traits to give them the best life.

Turning to the issue of human cloning, the first report of stem cells created from cloned human embryos was reported in 2013, and the process has been verified and replicated. While the embryos were not implanted into a woman to produce pregnancy, these were living human beings that were discarded in this manner. It may be surprising to know that the US has no federal law prohibiting human reproductive cloning. There are, however, several international agreements that formally forbid it.

It has been 23 years since the cloning of Dolly the Sheep. Whereas she died rather young, 13 other cloned sheep are still alive and well. Cloned monkey embryos have also been brought to live birth, so it seems only a matter of time until someone does bring a cloned human to live birth.

It should be noted that it would be necessary to bring two such cloned embryos to live birth near the same time to have two beings that are identical twins. One embryo could be frozen to be implanted years later to supply spare parts for the one born earlier. Still, we are a long way from the equally hideous prospect of an aging adult individual making a clone of himself in order to have spare parts available in case of future need. The movie *Island* (2005) concerned humans used for organ harvesting who attempted to escape when they found out why they existed.

In the meantime, controversial and abhorrent experiments on human embryos in the United States and some other countries has been limited by law to 14 days when it is nominally felt that the embryo begins to take on the earliest features of being a developing baby. But, last September 2019 researchers announced the creation of “embryo-like structures” by regression of the aforementioned “adult stem cells” and forming structures which divide and go through stages that resemble landmarks in early human development. These are not fertilized eggs and cannot develop into an embryo. The technique may therefore allow study of human development without using human life.

The take away message from all the foregoing is that advances in technology show that there is no justification in any manner for using embryos of living human beings from IVF for clinical research or cloning of humans.

Let us now turn away from those disturbing thoughts and address the subject of euthanasia and assisted suicide. Interestingly, euthanasia is divided into three designations: (a) voluntary, by informed consent, (b) non-voluntary, as for a child or a person in a coma, and (c) involuntary. The best definition for euthanasia might be “a death which results from the intention of one person to kill another person, using the most gentle and painless means possible, that is solely motivated by the best interests of the person who dies.”

Euthanasia is further divided as passive or active in nature. Passive euthanasia entails withholding any treatment to prolong life. Active euthanasia involves administering a toxic substance to cause death.

Voluntary euthanasia involves the proposition that people have the “Right to Die.” But, when the patient brings about their own death with the assistance of a physician, the term “assisted suicide” is often used. We will come back to this topic below.

Involuntary “euthanasia” resulting in death without consent is uniformly designated as murder.

Non-voluntary euthanasia of persons unable to give consent (“incompetent” individuals) but whose life is dependent on mechanical support has resulted in legal battles reaching the Supreme Court, eventually allowing in 1975 the removal of life-prolonging support when there was no possibility of the patient recovering. However, “competent” persons could be allowed to make the decision by themselves to withhold medical treatment.

Additional issues remained, and in 1990 the Supreme Court ruled that the states could require reasonable proof that an “incompetent” patient wanted life support to be withdrawn before a third party could authorize the action.

Congress promptly passed a law already under consideration called the Patient Self-Determination Act which has lead to the Advanced Healthcare Directives by which people can now decide in advance if they want life-prolonging therapy withheld if there is no chance for their recovery.

Assisted suicide can be defined as “an intervention to terminate life on request.” As noted, this is technically known as active voluntary euthanasia. This practice is legal in some of the United States and in some foreign countries, often with specific conditions noted.

However, there is much literature to dispute that assisted suicide is a free choice, but rather there is evidence that significant and treatable depression is usually the underlying cause. For example, in the Washington and Oregon assisted suicide laws, 96% of patients receive no evaluation for depression and half of them say they requested lethal drugs because they are a “burden” to others. However, in a study of cancer patients who were depressed and stated they were a burden to others, no correlation was found between the patient’s perception and any actual physical dependency on others.

Whereas pain and lack of support contribute to the wish for death in some people, none is as significant as the presence of depression. And, hopelessness is a key variable that links depression to suicide. A study of terminally ill cancer patients who were neither depressed nor hopeless showed that none had a desire for hastened death. However, two thirds of patients with depression and hopelessness had a high desire for hastened death.

Other factors of concern are stories about the cost of drugs for palliative care being prohibitive whereas assisted suicide was covered by insurance, and there are even stories of people being asked by insurance company personnel if they have considered assisted suicide. Sometimes family members have been perceived as pushing patients toward suicide.

In conclusion, whereas the use of human embryos for clinical research appears on the way out, the making of embryos in the lab which can be used by potential parents to select the most desirable qualities for a baby is a chilling thought. Also, storing eggs and sperm so that there are a variety of options for designing a baby in a manner unrelated to the DNA offered by the parents is also a very troubling thought. And the ethical issues raised by the waste of human life resulting from embryos created in this way and placed in and out of storage describe a tragically worrisome practice.

These issues and those of euthanasia and in particular active voluntary euthanasia, known as “assisted suicide,” with links to coercion of some patients and untreated depression in many more, leave us with very challenging issues to confront in the years ahead.

9

Building a Culture of Life

In the chapters of this compendium we have been on an informational and educational journey as well as a spiritual journey of prayers and meditation to develop a deeper commitment to building a culture of life within ourselves, which we can take to our families and our community.

In this writing I have asked the reader to be firmly committed to defending the right to life and the dignity of the human person. Those who share that belief must individually identify those persons running for political office who will support what they believe in and shape the laws of the country to protect life in all its forms and all its stages from conception to natural death.

Whereas we have spent most of our time on the subject of abortion, we have not forgotten those with physical and mental handicaps, those who are sick, the elderly, and those who are dying. At the same time that we find those practices abhorrent which diminish human dignity and destroy life, we do not judge or condemn people, but we have prayed for those who have had abortions, those performing abortions, and those affected by abortions along with the unborn and newly born out of our love for them, as Christ has loved us.

To review briefly, we looked at the history of abortion in ancient cultures and how it became a larger part of our culture today. Then we looked at how the concept that some people are unfit to reproduce developed and how it reinforced racism and bigotry and led to forced sterilization and genocide. From there we saw how Margaret Sanger embraced this concept and integrated it into the culture of Planned Parenthood which eventually turned abortion into big business.

We then examined how Norma McCorvey was exploited to get the issue of abortion before the Supreme Court where the *Roe v. Wade* decision expanded the legality of abortion. This led to rapid expansion of Planned Parenthood's business plan so that they now perform 40% of all abortions in the US and claim responsibility for even more worldwide.

Approaching the modern era, we discussed how US federal funds reimburse for the healthcare of women of low economic status and how Planned Parenthood has attempted to convince pregnant women to have an abortion as a convenient choice which is often portrayed as their only viable choice.

From there we looked at how women avoid having an unwanted baby by using abstinence, contraception, "emergency contraception" (morning after) pills, abortion pills, or surgical abortions by progressively horrendous methods to kill the baby in the womb, even in advanced stages of development. And we must not forget the terrible impact of incest, rape, human trafficking, and neonaticide, as well as the difficult adjustment of abortion survivors.

To conclude this review, we studied how scientists can now harvest eggs from women and fertilize them in the lab. There is now the capability of selecting those embryos which have the most desirable characteristics, even possibly producing “designer babies.” There are now about 1 million of these living human embryos in frozen storage in the US.

Further reflecting how the “culture of death” has penetrated our society is the practice of euthanasia on those who are suffering but not necessarily dying. And, voluntary “assisted suicide” upon demand is gaining more support amid much debate.

We now look again at the women who are turning to abortion for a solution when they have an unplanned and unwanted pregnancy.

75% are at or below the poverty line

55% are black or Hispanic

60% are in their 20's

85% are unmarried, and most have little or no support from the father or extended family

60% already have one child

37% identify as evangelical Christians or Catholic

And, when asked why they wanted an abortion they gave an average of 4 reasons:

75% said a baby would interfere with work or school or other responsibilities

50% said they did not want to be a single parent or that they have relationship problems

66% said they could not afford to have a child

Many, especially teenagers, felt too immature to have a child, did not want others to know they had sex and got pregnant, or they said that parents wanted them to have an abortion

After an abortion:

60% of women experience some degree of emotional distress, half of those have severe emotional distress, and 10 % have serious psychiatric problems

They are 4-5 times more likely to engage in substance abuse.

They are 6 times more likely to commit suicide than a woman who gave birth.

They have increased risk for complications in a future pregnancy.

These are many of the women in need of help, and it is a huge problem that requires trained people to counsel and steer such women into the resources they need to decide life for their baby. But the challenge is to penetrate neighborhoods where they live with the information about such resources from the time they are no older than age 15. Planned Parenthood has already established abortion as the first and only viable option for these women.

One of our major opportunities is to encourage the organizations which help these women and provide them whatever financial aid we can. We can also help invest in ultrasound machines for pregnancy resource centers so women can see the life growing in their bodies. However, only 26 states require an ultrasound before abortion, and only 3 states require the provider to show the image to the woman and describe it.

Therefore, in a review of claims of how many women having an ultrasound choose not to have an abortion, the waters are muddy indeed. There is no data on what choice, if any, was made before the ultrasound, and thus whether the procedure caused a change of heart. Those facilities providing abortions report only 1-2% decided not to have an abortion, but pregnancy resource centers report more than 90% choose life for their baby.

It seems likely that this is because women who go to an abortion facility have already made their choice to have an abortion and are not offered any other option. But, most of those going to a pregnancy resource center are not committed to abortion and receive counseling and resources and mostly choose life.

We need to know this because there is no standard reporting technique. Those who favor abortion are trying to get politicians to back away from laws requiring women to have an ultrasound by reporting that the procedure has no value and might keep some women from exercising a “fundamental right” to have an abortion.

Therefore, it is the job of the Pro-Life movement to get women into the pregnancy resource centers as their first stop where they can be provided with all the support and resources needed. And, this means that there is a need to address all of the underlying reasons why women seek to have an abortion in the first place.

That gets us back into the political arena where the leadership we select at city, county, state and federal levels must continue to address all of these social issues while opposing the forces driving women to abortion as their first and only viable choice. It is a formidable challenge which cannot be met without consistent prayer for the changing of minds and hearts combined with education and outreach to provide real contemporary help.

The Pro-Life movement has become stronger in recent years with election of people to public office who have enacted laws and regulations at state and federal levels which make it more difficult for the abortionists to sell their product.

After the Supreme Court decision in *Casey* in 1992, anti-abortion activists in all states began to push for legislation to restrict abortion. In 2012 over 1100 statutes were proposed and 135 of those became law in 36 states. Such efforts have continued to proliferate since then. In 2019 a flurry of restrictive laws passed. Alabama enacted a law banning all abortion. Missouri banned abortion after 8 weeks. A law was enacted in 5 states to prohibit abortion after a fetal heart beat is heard (about 8 weeks by abdominal ultrasound). Arkansas and Utah banned abortion after 18 weeks. Indiana and North Dakota banned dilation and extraction abortion after 14 weeks. Four states banned abortion if the baby has Down Syndrome.

Several states have bans on abortion for such reasons as sex selection, race, or genetic anomaly. Other states require that a woman being given the abortion pills be informed of the option to have an attempt at reversal if she changes her mind. Other states require waiting

periods and ultrasounds to view the baby as well as other measures. Abortion supporters complain that the states are using such tactics with multiple laws for specific cases in order to make it difficult to challenge the laws in court. No doubt that is the case.

In 2013 Texas passed a law banning abortions after 20 weeks and requiring abortion facilities to meet the standards of an outpatient surgery center and for abortion providers to have admitting privileges at a hospital no more than 30 miles away. In 2016 the Supreme Court overturned the law, saying that it placed an undue burden on women because many facilities would have to close and women would have to travel too far. Texas was unable to successfully refute the argument.

Louisiana has passed several statues limiting abortion in the state, and in 2014 (before the Supreme Court ruling in the Texas case) Louisiana passed a law similar to that of Texas, requiring doctors providing abortions to have hospital admitting privileges within 30 miles. Louisiana is down to only three abortion clinics and those objecting to the law say that it would cause two of those to close. The law was challenged by two abortion clinics “on behalf of its patients, physicians, and staff” and three “John Doe” doctors.

Interestingly, Louisiana argued that the plaintiffs have no “standing” in the case because they have no rights under the constitution to make money from abortion and they do not represent any person claiming to be harmed by the law.

Nevertheless, the Supreme Court struck down the Louisiana law with comments similar to their findings in the Texas decision. But, it is certain that those dedicated to protecting life and finding solutions for women other than abortion will continue to press the issue. And, a well-funded opposition will continue to resist.

The greatest fear of those advocating abortion on demand at any stage of development is that the Supreme Court will rule some day that the 10th Amendment to the Constitution permits the States and the people to decide what is right for their own communities: “The powers not delegated to the United States by the Constitution, nor prohibited by it to the States, are reserved to the States respectively, or to the people.”

When looking for Pro-Life organizations in this country, one finds a very long list in all states. Cooperative effort has resulted in huge rallies at state capitals and in Washington, D.C. And, this is our other opportunity...activism...participation with others for a common goal.

At the same time, opposing organizations also hold their demonstrations. Note, however, who the women are that participate in Pro-Choice demonstrations. These are not the poor and desperate women who feel they have no choice but abortion. Rather, they are affluent women from well funded political action groups who are trying to keep the issue in front of the voters to make gains for their political party by trying to instill an unreasonable fear that women will be forced to have babies without any means to care for them or will otherwise be forced into illegal and dangerous abortions.

They do not advocate for the provision of education, counseling, and community resources to help women choose not to have an abortion. That is up to those who value not only the life of the baby but also that of the mother, having compassion for her desperate circumstances and offering solutions and real material help.

To cite some of the resources currently available to our community, there is Medicaid for women who are pregnant who would not otherwise qualify for Medicaid, the WIC (Women, Infants, and Children) program which provides supplemental foods and nutritional education for pregnant women and infants, TANF (Temporary Assistance to Needy Families) which supplies needs such as childcare, food, housing, and transportation, SNAP (Supplemental Nutrition Assistance Program) which provides additional food benefits for low income families, the Housing Choice Voucher Program helping pregnant women and families with children under age 3 to obtain housing, and the CHIP (Children's Health Insurance Program) which provides low cost healthcare for newborns to age 18.

For Catholics there is the Gabriel Project, a parish-based assistance program for women experiencing difficult circumstances in pregnancy which is coordinated with resources of the Archdiocese as well. And, there is also Project Rachel which is a nationwide diocesan-based ministry to care for those suffering in the aftermath of abortion. Jerome's Hope is another diocesan-based ministry helping heal those who have experienced stillbirth, miscarriage, or early infant loss.

There are resources available within reach of all except those living in the most remote areas for childhood sexual abuse, adult and child physical and emotional abuse, rape, and incest. And, for those who are not able to care for a child, there are many opportunities for adoption.

For women who want to keep their baby but are in much distress due a poor life situation and limited resources, there are also free pregnancy resource centers available within a short drive for most women. These centers provide pregnancy tests to verify pregnancy and help women not otherwise eligible to get Medicaid for healthcare. Counselors provide all information needed to access community resources to have a healthy baby, as well as emotional support, spiritual counseling, and prayer.

Many of these centers also provide educational literature, and there are often classes available called "Earn While You Learn" which helps women to understand their pregnancy and prepare to care for the baby. In the process women earn credits in such programs toward items for their baby which they can select from a "Store." Upon delivery of the baby women may also be able to receive donated items such as baby food, diapers, clothing, toys, strollers, and car seats, and they get ongoing emotional support.

So, there are many resources to help women and families, but many women do not know about them and find themselves pregnant with much distress and a poor life situation. Such women have heard the name Planned Parenthood and are easily convinced that an abortion will solve

all of their problems, which we have seen is far from the truth. To reduce the human tragedies compounded by abortion, we have much work to do at many levels of society to raise awareness of alternative resources and the value of life and the dignity of the human person.

We have seen that people have given themselves over to half-truths and falsehoods in order to justify the wanton destruction of human life on a massive scale. This is a repugnant evil which must be solidly opposed. We have also seen that many women in desperate situations turn to abortion in their distress, while others, in their callous disregard for human life, advocate abortion for profit.

At the same time, others are deluded into thinking they are helping women by aborting an unplanned pregnancy, killing the developing baby in an assertion of the “right” of the woman to choose whether or not to bear a child. There must be a way for women to assert the “right” to equality and dignity in society without equating that cause with a “right” to abortion.

And, there is. As also noted above, nearly 50 years after legalization of abortion in the US, people are more engaged than ever before in educating women and offering support and alternatives, mostly women helping women, backed up by caring men. Thus they advocate to aid and protect the mother and the life growing within her and her right to personal dignity rather than allowing her situation to be exploited by abortion for profit.

Yet, such efforts are opposed by wealthy individuals and well funded organizations with a goal to align as many women as possible with a political party in order to gain money and power. In opposition to this, it is well for women in distress, and those waiting to help them, to be encouraged by the words of Pope St. John Paul II in 1995:

“There is no evil to be faced that Christ does not face with us. There is no enemy that Christ has not already conquered. There is no cross to bear that Christ has not already born for us, and does not now bear with us. And on the far side of every cross we find the newness of life.”

I hope that this compendium has inspired the reader to be prayerful and to engage in action whenever possible to help build “a culture of life.”

A Timeline for Contraception and Abortion

A timeline for the most important events of the last 5000 years

A Timeline for Contraception and Abortion

<u>Approx dates</u>	<u>Event in History</u>
3000 BC	Ancient Chinese Archives record folklore of using mercury to induce abortion
1825 BC	Kahun Egyptian Papyrus discusses contraception
1728 BC	Code of Hammurabi proscribes abortion and the act is treated as assault
1550 BC	Ebers Egyptian Papyrus records the first known reference to contraception and induced abortion
1075 BC	Assyrian law references abortifacients in the Code of Assura
800 BC	Cambodian women undergo abortion up to nearly full term
421 BC	Aristophanes references abortifacients in his writings
400 BC	Hippocrates advises prostitutes how to induce a miscarriage
369 BC	Plato writes about how a midwife can induce abortion
300 BC	Aristotle writes about lawful and unlawful abortion
250 BC	Stoics of Greece support belief that a baby is like a plant until its first breath
5 BC	Jesus is born between 6 BC and 4 BC
30 AD	Jesus is crucified, Christian communities are established, Christians set themselves apart from pagans by rejection of abortion and infanticide
46 AD	Paul and Barnabas begin first missionary trip, Christianity spreads to Rome
50 AD	The Roman aristocrat Pliny the Elder writes about a potent abortifacient
150 AD	Greek physician Soranus uses abortifacients but not sharp instruments
197 AD	Tertullian declares that a child in the womb is human
375 AD	Basil of Caesarea asserts that abortion is murder Gregory of Nyssa teaches that embryos are persons
400 AD	St. Augustine opposes abortion and writes that “the timing of infusion of the soul (into a developing fetus) is a mystery known to God alone”
650 AD	Maximus the Confessor declares that life starts at conception
1115 AD	<i>Leges Henrici Primi</i> records penalties for abortion in Medieval England, but abortion is largely treated by the Royal Court as an ecclesiastical crime
1150 AD	<i>Bas-relief</i> in Angkor Wat shows abortion on woman in the underworld
1175 AD	Japanese documents record induced abortion
1250 AD	Thomas Aquinas regards abortion after ensoulment/quickening as homicide Catholic Church accepts the belief of Aquinas and others until 1869
1300 AD	Aztecs perform abortions but generally disapprove of the procedure
1487 AD	German witch hunting manual says a midwife performing abortion is a witch
1550 AD	Reformation in England largely removes ecclesiastical authority over abortion
1650 AD	Abortion generally believed to be taking a life, but US abortifacients common
1776 AD	Abortion socially unacceptable, but not illegal in most of the United States

1803 AD	Abortion becomes a serious crime in England
1825 AD	Abortion and abortifacients become illegal in many of the United States
1827 AD	The human ovum is discovered and human reproduction is better understood
1835 AD	Abortions by abortifacients and surgical procedures are not uncommon in US
1848 AD	The first meeting occurs devoted to proclaiming women's rights in the US
1860 AD	Stronger anti-abortion laws are passed in most states
1869 AD	Catholic Church forbids abortion, rules life begins at conception by Canon Law
1873 AD	The first of the Comstock Laws is passed and abortion becomes increasingly criminalized throughout the states
1870 AD	Many women regard abortion as a necessary evil due to thoughtless men
1879 AD	Margaret Sanger is born, and will reject abortion all her life
1882 AD	The first birth control clinic in the world is established in the Netherlands The Knights of Columbus is formed in the US and will support respect for life
1914 AD	Sanger begins publishing <i>The Woman Rebel</i> and writes the pamphlet <i>Family Limitation</i>
1916 AD	Sanger transiently opens an illegal birth control clinic in Brooklyn
1917 AD	Sanger begins publishing the <i>Birth Control Review</i> , editor until 1929
1918 AD	Judge rules that doctors can prescribe contraception for medical reasons
1920 AD	Women achieve the right to vote Contraception and abortion laws begin to become liberalized, but restrictions vary greatly among the states
1921 AD	Sanger establishes the American Birth Control League (ABCL) Marie Stopes establishes the first birth control clinic in England
1922 AD	Sanger travels in China and Japan promoting birth control
1923 AD	Sanger opens the first US birth control clinic: Clinical Research Bureau (CRB)
1928 AD	Sanger leaves ABCL to run CRB, changing name to Birth Control Clinical Research Bureau (BCCRB)
1929 AD	English law changes to allow abortion to save the life of the mother
1930 AD	Women of every social stratum turn to abortion in unprecedented numbers, and doctors increasingly perform illegal abortions during Great Depression Sanger opens a birth control clinic in Harlem staffed by black doctors
1936 AD	Sanger provokes legal confrontation leading to ruling that government may not confiscate contraceptive devices shipped by a doctor
1937 AD	American Medical Association supports contraception as a medical practice
1939 AD	ABCL and BCCRB merge to form Birth Control Federation of America (BCFA), but Sanger runs BCCRB independently of BCFA
1940 AD	BCCRB is renamed Margaret Sanger Research Bureau (MSRB) <i>Birth Control Review</i> (not edited by Sanger since 1929) ceases publication
1942 AD	BCFA changes name to Planned Parenthood Federation of America (PPFA)
1947 AD	Norma McCorvey is born and will become "Jane Roe"
1948 AD	Sanger helps organize the 1948 International Congress on Population and World Resources and founds the International Committee on Planned Parenthood (ICPP)
1950 AD	Women become increasing discontent with social inequalities after WW2

1951 AD	Sanger facilitates research to develop an oral contraceptive pill
1952 AD	ICPP changes name to International Planned Parenthood Federation (IPPF) with Sanger in high levels of leadership until 1960
1960 AD	The “women’s rights movement’ and the “sexual revolution” begin to change society and the FDA approves the first oral contraceptive pill
1962 AD	MSRB is the largest combined birth control and fertility center in the world, and Sanger ends her involvement with MSRB at age 82
1963 AD	The Society for Human Abortions promotes illegal abortions Betty Friedan publishes the influential book <i>The Feminine Mystique</i>
1965 AD	Oral contraceptives become legal for married women in all states
1966 AD	Margaret Sanger dies at age 86
1967 AD	Colorado is the first state to partially decriminalize abortion The Catholic organization National Right to Life Committee is formed
1968 AD	Birthright International is founded
1972 AD	Oral contraceptives become legal also for unmarried women in all states Abortion laws are now liberalized in 21 states
1973 AD	Supreme Court decision in <i>Roe v. Wade</i> effectively legalizes abortion in US Planned Parenthood and MRSB begin to perform abortions
1974 AD	MRSB is combined with Planned Parenthood at a new location in New York named Margaret Sanger Center The first March for Life is held in Washington
1975 AD	Abortion clinics begin to spread throughout the United States Society becomes progressively polarized into Pro-Choice and Pro-Life States begin to pass laws regulating abortion Catholic organizations start to form to protest abortion, most other Christian groups support limited abortion and do not see the issue as a priority
1976 AD	The Hyde Amendment is passed prohibiting government funding of abortion
1980 AD	Norma McCorvey admits she is “Jane Roe” and becomes an abortion activist “Conservative Protestant” leaders begin to organize and protest abortion “Mainline Protestant” churches support “abortion rights” to various degrees
1986 AD	Operation Rescue is founded to protest abortion
1987 AD	Life Chain is organized to protest abortion
1992 AD	Supreme Court decides in <i>Planned Parenthood v. Casey</i> that <i>Roe</i> remains valid but states can have more regulation over abortion
1995 AD	Norma McCorvey converts to the Pro-Life movement
1999 AD	The Plan B “emergency contraception” pill is approved
2000 AD	The RU-486 abortion pill is approved
2003 AD	The Partial-Birth Abortion Ban Act becomes law
2004 AD	40 Days For Life is organized to protest abortion through prayer vigils
2012 AD	A record number of state regulations on abortion become law
2013 AD	There are 2500 Crisis Pregnancy Centers and 1800 abortion clinics in the US Texas requires abortion doctors to have hospital admitting privileges but law is struck down by Supreme Court in 2016
2014 AD	Louisiana passes a law similar to that in Texas, but it is also struck down by the

	Supreme Court in 2020
2017 AD	Norma McCorvey dies
2019 AD	Fetal heartbeat abortion laws pass in 6 states, challenges are expected Half of men and women polled favor various limitations on legal abortion
2020 AD	In New York, Planned Parenthood removes the name of Margaret Sanger from its Manhattan Health Clinic due to her founding policies of racism and eugenics