

917250

Williams, Mary Kay
Abortion: a collision
of rights

AEJ 3394

ABORTION:
A
COLLISION
OF
RIGHTS

Church of the Assumption

313 WEST ILLINOIS STREET
CHICAGO, ILL.

**ABORTION:
A COLLISION
OF RIGHTS**

by

Mary Kay Williams

**National Catholic News Service
Washington, D.C. 20005**

Copyright 1972 by National Catholic News Service

Picture credits: Outside front cover, Christie Milanese. P. 16 top, Copyright Minnesota Citizens Concerned for Life; lower left and lower right, NC Photos. P. 17 top, NC Photo courtesy Metropolitan Right to Life Committee, N.Y., N.Y.; bottom, NC Photo courtesy Oregon Right to Life. Outside back cover: Ted Carland.

Prices: 1-50 copies, 35c ea.; 51-100 copies, 30c ea.; over 100 copies, 25c ea.

Deacidified

I. ABORTION AND WOMEN'S LIB

What passes for thoughtful arguments in favor of abortion is often a series of slogans, cliches and misrepresented facts. You've heard them all before....

"A women should have the right over her own body.... An unplanned child will be an unwanted child.... An unwanted child will be a battered child.... Life is tough enough without being born handicapped.... It's a private matter between a patient and her doctor.... Abortion may be wrong, but I don't want to impose my morality on anybody else."

The slogans for abortion proceed like a comfortable litany. One can get used to them. Nice people start saying them. Gradually they become so respectable that they go unchallenged. And this is their danger.

In these chapters, we'll be exploring some of the cliches and slogans, and pitting them against data drawn from science, law and other disciplines.

First, a consideration of women's liberation. Women's lib has helped to bring to the forefront a long overdue recognition of women's rights, contributions and talents. But one can support the movement without advocating all of its goals. Let's examine closely what some extreme types in women's lib have to say about abortion.

They begin by maintaining that a woman should have the right over her own body. When the question is raised whether this right clashes with the right to be born, their response is usually that this is a private matter — that the fetus (the unborn child) is only a part of the mother's body like her appendix or her tonsils.

This is the point to challenge — this collision of rights between the fetus to continue life and the mother to control her body. The basic question: is the fetus just a part of the mother's body, no different from her tonsils? Rhetoric may say one thing. But what do doctors and lawyers say? And what do pregnant women think?

Evidence from Medicine

The essential humanity of the unborn child has been established and recognized by all the modern sciences of embryology, fetology, genetics, biology, and perinatology (the study of life from conception until after birth). They affirm that:

1. Fetal tissue is unique for each fetus. There never was nor ever will be again another person with tissue identical to it (except in the case of identical twins).

2. Fetal tissue is different from the parent organism. Ask any biologist. He will tell you that the chromosomes and genes of the fetus are fixed at conception, and are different from that of the parents. And so while a mother's tonsils are hers and hers alone, the fetus is not a part of her body in the same way. Tonsil tissues are closely related to all the other tissues in her body. But the fetal tissue within her is genetically that of a different person.

3. The fetus has an independent life. This is a dramatic discovery. It was reached by the new and exciting science of fetology – the study of life in the womb. What it means is that the mother is a passive carrier, but the fetus is largely in charge of the pregnancy. This is why obstetricians treat the fetus as a second patient, different from the mother. And by doing so, they support the conclusions of world-famous Dr. H. M. I. Liley, who pioneered in studying the fetus in the mother's womb. After decades of research, Liley concluded that the fetus "is neither an acquiescent vegetable nor a witless tadpole as some have conceived him to be in the past, but rather a tiny human being as independent as though he was lying in a crib with a blanket wrapped around him instead of his mother."

The medical evidence is indisputable. Scientific advancements have made the fetus more protectable than ever before. One cannot continue to say that the fetus is no different from the tonsils, or that the mother should have a death-control over that fetus. A woman can have control over the rest of her body, but the fetus is not just another part of her body.

There are pro-abortion lawyers who argue that life begins at birth or at viability (i.e., the ability to survive outside the womb). Using the above-mentioned medical data, a recent amicus brief addressed this argument to the U.S. Supreme Court:

“Life begins at conception and for practical medical purposes can be scientifically verified within 14 days. Within three weeks, at a point much before ‘quickening’ [i.e., perception of fetal movement] can be felt by the mother, the fetus manifests a working heart, a nerve system, and a brain different from and independent of the mother in whose womb he resides; the unborn fetus is now a living human being. It is universally agreed that life has begun by the time the mother realizes she is pregnant and asks her doctor to perform an abortion.”

Evidence from Law

If one needs further evidence of fetal recognition, look to law. Law has traditionally upheld the rights of the fetus:

1. The fetus can inherit by will and by intestacy.
2. The fetus can be the beneficiary of a trust.
3. The fetus can sue for injury. For example, if the fetus is harmed when the mother is hit by a car or an assailant, that fetus can sue to recover damages.
4. The fetus is protected by the criminal statutes on parental neglect.
5. The fetus can be preferred to the religious liberties of the parents. For example, some religious sects do not allow blood transfusions, and the hospital must comply. But if the life of the fetus depends on a blood transfusion, the court can order the hospital to override the mother’s objection in favor of the greater concern – the life of the unborn child.

Rape Victim

One of the more emotional and seemingly persuasive arguments of women’s lib concerns the victim of rape. Should she have the burden of her assailant’s child imposed on her, as well as the shock and violence of the original physical assault? Can abortion help to lessen her anguish?

The International Symposium on Abortion estimated that the number of women who become pregnant as a result of rape is extremely small. Legally, this presents no problem because a woman can immediately receive treatment at a hospital.

But suppose a woman does not report the rape, for fear or other reasons, and she is pregnant? When sincere people fight *against*

abortion-on-demand for this woman, they ought, at the same time, to be fighting *for* financial aid to cover her medical expenses, pregnancy leave, items such as maternity clothes and dietary concerns. And in addition, if this mother elects to keep her baby, she should be assured of some form of continued support.

Who Favors Abortion?

Feminists say that most women believe in abortion. Yet it is widely known that black women and women of other minorities are highly suspicious of abortion and birth control programs. They often regard them as a not-so-subtle form of genocide. To many blacks, ghetto abortion clinics and zero population growth sound too much like “zero black babies!”

This is why family planning was condemned by a recent conference convened by the official black health institutions in America, and black members of the U.S. House of Representatives. The conference polled a unanimous vote to urge better maternal and child health care — a position pro-life groups would readily agree with.

Probably the most substantial data on how the overall American population views abortion is the recent analysis by Dr. Judith Blake, chairman of the department of demography at the University of California, and an internationally respected social scientist.

While personally favoring abortion, Dr. Blake had to conclude from her research that some 80% of the population disapproves the legalization of easy abortion. Also contrary to the radical feminist line, Dr. Blake found that women under 30, as well as college-educated women, have negative attitudes toward abortion.

Most surprising of all, *the Blake research pinpointed the strongest promoter of easy abortion to be the white, upper-class, liberal, educated non-Catholic male.* In the light of this discovery, it may well be that the women’s movement is playing into the hands of a group they oftentimes denounce as chauvinists — fighting for a cause which might not be their own.

Questions

1. What issues are involved in the collision of rights between the fetus and the mother? How can these issues be resolved?

2. Why would the fetus be more protectable now than at any other point in history?

3. What are the inconsistencies in present U.S. public policy regarding the unborn?

4. No group should be liberated at the enslavement and expense of another. Discuss this statement in regard to women's liberation vs. men; women's liberation vs. children; women's liberation vs. unborn children.

5. What are the implications in the Blake analysis – particularly the profile of the male as strongest promoter of easy abortion?

II. ABORTION AND THE UNWANTED CHILD

It's a universal experience. Every one of us at some time in our life has felt unwanted, unloved by someone. It's a lonely feeling even for adults who may have a healthy ego and a resilient spirit. And so when one hears of unwanted children, somehow that situation seems worse still.

No one wants to see a child suffer, either physically or emotionally. Because of this natural urge to protect children, sincere people may be misled by the pro-abortion argument: "Wouldn't it be better if the child was never born?" This question is likely to take on a humanitarian posture which conveniently serves as a smokescreen to the real issue.

Who is the unwanted child? Is he the unplanned child? Is she the defective child — the one who will be born handicapped? The low-income child — the one who may be culturally deprived? Let's consider all these children.

The Unplanned Child

Abortion promoters say that an unplanned child will be an unwanted child, and an unwanted child will be a battered child. Their logic is depressingly faulty.

Although it's difficult to define "unwanted," many social scientists have been studying the pregnant mother and her attitudes towards her unborn child. *They overwhelmingly agree that one cannot predict the mother's attitudes after birth.* What can be predicted, however, is the experience of some depression at some point during a pregnancy. This is considered very normal — not a sign of pregnancy rejection, nor a sign of mental illness.

A widely used textbook on obstetrics describes this phenomenon: "It is not unusual for women who will become good mothers... to react

initially to the diagnosis of pregnancy with resentment, frustration, and depression, only to express strong, genuine, positive feelings of acceptance as the pregnancy advances and fetal movements appear.”

This is all the more reason for women to receive good medical counseling to help them understand these normal feelings that they may have during pregnancy. They should be helped to understand that whether the child is planned or unplanned, there will probably be some stress and anxiety during pregnancy.

In the case of the unmarried pregnant mother, her stress may be even greater — especially when her pregnancy is strongly rejected by the father of the child, her family and friends, and societal attitudes. What is needed in this situation are more service programs such as Birthright, offering multiple supports in the form of counseling, adoption referrals, financial aid, employment, medical care, day care and friendship (see Chapter 6).

The Battered Child

The second point that the pro-abortion group makes is that the unwanted child will be a battered child. Again, latest scientific evidence does not support their argument.

After analyzing 13,000 child-beating cases in all 50 states, the most extensive research ever conducted on child abuse in the United States reached some very surprising conclusions. Dr. David G. Gil of Brandeis University found that child abuse could be traced to the widespread acceptance in America of the use of physical force in child-rearing and discipline.

Cultures which have strict taboos against striking children also have a low incidence of abuse. Such a culture, Dr. Gil discovered, is that of some American Indians who disciplined their young through example and shame.

Therefore it is not that abusive parents are mentally ill, or that their child is unwanted or unloved. It is much more a question of what society considers acceptable discipline, and the measure of self-control that one has over one's violent tendencies.

The remedy for child abuse has nothing to do with abortion. What is demanded is a radical change in the underlying value system that permits abusive striking of children, as well as laws against corporal

punishment in homes, schools, juvenile courts and child-care facilities.

Other suggestions come from Dr. Henry Kempe of the University of Colorado. Kempe has urged the greater use of "mothering aides," people who help in stress periods, and "crisis nurseries," places where the child may be left until the parent works through the problem.

One solution to child abuse has come from abusive parents themselves who have formed an association in Los Angeles called "Mothers Anonymous." These are women who greatly love their children, but they may have:

1. difficulties controlling their emotions;
2. memories of their own parents striking them, and therefore the feeling that this is an acceptable method of discipline;
3. overly high expectations of achievement for their children, with an inability to channel their disappointments in an unabusive way.

The Ghetto Child

In the case of the child who would be born in poverty, abortion promoters insist that they have a greater concern than pro-life groups. Instead of subjecting a youngster to inadequate housing, diet or education, abortionists would cancel out that youngster's life before birth.

What the abortion advocates have done in the process is fourfold:

1. They have decided that somebody else's life is not worth living.
2. They have assumed that the fetus would not want to be born.
3. They have made a certain standard of living preferable to living itself — death preferable to substandard conditions.
4. In seeking a remedy for the demanding social problems of poverty, they have disregarded a basic value: these problems altogether cannot outweigh the single demand for the continuation of human life.

This last point bears repeating because it has a relation to all the chapters in this study. John Noonan, University of California professor of law, phrases the point succinctly:

"... we destroy the basis for our rational concern for others in our society when we say we can kill this being in order to solve some other pressing problem that is less than the demand for someone else's life."

The Handicapped Child

This brings us to our last consideration – the handicapped child. The pro-abortion argument says that life is tough enough without being born crippled or mentally retarded. They argue that if a woman knows in advance that there is a good possibility her child will be born defective, then she should be allowed an abortion.

Some significant research on the handicapped person has recently been made public. A team of psychologists headed by Dr. Paul Cameron, University of Louisville, and Dr. D. Van Hoeck, Wayne State University, reported to the American Psychological Association that there was no difference between malformed and normal persons in their life satisfaction or vulnerability to frustrations. The handicapped were found to be as happy as others. Life may be more difficult for them, but these difficulties do not make life less tolerable. In fact, a higher proportion of normal persons in the study had contemplated and/or attempted suicide than the handicapped.

What many specialists in physical and mental disabilities have known for some time is finally gaining in popular recognition. *They consider the biggest problem in this area to be the “normal” people who do not understand – and therefore do not appreciate or accept – the handicapped.* The normal population fails to see that children with mental impairments or physical deformities are exquisite human beings – not as they might have been, or could be – but just as they are!

Teenagers in Virginia and college students in Utah are discovering this truth by working with retarded children in programs of recreation and exercise. These programs are highlighted here because they are promoting healthy attitudes toward the handicapped, and destroying old prejudices – old myths – old fears.

Questions

1. The 1970 White House Conference on Children criticized our national priorities: “The pursuit of affluence, the worship of material things... the willingness to accept technology as a substitute for human relationships... and the readiness to blame the victims of evil for the evil itself have brought us to the point where a broken television set or a broken computer can provoke more indignation and more action than a

broken family or a broken child." What conditions would contribute to a child-centered society?

2. Examine your attitudes and prejudices toward people who have physical or mental handicaps.

3. The following excerpt is from an interview in *Something Beautiful for God* (Harper and Row, 1971):

"Malcolm Muggeridge: 'Some people say that there are too many children in India, and yet you're saving children many of whom would otherwise die.'

"Mother Teresa: 'Quite possibly they would have been either thrown away or killed. But that way is not for us; our way is to preserve life, the life of Christ in the life of the child.'"

Relate Mother Teresa's work with the dying destitutes and abandoned children in Calcutta, and her work with the rape victims in Bangladesh, to the anti-abortion efforts in the United States.

III. ABORTION AND MATERNAL HEALTH

The picture that forms when a person mentions "back-street abortionists" is a chilling one. Immediately, one thinks of the fear and the humiliation the woman may feel in seeking an illegal abortion. One cannot be cold to her situation. She is a woman in a critical period facing a society which, in the past, was largely unsympathetic and smugly self-righteous.

And so, when one hears the argument that abortion-on-demand will put an end to illegal abortionists and to maternal health hazards rising from them, the argument may seem on the surface highly convincing.

We look, first of all, to what has been the pattern in countries which have relaxed their abortion laws. Several doctors at the Mayo Clinic did research on this subject, and their findings were startling. Their data from Japan, Britain, Yugoslavia, Hungary, Czechoslovakia, Switzerland, Bulgaria, Poland, the Soviet Union and the German Democratic Republic concluded that *not one of these countries has seen a decrease in the criminal abortion rate as a result of liberal abortion laws.*

Physical Health

While it is true and tragic that women have died from illegal abortions, one must not forget that the mortality rate for aborted fetuses is 100%. We must also keep in mind several other points:

1. American public policy has never before operated on the principle that a solution to an illegal or immoral act is to make that act legal and moral.

2. The evidence indicates that liberalized abortion in other countries has not altered the criminal abortion rate.

3. While the development of newer abortion techniques is making abortion safer for the mother, it is too early to know of long-range effects both physically and psychologically. But safety is not the issue

anyway. Even if abortion did become as safe as brushing one's teeth, safety is still not the issue. Fetal life is the issue. (This is not to discount the importance of the mother's life. It has been the general public policy in the U.S. to perform a therapeutic abortion to save the life of the mother. But the organic reasons — heart disease, epilepsy, diabetes, etc. — have greatly diminished because of medical advancement.)

4. When we talk about the maternal death figure, we must not be confused about estimates. Pro-abortion sources will quote a figure of between 5,000 and 15,000 deaths from illegal abortions yearly in the United States. A somewhat flip but common-sense retort would be that nobody could hide that many bodies each year without clamorous public outrage. You don't keep that kind of thing secret for long. So where did the figures come from? Investigation reveals that this data originated in the pre-antibiotic era of the 1920's in which a highly unrepresentative group of patients was collected from a New York birth control clinic and from country physicians, and then general estimates were made from the data.

Mental Health

Our final concern is with the mental health of the mother. Most abortions in the United States are performed under the category "to preserve the mental health of the mother."

Take a look at some percentages of abortions performed for psychiatric reasons: Oregon 97%; California 98%.

These percentages greatly disturb psychiatrists — not because they reveal so much mental illness among pregnant mothers but because they know these statistics to be a smokescreen.

You will find leading pro-abortion psychiatrists who readily admit that the mental health provision allowing abortion is not only abused but makes a mockery of their profession. The field of psychiatry, which can offer so much hope and healing to patients, finds itself the comrade to the destruction of fetal life.

Consider the judgment of a group of pro-abortion psychiatrists called the Group for the Advancement of Psychiatry: "We discovered that most abortions now performed legally by licensed physicians were performed by stretching the concept of 'psychiatric grounds' to the breaking point."

Dr. Louis Hellman, assistant secretary of HEW for population

affairs and an advocate of easy abortion, is even more direct. He recently called the laws that require a psychiatrist's permission to perform an abortion "a gross sham."

Psychiatrists concur. While they will admit that it is very normal to have some depression and anxiety during pregnancy, they also maintain that the fetus has not been shown to be a direct cause of any emotional disorder.

Furthermore, pregnancy and birth do not adversely affect patients with cases of schizophrenia, manic depressive illness or most psychoneuroses.

What has emerged in the light of these data is that maternal health, either mental or physical, is not the real reason why most abortions are performed. Pro-abortion and pro-life groups agree on this point.

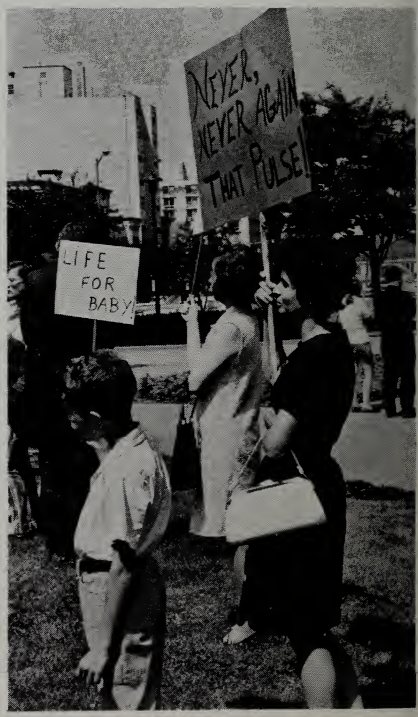
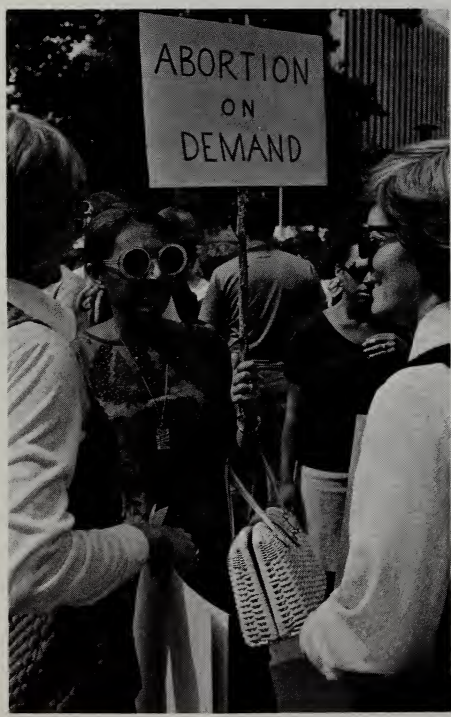
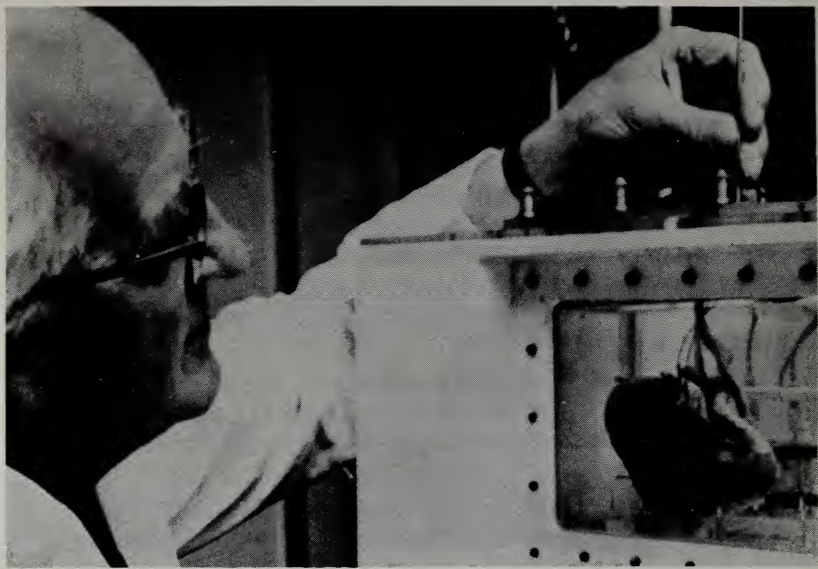
We must be honest in realizing that most abortions are performed for social reasons, convenience, or economic concerns — reasons which may call for alleviation by other measures, but which are not grave enough to forfeit a child's life.

Questions

1. This advertisement for abortion equipment appeared in a medical newspaper. The copy read: "Recent extensive studies in the United States have shown it [i.e., uterine aspirator] to be a safe, simple, effective technique for the termination of early pregnancies.... Time is saved with far less discomfort to the patient." Discuss the question of maternal safety vs. fetal rights.

2. Why has the mental health provision in abortion laws been called "a gross sham"?

3. The criminal abortion rate has not been altered in many countries which have adopted abortion liberalization. What can one learn from their experiences?



*Unborn baby at about
12 weeks gestation.*



Opposite:

*Dr. Lawrence Lawn,
Cambridge University
(England), Dept. of
Experimental Medicine,
at work experimenting
on a living, legally
aborted, human fetus.*



Feet that will never walk.

IV. ABORTION AND MORALITY

If you are against easy abortion laws, you're not alone. Almost 80% of Americans agree with you. This was the conclusion reached by Dr. Judith Blake of the University of California (see Chapter 1).

One may read other surveys which could indicate different trends. But we should be cautious in accepting every latest conclusion.

The Blake research is considered to be the most sophisticated study ever conducted on how Americans feel about abortion. The analysis covers a period of 10 years (1960-1970), drawing on five Gallup Polls and the National Fertility Study. The methodology of this Berkeley scientist — the sampling of people, the questions that were asked, the way the questions were asked, the data tabulation — these areas of the study underwent precise development and thorough examination.

Personal vs. Public Morality

If so many people are against easy abortion as Dr. Blake has concluded, why isn't there more opposition to it? The answer might be partially contained in this all-too-familiar comment: "I don't want to impose my morality on anybody else."

While this comment may sound like acceptable pluralism, a necessary distinction must be made. And that is: to know the difference between personal morality and public morality. This point was a key consideration of Michigan's Lt. Gov. James H. Brickley as he explained why he recently reversed his pro-abortion position.

Discussing the state's authority to "legislate morals," Brickley said: "The state should not legislate in the field of 'private morals,' a violation of which would not affect the rights of others. For instance, it is not a crime simply to tell a lie. It may be personally immoral, but it does not affect another person. It is a crime, however, to tell a lie — perjury for instance — that damages another person."

Abortion not only damages another's life, it destroys it. Abortion

forfeits the very basic right to life from which all other rights proceed. Without question, it is a moral issue — both deeply personal and highly public. Highly public because there are two parties involved, the mother and the fetus.

To deny the fetus this status is to deny all of what modern medical science has been saying about the child's development in the womb:

1. The fetus is different from the parent organism.
2. Fetal life is independent. The fetus is largely in charge of the pregnancy, and the mother is a passive carrier.
3. The fetus is treated as a separate patient by obstetricians.

That there is more than one patient expands the question of abortions from the area of private morals into the area of public morals. A noted Methodist theologian, Dr. Paul Ramsey of Princeton, observes that physicians have a "lively knowledge" of these facts of fetal development and consequently they "know the grounds for believing that there is more than one patient in cases of abortion."

State and Federal Responsibility

There will be those who will agree that abortion is a public moral issue. But then they will say that the state has no business legislating in the area of morality. This is a failure to recognize that there is a moral basis for most of law.

Consider the laws against theft, burglary and homicide. Or the recent massive program of school desegregation enforced by the federal courts. These are issues of public morality and justice no more or less than the issue of abortion. It would be absurd for the state to allow segregation, or murder, or theft on the grounds of "not wanting to impose morality on anybody else."

Those who would acknowledge the humanity of the unborn should not be timid or embarrassed to speak on the moral implications of abortion, to use what science and law and medicine have to say about human life, to be unrelenting, clever and energetic in exposing the arguments for abortion for what they really are.

And if this energy is enlightened by the kind of charity St. Paul talks about — that has "no limit to (its) forbearance, to its trust, its hope, its power to endure" — then it's possible that we may see more than just a victory for the unborn.

Questions

1. Differentiate between personal morality and public morality.
2. Why would abortion be considered an issue of public morality?
3. What is the state and federal responsibility in the area of public morality?

V. ABORTION AND POPULATION CONTROL

In early 1972, a significant news item appeared in the *New York Times*. It was a report on abortion and population control. The study, prepared for a presidential panel on population, concluded: legalization of abortion in every state would have little impact on population growth.

This concurs with the position of Dr. Charles U. Lowe, scientific director, National Institute of Child Health and Human Development, who made this evaluation: *"The implication that liberalized abortion laws will act as a substantial form of population control in this country is deceptive. There is little objective evidence to back such a statement."*

On the surface, these statements may not seem highly dramatic. But right-to-life groups know of the tremendous pressures of the population lobby for abortion as a legitimate family-planning measure. They know of the constant attempts by abortion promoters to have abortion included in national legislation dealing with population control.

Fortunately, in past legislation on this issue, abortion has been excluded. Respecting the difference between prevention of life and destruction of life once conceived, the Family Planning Services and Population Research Act of 1970 specifically prohibited abortion: "None of the funds appropriated under this title shall be used in programs where abortion is a method of family planning."

But one cannot rest on this victory. Presently pending in Congress are bills and resolutions on population control and abortion. One is the National Abortion Act sponsored by Senator Robert Packwood (R-Ore.), which makes abortion-on-demand the public policy for the nation.

In addition, there will be clever efforts to include abortion as a population control measure — as last-ditch contraception — or as a means to satisfy some abstract demographic ideal. These early days in

the formation of a U.S. population policy are crucial ones. They will set the precedent for the future.

An Issue in the Elections

In an election year, it's vital that the voter knows the position of the candidates on abortion in general, and on abortion as a means of population control.

Congressional candidates cannot slough off the issue. They may try. They may say that abortion is a private matter between a patient and her doctor. What they are really saying is that they approve of abortion-on-demand. The first is just a different, perhaps softer, way of saying it. Or their position may be that abortion should be handled by the state and not on a national level. This, at first, might seem to get them off the hook, until one remembers those population bills pending in Congress. Abortion will be very much an issue in those deliberations.

A congressman cannot evade the question with a non-position. The same is true for presidential contenders. As the campaign gains momentum, the candidates must be persuaded to square off on the issue. They have not been pressed thus far except by women's liberation. The candidates have been getting by with veiled comments, cliches which go unchallenged, shifts in stance depending on the audience being addressed.

The views of the president do make a difference on abortion public policy in the United States.

President Nixon has been clear on it. He has prohibited abortion at American military hospitals in states where the laws prohibit abortion. Before that, military hospitals could perform abortions in any state.

Again, the president has said: "From personal and religious beliefs I consider abortion an unacceptable form of population control.... Ours is a nation with a Judeo-Christian heritage. It is also a nation with serious social problems — problems of malnutrition, of broken homes, of poverty, and of delinquency. But none of these problems justifies such a solution."

Questions

1. Differentiate between abortion and contraception.
2. Relate the issue of abortion to other issues: pacifism, ecology, euthanasia, genetic manipulation.

3. What position have the political candidates in your district taken on abortion? What is the position of your presidential choice?

VI. ABORTION AND ALTERNATIVES

It is not enough to be *against* abortion. One must be *for* the things that will help to alleviate the reasons for abortion in the first place.

What must be kept in mind is that a woman seeking an abortion is acting to meet a crisis in her life. She deserves intensive consideration, acceptance and professional attention.

Most abortions in this country are performed for "mental health reasons." Yet a previous chapter showed that the unborn child has never been demonstrated to be the direct cause of any emotional disorder. Furthermore, where a mental condition was present before pregnancy, the pregnancy did not aggravate the condition.

What becomes clear, then, is that abortion for mental health reasons grossly ignores the very real underlying problems of the distressed pregnant woman.

Many of her problems may be financial — medical expenses; costs of an additional child in the family; supporting a child out of wedlock; specialized care for a handicapped child; need for a bigger house; the simpler but nevertheless urgent need for maternity clothes, baby supplies, special diets; the future considerations by working mothers of day-care provisions.

It is cheaper to have an abortion than to meet these needs — cheaper for both the pregnant mother and the public taxpayer. But to meet these financial needs is to present a far more humanitarian solution to the problem.

Program Solutions

One step is to support legislation and increased public and private support for:

1. A system of birth insurance to alleviate economic burdens on families with defective children.
2. Adequate maternal and child health coverage in public and

private health programs. There should also be provisions for the unmarried mother.

3. Updating of adoption procedures and laws.

4. Social supportive services which operate on a family-centered policy.

Supporting increased federal and municipal funding is one approach. It is important and serves not only the distressed pregnant woman, but the general populace as well.

A second approach is more personal, and supports the mother-to-be on an individual, a specialized basis. This approach is found in programs called Birthright, Alternatives to Abortion, New Life, Life-Line, and Choose Life. These programs are now operating in over 60 cities across the country. There are many more in the process of organization which will open in the near future.

The services of these programs may include: counseling; medical care; referrals to private homes, maternity homes and adoption agencies; employment and financial assistance; programs for continuing high school and college; parenthood preparation classes; baby layettes and maternity wardrobes; professional counseling by psychologists or clergy. But in all cases, the premium is on unconditional friendship and compassion, with an awareness that human relationships are precious and all human life is sacred.

A special feature of these programs is their voluntariness. The effort has been spearheaded across the country generally by women who are themselves wives and mothers. They are not paid for their work. They are giving their best gifts — time and self.

Parenthood Education

The area of education offers many ways to achieve a greater acceptance and respect for the unborn child, a greater appreciation of parenthood, and an honest pro-child society. This can be achieved on the school, parish or community level in programs of sex education, child development, parenthood preparation or family life.

Young children, as well as adults, need to be aware of the marvelous development of the fetus. This education includes not just the physical development of the fetus, but the development of sensitivities (the fetus is responsive to pain, touch, cold, sound and

light) and the development of functions (the fetus moves; has a regular heartbeat and therefore a blood circulation; swallows and digests; gets hiccups; sucks his thumb; sleeps – and may even dream!).

Birth is an event in the life process. Birth is not the beginning of life, but the beginning of life outside the womb. This womb is the child's first and most formative environment. We all need to be educated to these facts.

One of the recommendations of the 1970 White House Conference on Children was the need to provide practical experiences within the school curriculum for adolescents to work with younger children. Their reasoning was: "American schools give only minimal attention to the one sphere of activity which almost all their graduates will share as adults – parenthood."

This recommendation was picked up by the Office of Child Development, which recently announced the initiating of a "parenting" course for adolescents. The model project, being tested this year in Massachusetts, provides youngsters with education in neo-natal care and infant development, as well as actual responsibilities with Head Starters and children in day-care centers. In addition, teenage boys are working with younger boys who come from fatherless homes.

Experience with children and understanding the physiological changes in the body during pregnancy are two parts of parenthood education. But another part is often neglected – the psychological attitudes of the woman during pregnancy and at birth.

She must be helped to realize that it is normal to have feelings of anxiety, stress and depression at some points during the pregnancy – and that these are not signs of pregnancy rejection or approaching mental illness. She must be helped to understand post-partum (after birth) feelings as well.

The husband is not excluded in this education of the psychological attitudes during pregnancy and at birth. For how he views the pregnancy and children is critical to the mother's acceptance.

There *are* alternatives to abortion – they are creative, positive and responsive to the rights of women and the rights of unborn children.

Sensitive to the needs of both parties, these alternatives take what could be a collision of rights and turn them into a complementary course. And in the process we evolve values highly protective of human life at every stage and condition of its development.

Questions

1. What are the alternatives to abortion in your community? How are you involved?

RESOURCES

Films

The Committee (15 min., color). The Illinois Right to Life Committee has produced this reflection on abortion and its implications for society. It asks the question: Who, in any society, shall decide who is to live and who is to die? By what norms? In light of scientific advances, the film focuses on the ethical issues that are part of the continuing discussion about life and death; it should be followed by a panel discussion to explore the legal, ethical, and social dimensions of abortion-on-demand. For this purpose, a discussion manual accompanies the film. Write: ACTA, 4848 N. Clark St., Chicago, Ill. 60640.

The Golden Fish (20 min., color); *The Stringbean* (17 min., color). Two wordless film poems illustrating an absolute reverence and preservation of living things. The first film is concerned with a young boy's affection for his goldfish, and his great anxiety over his pet's hazardous experience with a hungry cat. A wispy old woman's cultivation of a stringbean plant is the focus of the second film. Through acts of faith and optimism, she fulfills her role as guardian of the life of her plant, just as the young boy fulfills his role as guardian of the life of his fish. Both films were produced in France, but are available from Mass Media Ministries, 2116 N. Charles St., Baltimore, Md. 21218.

Phoebe (28 min., black & white). The classic on teenage premarital pregnancy by the National Film Board of Canada. Write: Contemporary/McGraw-Hill Films, Princeton Rd., Hightstown, N.J. 08520.

I Have An Egg (15 min., black & white); *Thursday's Children* (22 min., color). Two films demonstrating the abilities and sensitivities of handicapped children, and their deeply moving and loving relationship

with adults who are helping them. The first is about blind Polish children learning the concept of an egg; the second shows deaf English children learning to speak. Both films available from Contemporary/McGraw-Hill Films, Princeton Rd., Hightstown, N.J. 08520.

War of the Eggs (26 min., color). A study of child abuse, and the factors involved which surface through hospital-intervention counseling. Stars Elizabeth Ashley and Bill Bixby as the parents. Available through CCM Films, 600 Grand Ave., Ridgefield, N.J. 07657.

Filmstrips

Life Before Birth, Part II (88 frames, color). A Life filmstrip (no. 252) which presents photos of fetal development from implantation to birth, accompanied by excellent commentary. Purchase price, \$7.00. Write: Life Education Program, Box 834, Radio City Sta., New York, N.Y. 10019.

The Right To Life (filmstrip and record, 25 min.). A response to the arguments favoring abortion liberalization, narrated by Loretta Young. Purchase price, \$18.50. Write: The Roper Co., 8609 N.W. Plaza Dr., Dallas, Tex. 75225.

Visuals

Color Slides. A set of slides showing a 21-week live baby; developing fetuses from 6-18 weeks; aborted fetuses. Write: Right to Life of Greater Cincinnati, 4715 Scarborough Dr., Cincinnati, Ohio 45238.

First Days of Human Life. A colorful 15-page brochure dramatically illustrating and explaining fetal development, with pictures taken from the film, *The First Days of Life*, produced in France by Claude Edelman. Write: CCC Publications, 80 Parent Ave., Ottawa, Canada. Prices: single copies, 15c ea.; \$13.50 per 100; \$11.00 per 100 for 500 or more.

Life Before Birth. Lennart Nilsson's famous pictures, with text,

that trace the human embryo from fertilization to 28 weeks development. Life Educational Reprint no. 27. Write: Life Education Program, Box 834, Radio City Sta., New York, N.Y. 10019. Prices: 75c for each of the first 20 copies and 25c each for additional copies.

The Moment Life Begins. A clear and detailed study of human conception. With full-color photographs of the developing egg, the reprint examines the genetic processes that make every human being unique. A second section reports on future possibilities of research already underway: mechanical placentas, cold-storage embryos for long-space travel, and replication of an entire organism from a single cell. Life Education Reprint no. 53. Write: Life Education Program, Box 834, Radio City Sta., New York, N.Y. 10019.

Books

Abortion Decision, by David Granfield. A scholarly analysis of the scientific, moral, social and legal aspects of abortion. The chapters on the legal dimensions of the problem, and the final chapter on positive, viable alternatives are highly recommended. New York: Doubleday, 1971 (revised); paper, \$1.45.

Abortion: The Myths, The Realities, and the Arguments, by Germain Grisez. This volume is encyclopedic in scope, covering virtually every aspect of the abortion controversy — legal, medical, psychiatric, anthropological, sociological, ethical and theological. In addition, it examines at length the public policy aspects of abortion. Cleveland: Corpus Books, 1970. Hard-cover ed., \$12.50; paperback, \$6.95.

The First Nine Months of Life, by Geraldine Lux Flanagan. A book for the general reading audience which gives a sensitive and scientifically impeccable account of the hour-by-hour, month-by-month development of the human fetus from egg cell to birth. Illustrated with photographs. New York: Pocket Books, 1962. \$.95.

Handbook on Abortion, by Dr. and Mrs. John C. Willke. Using a question-and-answer format, this handbook addresses the medical, social, psychological, humanistic, demographic and theological aspects of the abortion question. Highly readable, and of special interest to the

layman and student. Cincinnati: Hiltz Publishing Co., 1971. \$.95.

Modern Motherhood: Pregnancy, Childbirth, and the Newborn Baby, by Dr. H. M. I. Liley. Dr. Liley, New Zealand pioneer in fetal development, has prepared this impressive and authoritative study after decades of research in this area. New York: Random House, 1969 (revised).

The Morality of Abortion: Legal and Historical Perspectives, John T. Noonan, Jr. (ed.). Seven scholars (David W. Louisell, John T. Noonan, Jr., Paul Ramsey, James W. Gustafson, George Huntson Williams, John M. Finnis and Bernard Haring) probe some moral and legal issues of the continuing abortion controversy and generally conclude that unrestricted abortion is wrong. Cambridge, Mass: Harvard University Press, 1970. \$8.95.

The Terrible Choice: The Abortion Dilemma, Robert E. Cooke (ed.). Includes proceedings of the International Symposium on Abortion. Although detailed with the current scientific findings, the articles are set forth in a popular tone. A valuable source of information. New York: Bantam Books, 1968. \$.95.

Reports and Articles

Abortion Kit (1972). Materials on background and latest trends of thought relating to this complex and current problem. Articles in areas such as: law, sociology, psychiatry, ethics, theology and public policy. Family Life Division, USCC, 1312 Massachusetts Ave., N.W., Washington, D.C. 20005.

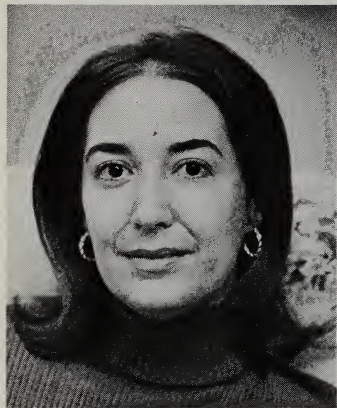
Blake, Judith. "Abortion and Public Opinion: The 1960-1970 Decade," *Science*, Vol. 171 (Feb. 12, 1971), 540-549. On the basis of the five Gallup polls during the period of 1962 through 1969, and on the basis of the National Fertility Study of 1965, the author concludes that some 80% of the population does not favor elective abortion.

Byrn, Robert M. "Abortion-on-Demand: Whose Morality?," *Notre Dame Lawyer*, Vol. 46, No. 1 (Fall, 1970), 5-40. The legal and ethical aspects of abortion presented with impressive documentation. While the topic is specialized, it is very readable for lay use.

Hilgers, Thomas W., M.D., and Robert P. N. Shearin, M.D. *Induced*

Abortion: a Documented Report. Written for Presentation to the Minnesota State Legislature. Jan., 1971. A well written and well documented report on the medical aspects of abortion – embryology, medical indications, techniques, medical complications, etc. Distributed by: Minnesota Citizens Concerned for Life, 4804 Nicollet Ave., Minneapolis, Minn. 55409.

Shriver, Eunice Kennedy. "When Pregnancy Means Heartbreak... Is Abortion the Answer?" A thoughtful discussion of the arguments and the alternatives. Appropriate for general readership. Available from Family Life Division, USCC, 1312 Massachusetts Ave., N.W., Washington, D.C. 20005. \$.15; \$12.00 per 100 copies.



MARY KAY WILLIAMS
is editor of "Catholic
Family Leader," published
bimonthly by the Family
Life Division of the
U.S. Catholic Conference,
Washington, D.C.

A native of Richmond,
Va., and a graduate of
Marymount College,
Tarrytown, N.Y.,

Ms. Williams has done
graduate work in family
life and child development
at Brigham Young
University, Utah, and at
the University of Maryland.