Life Matters: Abortion

In *The Gospel of Life*, Blessed John Paul II writes:

“Life is always a good. …The life which God gives man is quite different from the life of all other living creatures, inasmuch as man … is a manifestation of God in the world, a sign of his presence, a trace of his glory. … Man has been given a sublime dignity, based on the intimate bond which unites him to his Creator; in man there shines forth a reflection of God himself.”

Each human being is unique, unrepeatably, and infinitely precious to God. In becoming man and by his death on the cross, Jesus showed us the incomparable value of each human life, making his human life the “instrument of the salvation of all humanity!” (*The Gospel of Life*, no. 33).

**What is abortion?**

Abortion is “the deliberate and direct killing, by whatever means it is carried out, of a human being in the initial phase of his or her existence, extending from conception to birth” (*The Gospel of Life*, no.58). A new human being comes into existence at conception, i.e., the moment the sperm and egg fuse. Even before the first cell division, the new human being’s 23 chromosomes from mom and 23 from dad already contain the child’s unique DNA—the entire genetic blueprint and instructions for developing from a single-celled person to an adult. Remarkably, when only a few hours old, the embryo sends a signal to the mother’s immune system not to attack him! Development is rapid: On day 22, an embryo’s heart begins beating, and by day 44, his brain waves can be recorded. Thanks to ultrasound technology, we can watch babies in the womb behaving very much like newborns—smiling, kicking, grasping, hiccupping, and sucking their thumb.

**Abortion has been condemned throughout history**

Though science alone proves that human life begins at conception, the Church is obligated to speak out on the profound moral, spiritual, and social implications of abortion.

For almost 2,000 years—from the 1st century A.D. until about 50 years ago—abortion and infanticide were considered crimes in every nation and community informed by faith in Christ. Still, like murder, abortions have always occurred. And over time, laws were enacted to establish penalties for the crime of abortion, in order to protect the lives of unborn children and protect vulnerable pregnant women from being forced to undergo abortion. Prominent feminists of the late 19th and early 20th centuries called abortion “child murder” and “the ultimate exploitation of women.”

**Efforts to legalize abortion**

The majority of Americans opposed the killing of unborn children in the 1960s and early 1970s. But a small number of prominent activists hailed the newly available birth control pill as the key to women’s career success, empowerment, and “sexual liberation—the ability to have sex in the same way that guys always have, without guilt, fear, or strings attached.” Moral problems aside, the pill often fails to prevent pregnancy, so abortion was promoted as a back-up for contraceptive failure.

Other early advocates for liberalized abortion laws were “population bomb” scaremongers who claimed that one-third of Americans would starve to death by 2000. Controlling the rate of population growth in poor developing countries was soon to become official U.S. government policy. Domestic racism and elitism were also factors in the legalization of abortion.

Population control groups teamed with other abortion promoters in lobbying states to enact exceptions to existing abortion bans. About ten states did so before the fledgling grassroots pro-life movement began successfully countering these efforts. So abortion advocates turned to the courts, where it was easier to convince five justices to lift restrictions on abortion, than it had been trying to win pro-abortion majorities in state legislatures.

**Roe v. Wade and Doe v. Bolton**

The Supreme Court’s 1973 decisions striking down the abortion laws of all fifty states, *without any plausible basis in the Constitution for doing so*, shocked almost everyone. Prominent legal scholars condemned Roe and Doe as examples of judicial extremism. Even so, their commentaries did not grasp how extreme the new abortion license was or would become. Although the decisions appear to permit an abortion ban in the third trimester of pregnancy, any such “ban” would have to allow abortions throughout all nine months for reasons of the mother’s “health.” As defined in *Doe v. Bolton*, health includes “all factors—physical, emotional, psychological, familial, and the woman’s age—relevant to the well-being of the patient.”

Therefore, if an unwanted pregnancy caused any anxiety, or if the mother were unmarried, young or old—anything was enough to satisfy the health exception. Abortion on demand was now legal for any reason and at any point during pregnancy.

No one in 1973 could have anticipated that by 2011 over 50 million children in the U.S. would die from abortion. No one could have imagined that some abortionists would partially (and even entirely) deliver living, viable infants before killing them—by plunging scissors into the base of their skulls and sucking out their brains or “snipping” their spinal cord after birth. No one could have foretold that staff at some hospitals would induce the birth of babies with a disability, such as Down syndrome, shortly before viability, and callously let the infants die due to their immature lungs, without concern for their human dignity or their inherent right to life. No one would have imagined that fertility specialists would continue to implant multiple embryos, leaving mothers to choose who among their children would die by “selective reduction.”

**Effects of abortion**

We know that abortion hurts women physically and emotionally. Abortion providers claim a complication rate of less than 1 percent,
yet in one large American study, 17 percent of women reported physical complications, such as hemorrhaging and pelvic infections. The United Kingdom’s Royal College of Obstetricians and Gynaecologists reports that over 11 percent of abortions involve immediate physical complications, e.g., retained tissue, infections, and pelvic inflammatory disease, which can lead to ectopic pregnancy and sterility. And women continue to die from “safe and legal” abortions in the United States and elsewhere.

The link between abortion and breast cancer continues to be challenged by abortion supporters, including some in the National Cancer Institute (NCI). Recently, however, a leading NCI researcher co-authored an article which acknowledges a 40 percent increased risk of breast cancer in post-abortive women.

Abortion supporters claim that the anxiety, depression, substance abuse, sleep disorders, and other mental health problems women may experience after abortion are rare and found mostly among women with pre-existing mental health problems. Dozens of large studies from countries maintaining a central database of health records prove otherwise. In Finland, for example, the suicide rate for women in the 12 months following abortion was 3 times that of women generally and 6 times that of women who had given birth in the previous 12 months. Another nationwide study found that, even after controlling for pre-existing conditions, post-abortive women experienced higher rates of substance abuse, anxiety disorders, and suicidal behavior than those who had not had an abortion. Fathers, too, are coming forward for help in dealing with the loss of a child in an abortion. Grandparents of an aborted child may also grieve their loss and have difficulty forgiving themselves or their child for what happened.

A women’s abortion can negatively impact her future children. Fifty-nine studies from 23 countries have found a significant risk of early pre-term birth (EPB, i.e., before 32 weeks) after one or more induced abortions. After two or more abortions, the increased risk of EPB is 180 to 520 percent.6 Pre-term birth contributes to cerebral palsy, lung disease, cognitive impairments, and infant mortality. Later children may also face problems if their mom struggles with depression or substance abuse from an abortion.

Our nation, too, suffers from the loss of 50 million uniquely talented persons whose contribution to society is essential, even in purely economic terms. Across the globe, life expectancy is increasing while fewer children are being born to take their place in the work force and contribute to pension and social security funds. An aging population and a shrinking work force will overwhelm national programs serving as safety nets for the elderly.

The “Hard Cases”

Children are sometimes conceived as a result of an evil act, such as rape, but a child’s worth does not depend on the circumstances of his or her conception. A child is always a great good in the eyes of God and a source of joy and love to his biological or adoptive family as well. While nurturing such a child to birth requires courage and sacrifice, aborting a child conceived in rape simply answers violence and injustice with even greater violence and injustice.

Today many of the babies diagnosed prenatally with a disability are aborted. Frightened parents, unsure of their ability to care for a child with disabilities, need to recognize that God has chosen them to be the parents of this child for a reason. Families raising a child with a disability often write about the unexpected joys and transformative effect of such child on his extended family. Even when a baby has such severe disabilities that she is likely to die before or during birth, parents can find peace by nurturing the baby until God calls her home. They also then avoid the serious physical risks of a late-term abortion.

Very rarely, continuing a pregnancy may put the mother’s life at risk. In certain cases, such as aggressive uterine cancer or an ectopic pregnancy, it is morally licit to remove the threat to the mother’s life by removing the cancerous uterus, or by removing part or all of the Fallopian tube where the child implanted, even though it is foreseeable that the child will die as an indirect and unintended effect of such surgery. Abortion, a direct and intentional attack against the child’s life, is never morally licit. The unborn child and his mother have equal human dignity and possess the same right to life. When a medical crisis arises during pregnancy, there are always two patients involved. Doctors should do whatever they can to save both their lives, never directly attacking one—through drugs, surgery or other means—to save the other.

“To defend and promote life, to show reverence and love for it, is a task which God entrusts to every man” (The Gospel of Life, no. 42). Each of us is called to oppose abortion by every legal means available and to voice that opinion in the public square. We are called to support women and families whose circumstances may lead them to seek an abortion. And finally—

“We are asked to love and honour the life of every man and woman and to work with perseverance and courage so that, our time, marked by all too many signs of death, may at last witness the establishment of a new culture of life, the fruit of the culture of truth and love” (The Gospel of Life, no. 77).