

The Top Ten Myths About Abortion



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President
Family Research Council

The Top Ten Myths About Abortion

BY WILLIAM L. SAUNDERS, JR., CATHY CLEAVER RUSE
& LUCIA PAPAYOVA

In order to discuss abortion intelligently, it is a prerequisite that the facts about it be known. Yet, the one thing that can be said with certainty is this: the American people do not understand the facts surrounding abortion. Instead, their views are clouded by various “myths.”

In this pamphlet, we separate myth from reality. From whether abortion is protected under the Constitution to whether one can truly be “personally opposed, but pro-choice,” from whether abortion benefits women to whether it benefits society, from the frequency of and reasons for abortion to whether the American people support abortion “rights” as currently existing, from the question of an abortion/contraception “link” to the facts of human development, we look at the important issues surrounding abortion.

We hope readers will use this pamphlet to educate themselves and others so they can confidently enter into the public policy debate and shape a just resolution of this important issue.

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THE TOP TEN MYTHS OF ABORTION

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Myth No. 1:

Abortion is legal only during the first 3 months of pregnancy.

Fact:

Abortion is legal during all 9 months of pregnancy.

The Supreme Court in *Roe v. Wade* declared abortion a constitutional right.

The Court divided pregnancy into three trimesters¹ but ultimately ruled that women have a right to abortion any time an abortion doctor deems the abortion necessary for her “health.”² The Supreme Court defined “health” as “all factors—physical, emotional, psychological, familial, and the woman’s age—relevant to the well-being of the patient.”³



This “health” exception gives abortion doctors the power to nullify any abortion restriction on the grounds that there are “emotional” reasons for the abortion.⁴

MYTH 1 - FOOTNOTES

¹ Some Supreme Court cases have also spoken of “viability” (the point at which the child is able to live outside the mother’s womb) as a crucial factor in judging abortion regulations. Two points should be noted about this. First, the “health exception” (see footnotes 3 & 4 and accompanying text) nullifies any significance this might have, as an abortion doctor can always claim to find a particular abortion—even after viability—is important for the woman’s “health.” Second, though the Court in *Roe* thought viability fell between 24 and 28 weeks, children are actually able to survive outside the womb at earlier ages. See, e.g.: http://www.dailymail.co.uk/pages/live/articles/health/healthmain.html?in_article_id=437236&in_page_id=1774 (child survived at 22 weeks). Further, the development of the artificial womb means that, in the future, children may be able to survive outside the mother’s womb very soon after the time of conception. Cf., Knight, Jonathan,

“An out of body experience,” Nature Publishing group: Nature, 12 September, 2002. If “viability” matters, such developments should entitle unborn children to legal protection at earlier stages of development.

² *Roe v. Wade*, 410 U.S. 113, 164-65 (1973).

³ *Doe v. Bolton*, 410 U.S. 179, 192 (1973). In *Planned Parenthood v. Casey*, the Court abandoned the trimester framework but continued to prohibit laws against abortion where the abortion doctor deems the abortion necessary to preserve the mother’s “health.” *Planned Parenthood v. Casey*, 505 U.S. 833, 879 (1992).

⁴ After *Gonzales v. Carhart*, 55 U.S. ___ (2007), laws banning the use of the partial-birth abortion procedure except in life-threatening circumstances are constitutional.

Myth No. 2:

Abortion is legal because the Constitution says so.

Fact:

Legal abortion is the fruit of judicial activism. It has been imposed upon the country by judges.

The word “abortion” does not appear in the Constitution.

Nevertheless, in *Roe v. Wade*, the Supreme Court ruled that a right to abortion was part of an implied right to personal privacy emanating from various constitutional Amendments⁵ —in other words, that a right to abortion is an “implied” part of the Constitution.

It is the chief modern example of judicial activism—judges imposing their own policy preferences rather than interpreting the law as written. When judges act in this manner, they usurp the role of the legislators, whom the citizens elect to represent them in deciding disputed, difficult policy issues. Thus, judicial activism undermines the very basis of our representative democracy.

This ruling has been sharply criticized by legal scholars, federal judges, and seven other Supreme Court justices. Justice Byron White, for example,



said the Court engaged, “not in constitutional interpretation, but in the unrestrained imposition of its own, extraconstitutional value preferences.”⁶ Justice Antonin Scalia said, “the Court should return this matter to the people—where the Constitution, by its silence on the subject, left it—and let *them* decide.”⁷

Even Justice Ruth Bader Ginsburg, an outspoken proponent of legal abortion, called *Roe v. Wade* a “heavy handed judicial intervention” that was “difficult to justify,”⁸ and said it was “not the way courts generally work.”⁹

MYTH 2 - FOOTNOTES

⁵ “The Constitution does not explicitly mention any right of privacy,” but the Court found “at least the roots of that right” in the First, Fourth, Fifth, Ninth, and Fourteenth Amendments, and in the penumbras of the Bill of Rights. *Roe v. Wade*, 410 U.S. 113, 152-153 (1973).

⁶ *Thornburgh v. American Coll. of Obst. & Gyn.*, 476 U.S. 747, 794 (1986) (White, J., dissenting).

⁷ *Stenberg v. Carhart*, 530 U.S. 914, 956 (2000) (Scalia, J., dissenting).

⁸ Ruth Bader Ginsburg, “Some Thoughts on Autonomy and Equality in Relation to *Roe v. Wade*,” 63 *North Carolina Law Review* 375, 385 (1985).

⁹ “Comments of Justice Ginsburg to law students at the University of Kansas,” Associated Press, March

Edward Lazarus, former clerk of Justice Blackmun, the author of the *Roe* decision, said, “*Roe* borders on the indefensible” because a “constitutional right to privacy broad enough to include abortion has no meaningful foundation in constitutional text, history, or precedent.”¹⁰



When the Supreme Court creates a new constitutional right which has “no meaningful foundation in constitutional text, history, or precedent,” it acts beyond the scope of its authority to interpret the Constitution and thwarts the will of the American people as expressed in their Constitution.

Roe v. Wade was an illegitimate decision of judicial activists. There is no right to abortion in the Constitution.

11, 2005. Other Supreme Court justices have spoken against *Roe v. Wade*. Chief Justice Warren Burger, who, while voting with the majority in *Roe*, later called into question its soundness and pondered whether “we should reexamine *Roe*.” *Thornburgh v. American Coll. of Obst. & Gyn.*, 476 U.S. 747, 785 (1986) (Burger, C. J., dissenting). Chief Justice Rehnquist, an associate justice at the time of *Roe*, filed a dissenting opinion observing that the Court had to “find...a right that was apparently completely unknown to the drafters” in order “[t]o reach its result.” *Roe v. Wade*, 410 U.S. 113, 174 (1973) (Rehnquist, J., dissenting). Justice Sandra Day O’Connor said, “the court is not suited to the expansive role it has claimed for itself in the series of cases that began with *Roe v. Wade*.” *Thornburgh v. American Coll. of Obst. & Gyn.*, 476 U.S.747, 814-815 (1986) (O’Connor, J., dissenting). Justice Clarence Thomas was more blunt, calling *Roe* “grievously

wrong.” *Stenberg v. Carhart*, 530 U.S. 914, 980 (2000) (Thomas, J., dissenting).

¹⁰ “The Lingering Problems with *Roe v. Wade*,” *FindLaw’s Writ*, Oct. 3, 2002, <http://writ.news.findlaw.com/lazarus/20021003.html> Lazarus favors legal abortion. Prominent law professors who support legal abortion have also criticized *Roe v. Wade*. “[B]ehind its own verbal smokescreen, the substantive judgment on which it rests is nowhere to be found.” Prof. Laurence Tribe, “The Supreme Court, 1972 Term—Foreword: Toward a Model of Roles in the Due Process of Life and Law,” 87 *Harvard Law Review* 1, 7 (1973). *Roe* “is not constitutional law and gives almost no sense of an obligation to try to be.” Prof. John Hart Ely, “The Wages of Crying Wolf: A Comment on *Roe v. Wade*,” 82 *Yale Law Journal*, 920, 935-937 (1973).

Myth No. 3:

Most Americans agree with current U.S. abortion law.

Fact :

The vast majority of Americans strongly disagree with it.

According to various national polls:

- 61% of Americans say abortion should be illegal after the fetal heartbeat has begun¹¹ — which occurs in the first month of pregnancy.¹²
- 72% of Americans say abortion should be illegal after the first 3 months of pregnancy.¹³
- 86% of Americans say abortion should be illegal after the first 6 months of pregnancy.¹⁴
- Only 16% of Americans say abortion should be legal at any time for any reason.¹⁵



However, Supreme Court decisions make abortion legal throughout all 9 months of pregnancy, for any reason.¹⁶

Therefore, abortion law today is completely out of step with Americans' views on what it should be.

MYTH 3 - FOOTNOTES

¹¹ Zogby International Poll, April 15-17, 2004.

¹² Moore, Keith L. and Persaud, T.V.N., *The Developing Human: Clinically Oriented Embryology*, 6th edition (Philadelphia: W.B. Saunders Co., 1998): 77, 350. According to the Centers for Disease Control and Prevention, 77% of abortions in the United States occur after the heart of the fetus has begun to beat. "Abortion Surveillance—United States, 2000," 52 *Morbidity and Mortality Weekly Report* (SS-12) Table 7 (Nov. 28, 2003).

¹³ The Harris Poll #18, March 3, 2005.

¹⁴ Ibid.

¹⁵ Zogby International Poll, March 10-14, 2006.

¹⁶ *Roe v. Wade* forbids any law against abortion in the first and second trimester of pregnancy and even after "viability" if the abortion doctor deems the abortion necessary to preserve the mother's "health." *Roe v. Wade*, 410 U.S. 113, 164-165 (1973). "Health" is defined by the Court as "all factors—physical, emotional, psychological, familial, and the woman's age—relevant to the well-being of the patient." *Doe v. Bolton*, 410 U.S. 179, 192 (1973).

Myth No. 4:

Abortion is rare in United States.

Fact:

The U.S. has the highest abortion rate in the western world.

There are 1.31 million induced abortions every year in the United States.¹⁷ 24.5 percent of all pregnancies in the United States end in abortion.¹⁸

That means 3,500 children are aborted every day, 145 children are aborted every hour, and 2 children die every minute due to induced abortion in the U.S.

In fact, the U.S. has the highest abortion rate in the western world, and the third-highest abortion rate of all developed nations worldwide.¹⁹

The U.S. abortion rate is higher than the abortion rate in Spain, Ireland, Netherlands, Belgium, Germany, Switzerland, Scotland, Italy, France, England, Wales, Denmark, Tunisia, Finland,



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Uzbekistan, Croatia, Japan, Israel, Hong Kong, Canada, Norway, Singapore, Azerbaijan, New Zealand, Sweden, South Korea, Slovak Republic, Czech Republic, Georgia, Australia, Kyrgyzstan, and Puerto Rico.²⁰

MYTH 4 - FOOTNOTES

¹⁷ L.B. Finer and S.K. Henshaw, "Abortion Incidence and Services in the United States in 2000," *Perspective on Sexual and Reproductive Health* 35 (Jan/Feb 2003), p.8.

¹⁸ An Overview of Abortion in United States, Physicians for Reproductive Choice & Health and The Alan Guttmacher Institute, May 2006, http://www.guttmacher.org/presentations/ab_slides.html

¹⁹ The abortion rate is per 1000 women, age 15-44. *Sharing Responsibility: Women, Society and Abortion Worldwide* (New York: The Alan Guttmacher Institute, 1999), p. 28, <http://www.guttmacher.org/pubs/sharing.pdf>

²⁰ Ibid.

Myth No. 5:

Most abortions in the United States are done for health reasons or because of rape or incest.

Fact :

Most abortions in the United States have nothing to do with these reasons.

According to the Alan Guttmacher Institute (a pro-choice organization), 93.5 percent of the abortions every year are done for reasons other than health, rape or incest. Their survey shows women have abortions for the following reasons:²¹

- 25 % “not ready for a(nother) child/timing is wrong”
- 23 % “can’t afford a baby now”
- 19 % “have completed my childbearing/have other people depending on me/children are grown”
- 8 % “don’t want to be a single mother/am having relationship problems”
- 7 % “don’t feel mature enough to raise a(nother) child/feel too young”
- 4% “would interfere with education or career plans”
- >0.5% “husband or partner wants me to have an abortion”



- >0.5% “parents want me to have an abortion”
- >0.5% “don’t want people to know I had sex or got pregnant”

Less than 8 percent of abortions every year are done for reasons of health, rape or incest:

- 4 % “physical problem with my health”
- 3 % “possible problems affecting the health of the fetus”
- >0.5 % “was a victim of rape”
- >0.5 % “became pregnant as a result of incest”²²

Yet, under current U.S. abortion law, all of these abortions are legal.²³

MYTH 5 - FOOTNOTES

²¹ L. B. Finer, L. F. Frohworth, L. A. Dauphinee, S. Singh and A. M. Moore, “Reasons U.S. Women Have Abortions: Quantitative and Qualitative Perspectives,” *Perspectives on Sexual and Reproductive Health* 37 (2005): 113, 114.

²² The survey also categorizes the reasons for 6% of abortions as “other,” without further explanation.

²³ *Roe v. Wade* forbids any law against abortion in the first and second trimester of pregnancy and even after “viability” if the abortion doctor deems the abortion necessary to preserve the mother’s “health.” *Roe v. Wade*, 410 U.S. 113, 164-165 (1973). “Health” is defined by the Court as “all factors—physical, emotional, psychological, familial, and the woman’s age—relevant to the well-being of the patient.” *Doe v. Bolton*, 410 U.S. 179, 192 (1973).

Myth No. 6:

Abortion is good for women.

Fact:

Women suffer physically and psychologically after abortion.

Physical complications

Abortion can cause both short-term and long-term physical complications, and can significantly affect a woman's ability to have healthy future pregnancies.

Though there are no requirements for states to report abortion data to any federal agency, the Centers for Disease Prevention and Control have received reports of the deaths of 386 women from legal abortion between 1973, when abortion was legalized, and 2003.²⁴

Physical complications include cervical lacerations and injury, uterine perforations, bleeding, hemorrhage, serious infection, pain, and incomplete abortion. Risks of complications increase with gestational age and are dependent upon the abortion procedure.²⁵



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Long-term physical consequences of abortion include future preterm birth and placenta previa (improper implantation of the placenta) in future pregnancies. Premature delivery is associated with higher rates of cerebral palsy, as well as respiratory, brain, and bowel abnormalities. Pregnancies complicated by placenta previa result in high rates of preterm birth, low birth weight, and perinatal death.²⁶

MYTH 6 - FOOTNOTES

For more complete references regarding the research presented in this "myth," please see Moira Gaul, "How Abortion Harms Women's Health," *In Focus* (Family Research Council), December 12, 2007.

²⁴ See <http://www.cdc.gov/mmwr/preview/mmwrhtml/ss5109a1.htm#tab19>

²⁵ S. Lalitkumar, M. Bydeman, and K. Gemzell-Danielsson, "Mid-trimester Induced Abortion: A Review," *Human Reproduction*, 13 (2007): 37-

52; National Abortion Federation Clinical Policy Guidelines. Washington DC: National Abortion Federation, 2007.

²⁶ J.A. Martius, T. Steck, M.K. Oehler, et al., "Risk Factors Associated with Preterm (<37 + 0 Weeks) and Early Preterm Birth (<32 + 0 Weeks): A Univariate and Multivariate Analysis of 106,345 Singleton Births from the 1994 Statewide Perinatal Survey of Bavaria," *European Journal of Obstetrics and Gynecology and Reproductive Biology*, 80 (1998): 183-89.



While the question of whether abortion can increase the risk of breast cancer is hotly debated, a number of scientific studies demonstrate that induced abortion can adversely affect a woman's future risk of breast cancer.²⁷

Physical complications from chemical abortion with the drug RU-486 include hemorrhage, infection, and missed ectopic pregnancy (a potentially fatal complication). At least 8 women have died from RU-486 due to hemorrhage and infection.²⁸

Psychological complications

A “pro-choice” research team in New Zealand, analyzing data from a 25 year period and controlling for multiple factors both pre- and post-abortion, found conclusively that abortion in young women is associated with increased risks of major depression,

anxiety disorder, suicidal behaviors, and substance dependence.²⁹ This is the most comprehensive, long-term study ever conducted on the issue.

Other studies also conclude that there is substantial evidence of a causal association between induced abortion and both substance abuse and suicide.³⁰

A review of over 100 long-term international studies concluded that induced abortion increases risks for mood disorders enough to provoke attempts at self harm.³¹ Researchers have also identified a pattern of psychological problems, known collectively as Post-Abortion Syndrome, in which women may experience depression, anxiety, anger, flashbacks, guilt, grief, denial, and relationship problems.³² Post-Abortion Syndrome has been identified in research as a subset of Post Traumatic Stress Disorder.³³

Further, studies analyzing the effects of induced abortion in adolescents have shown, when compared to adolescents who give birth, those who abort reported more frequent problems sleeping, more frequent marijuana use, and increased need for psychological counseling.³⁴

²⁷ J.M. Thorp, K.E. Hartmann, and E. Shadigian, “Long-term Physical and Psychological Health Consequences of Induced Abortion: Review of the Evidence,” *Obstetrical and Gynecological Survey*, 58 (2002): 67-79.

²⁸ M.M. Gary and D.J. Harrison, “Analysis of Severe Adverse Events Related to Use of Mifepristone as an Abortifacient,” *The Annals of Pharmacotherapy*, 40 (February 2006).

²⁹ D.M. Fergusson, I.J. Horwood, and E.M. Ridder, “Abortion in Young Women and Subsequent Mental Health,” *Journal of Child Psychology and Psychiatry*, 47 (2006): 16-24.

³⁰ M. Gissler, C. Berg, M. Bouvier-Colle et al., “Injury Deaths, Suicides, and Homicides Associated with Pregnancy, Finland 1987-2000,” *The European Journal of Public Health*, (July 2005).

³¹ J.M. Thorp, K.E. Hartmann, and E. Shadigian, “Long-term Physical and Psychological Health Consequences of Induced Abortion: Review of the Evidence,” *Obstetrical and Gynecological Survey*, 58 (2002): 67-79.

³² A.C. Speckhard and V.M. Rue. “Postabortion Syndrome: An Emerging Public Health Concern,” *Journal of Social Issues*, 48 (1992):95-119.

³³ V.M. Rue, P.K. Coleman, J.J. Rue, et al., “Induced Abortion and Traumatic Stress: A Preliminary Comparison of American and Russian Women,” *Medical Science Monitor*, 10 (2004): SR 5-16.

³⁴ P.K. Coleman, “Resolution of Unwanted Pregnancy During Adolescence Through Abortion Versus Childbirth: Individual and Family Predictors and Psychological Consequences,” *Journal of Youth and Adolescence*, (2005): 35(6); 903-911.

Myth No. 7:

Abortion is beneficial to modern society.

Fact:

Abortion has a negative impact on communities and society at large.

Despite “pro-choice” predictions to the contrary, the illegitimacy rate has increased significantly since *Roe*. The percent of children born out of wedlock at the time of *Roe* was 15.5 percent, but by 2000 that number had increased to 33.2 percent, and by 2004, it increased to 36 percent.³⁵ There is a high correlation between out-of-wedlock childbearing and a host of negative social indicators such as pervasive child poverty.³⁶

Abortion hits minority communities hardest. The Guttmacher Institute reports that the abortion rate among black women remains more than twice the national average, and three times that of white women.³⁷ The organization Blacks for Life calls abortion “cooperative genocide.”³⁸



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Abortion also has contributed to population decline and demographic changes. The U.S. birth rate has dropped to the lowest level since national data has been available. In 2002 the birth rate fell to 13.9 per 1,000—down 17 percent since 1990.³⁹ This results in a demographic shift to an older population known as “population ageing” where the share of the population of working age shrinks and the labor force grows older.⁴⁰ This demographic phenomenon will have negative effects on the economy, especially as workers reach retirement age leaving fewer people engaged in productive work.

MYTH 7 - FOOTNOTES

³⁵ See National Center of Health Statistics, Centers for Disease Control, <http://www.cdc.gov/nchs/data/statab/t001x17.pdf> and http://www.cdc.gov/nchs/data/nvsr/nvsr55/nvsr55_01.pdf

³⁶ Rector, Robert E., Johnson, Kirk A., Ph.D., Fagan, Patrick F., and Noyes, Lauren R., “Increasing Marriage Would Drastically Reduce Child Poverty,” The Heritage Foundation, *Center for Data Analysis Report #03-06* <http://www.heritage.org/Research/Family/cda0306.cfm>

³⁷ An overview of Abortion in United States, Physicians for Reproductive Choice and Health and Guttmacher Institute, May 2006. Statistics from the Centers for Disease Control and Prevention for 2003 show that there were 165 abortions among white women per

1,000 live births while the ratio of abortions to live births among black women was 491 to 1,000. “Abortion Surveillance—The United States 2003,” Centers for Disease Control, <http://www.cdc.gov/mmwr/preview/mmwrhtml/ss5511a1.htm>

³⁸ Jones, Leon, “Imitating the Enemy,” *The American Feminist* (Winter 1994/1995), <http://www.feministsforlife.org/taf/1994/winter/imitatenemy.htm>

³⁹ “Births—Preliminary Data for 2002,” National Vital Statistics Reports, Centers for Disease Control, Vol. 54, no. 11.

⁴⁰ “Developing in an Ageing World,” World Economic and Social Survey 2007, Department of Economic and Social Affairs, United Nations, <http://www.un.org/esa/policy/wess/index.html>

Myth No. 8:

The more that people have access to contraception, the fewer abortions there will be.

Fact:

More contraception leads to more sexual behavior, more unintended pregnancies, and more abortion.

“Pro-choice” politicians do not want to talk about abortion; they prefer to promote contraception. But research here and abroad shows that increasing access to contraception is not a solution to the problem of soaring abortion rates. In fact, it makes the problem worse.

In Sweden, for example, an increase in affordable access to contraception and the presence of free contraceptive counseling have resulted in a substantial *increase* in the teen abortion rate. The abortion rate has climbed from 17 abortions per thousand teens in 1995 to 22.5 abortions per thousand teens in 2001.⁴¹

According to Professor Peter Arcidiacono of Duke University, increasing teenagers’ access to contraception “may actually increase long run pregnancy rates even though short run pregnancy

rates fall. On the other hand, policies that decrease access to contraception, and hence sexual activity, are likely to lower pregnancy rates in the long run.”⁴²

In the United States, a *decrease* in contraceptive use in recent years correlates to a *decrease* in the number of abortions. From 1995 to 2002, the rate of contraceptive use decreased from 64 percent to 62 percent,⁴³ while the number of abortions fell from 1,359,400 to 1,293,000.⁴⁴



MYTH 8 - FOOTNOTES

⁴¹ Edgardh, K., et al., “Adolescent Sexual Health in Sweden,” *Sexual Transmitted Infections* 78 (2002): 352-6, <http://sti.bmjournals.com/cgi/content/full/78/5/352>

⁴² Peter Arcidiacono, et al., “Habit Persistence and Teen Sex: Could Increased Contraception Have Unintended Consequences for Teen Pregnancies?” (Oct. 3, 2005), Working Paper, www.econ.duke.edu/~psarcidi/ad-dicted13.pdf, p. 29.

⁴³ “Contraceptive Use,” *Facts in Brief*, The Alan Guttmacher Institute (March, 2005), http://www.guttmacher.org/pubs/fb_contr_use.html. These numbers represent use among all women age 15-44, and thus, because many women in this age group would not be sexually active, the rate of use among sexually active women would be higher.

⁴⁴ L.B. Finer and S.K. Henshaw, “Estimates of U.S. Abortion Incidence, 2001-2003,” The Alan

Much has been made of the emergence of the Morning After Pill, or “emergency contraception.” Putting aside the fact that this drug can work either as a contraceptive or as an abortion, research shows that it has not reduced abortion rates. In Britain, the abortion rate actually increased from 136,388 abortions in 1984 to 185,400 abortions in 2004 despite increased use of the Morning After Pill.⁴⁵ Anna Glasier, director of the Lothian Primary Care NHS Trust in Edinburgh Scotland, acknowledges

that use of the Morning After Pill “is not going to make a big difference [in] abortion rates.”⁴⁶ Similarly, a recent study in the San Francisco Bay area showed no difference in pregnancy rates in women with greater access to the Morning After Pill, confirming previous studies showing no significant differences in pregnancy or abortion rates among women with greater access.⁴⁷



Guttmacher Institute (August 3, 2006) http://www.guttmacher.org/pubs/2006/08/03/ab_incidence.pdf

⁴⁵ Reinberg, Steven “Emergency Contraception Doesn’t Lower the Abortion Rate,” *HealthDay News* (September 15, 2006).

⁴⁶ http://www.kaisernetwork.org/daily_reports/rep_women.cfm#39853

⁴⁷ T. Raine, et al., “Direct Access to Emergency Contraception through Pharmacies and Effect on Unintended Pregnancy and STIs,” *Journal of the American Medical Association* 293 (2005): 54-62. www.dph.sf.ca.us/sfcityclinic/providers/Directaccesscontraception.pdf

Myth No. 9:

Abortion, particularly early abortion, does not take the life of a human being.

Fact:

Every abortion takes the life of a human being.

At the time of fertilization, when a sperm penetrates the ovum or “egg” cell, a new human organism comes into existence, with a complete and unique genetic code.⁴⁸ This is a *scientific fact*, not a religious claim. Those who claim not to know “when human life begins” are making a political statement, not a scientific one.

Human beings develop at an astonishingly rapid pace. The cardio-vascular system is the first major system to function. The blood is circulating and the heart begins to beat at 21 or 22 days (3 weeks), and can be detected on ultrasound.⁴⁹ By the end of the eighth week, the unborn child has developed all its organs and biological systems.⁵⁰ 20 weeks after fertilization (5 months), unborn children feel pain.⁵¹



Some try to distinguish *among* human beings, arguing that some are worthy of respect (because they possess certain characteristics), while others are not. This assertion contradicts the basic premise of Western law and of our Constitution—the equality of all human beings. As the Declaration of Independence says, all human beings are *created* equal. It would be perilous to abandon this point of view and to adopt a philosophy that puts into the hands of *some* human beings (the powerful) the right to decide whether *other* human beings (the weak, the unpopular, the defenseless) are to be counted as members of the human family.

MYTH 9 - FOOTNOTES

⁴⁸ “Human development is a continuous process that begins when an oocyte (ovum) from a female is fertilized by a sperm (or spermatozoon) from a male,” Moore, Keith L. and Persaud, T.V.N. *The Developing Human: Clinically Oriented Embryology*, 6th edition (Philadelphia: W.B. Saunders Co., 1998); “The Development of a human being begins with fertilization, a process by which two highly specialized cells, the spermatozoon from the male and the oocyte from the female, unite to give rise to a new organism, the zygote,” Langman, Jan. *Medical Embryology*, 3rd edition (Baltimore: Williams and Wilkins, 1975): 3; “The time of fertilization represents the starting point

in the life history, or ontogeny, of the individual,” Carlson, Bruce M. *Pattern's Foundations of Embryology*, 6th edition (New York: McGraw-Hill, 1996): 3.

⁴⁹ Moore, Keith L. and Persaud, T.V.N. *The Developing Human: Clinically Oriented Embryology*, 6th edition (Philadelphia: W.B. Saunders Co. 1998): 77, 350.

⁵⁰ England, Marjorie A., *Life Before Birth*, 2nd edition (London: Mosby-Wolfe, 1996).

⁵¹ Anand, K. J., “Pain and Its Effects in the Human Neonate and Fetus,” *New England Journal of Medicine* 317 (November 1987): 1321-9.

Myth No. 10:

I can be “personally opposed, but pro-choice.”

Fact:

That is impossible.

While it is true that some people claim to be “personally opposed, but pro-choice,” that position is, logically, impossible to hold. People who profess this opinion say that while they would not choose abortion themselves, they would not deny women the option to choose it. They appear to think that what is a wrong choice “for them” might not be wrong “for someone else.” However, what happens in an abortion is an objective fact, not a subjective judgment. During an abortion a human being who is unborn—and therefore innocent of any wrong-doing—is killed. Since abortion is, thus, objectively unjust, anyone who supports the “right” of others to have abortions necessarily supports such unjust acts (the killing of innocent, unborn children). Further, a choice to be “personally opposed but pro-choice” is necessarily a choice in favor of the legalization of abortion (so that the “choice” to abort is available to others). And that means the person who makes such a choice accepts that innocent, unborn children will be killed by abortions, albeit by other people. Thus, while one can say that one is “personally opposed but pro-choice,” what one necessarily means is “I support the right to kill innocent human beings.”



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