ABSTRACT

Illuminating the History and Hypocrisy of the Abortion Industry

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The abortion debate is one on the front of the American mind today, especially with the Supreme Court hearing the case of Dobbs v. Jackson Women's Health Organization, a direct challenge to Roe v. Wade. Emotional defenses have been mounted to justify the "right to abortion," but these are simple distractions from the greater injustice of abortion. In this thesis, I will detail the legal foundation of the right to abortion, discuss the progression of Dobbs v. Jackson Women's Health Org. from the District Court of Mississippi to the Supreme Court, and analyze pro-abortion arguments. I conclude with tangible steps for the pro-life movement to take in order to educate others, support women, and encourage American society to respect the dignity of life.

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Illuminating the History and Hypocrisy of the Abortion Industry

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For all the Holy Innocents

CHAPTER ONE

The Foundation of the Abortion Debate: Right to Privacy

In Roe v. Wade, the infamous Supreme Court case of 1973, the Supreme Court ruled that states could not restrict women's access to an abortion during the first trimester. In the majority opinion, Justice Blackmun wrote that "the right to privacy includes the abortion decision," making the issue of a right to privacy central to the abortion debate in the United States (Roe v. Wade, 410 U.S. 113). To understand the right to privacy, and its subsequent legal implications, one must first understand the history and development of this right in the United States legal system.

The right to privacy is not enumerated in the Constitution. Like many rights of United States citizens, it has come to be recognized through court cases rather than expressly written in legislation. The Tenth and Fourteenth Amendments to the United States Constitution are fundamental to the right to privacy and often cited in the case of abortion. The Tenth Amendment states, "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." The Fourteenth Amendment was written after the Civil War and was designed to protect the rights of the formerly enslaved populations, particularly in the South. This amendment states, "No State shall make or enforce any law which shall abridge the privileges or immunities of citizens of the United States, nor shall any State deprive any person of life, liberty, or property, without due process of law; nor deny to any person within its jurisdiction the equal protection of the laws." It is

through this framework that the right to privacy has become a matter of Constitutional doctrine in the United States and has been applied to the case of abortion.

In 1961, Poe v. Ullman was decided by the Supreme Court. Paul and Pauline Poe challenged the constitutionality of Connecticut's ban on the use of contraceptives. Poe argued that Connecticut's ban violated the Fourteenth Amendment. The Supreme Court ruled that because the defendant was not threatened by the law, they had no standing to sue, and the contraception ban was upheld. Justice Harlan dissented, saying that "I believe that a statute making it a criminal offense for married couples to use contraceptives is an intolerable and unjustifiable invasion of privacy in the conduct of the most intimate concerns of an individual's personal life" (Poe v. Ullman, 367 U.S. 497).

Harlan's concern for state violation of privacy was later used by the Supreme Court in the majority opinion of another case challenging Connecticut's ban on contraceptives, Griswold v. Connecticut, which is the foundation upon which future cases defined the right to privacy. In 1961, a gynecologist from Yale School of Medicine, C. Lee Buxton, and Planned Parenthood League of Connecticut executive director, Estelle Griswold, opened a Planned Parenthood clinic in New Haven, directly challenging Connecticut's state ban on contraceptives (Griswold v. Connecticut, 381 U.S. 479). After being arrested, Griswold sued the state of Connecticut over the contraceptive ban. The case, Griswold v. Connecticut, made it to the United States Supreme Court where the ban was struck down. Justice William O. Douglas wrote the majority opinion and suggested, "The foregoing cases suggest that specific guarantees in the Bill of Rights have penumbras, formed by emanations from those guarantees that help give them life and substance" (Griswold v. Connecticut, 381 U.S. 479). The language of penumbras and

emanations makes the claim that the right to privacy is found in the aura of the Constitution. Though this can be an accepted manner of establishing laws or rights, it may be a legal stretch to establish a right to abortion based on a right written between the lines, which violates the explicitly written right to life. Justice Douglas then cites Justice Harlan's opinion from Poe v. Ullman regarding the violation of marital privacy:

> Various guarantees create zones of privacy. The right of association contained in the penumbra of the First Amendment is one, as we have seen. The Third Amendment in its prohibition against the quartering of soldiers "in any house" in time of peace without the consent of the owner is another facet of that privacy. The Fourth Amendment explicitly affirms the "right of the people to be secure in their persons, houses, papers, and effects, against unreasonable searches and seizures." The Fifth Amendment in its Self-Incrimination Clause enables the citizen to create a zone of privacy which government may not force him to surrender to his detriment. The Ninth Amendment provides: "The enumeration in the Constitution, of certain rights, shall not be construed to deny or disparage others retained by the people." (Griswold v. Connecticut, 381 U.S. 479)

Through various Constitutional amendments and previous court opinions, Justice Douglas establishes the right to privacy. This explicit reference to a right to privacy is later used by the Supreme Court in the decision of Roe v. Wade.

In 1973, Roe v. Wade was decided by the Supreme Court. An unmarried pregnant woman, dubbed Jane Roe, instituted an action in the United States District Court for the Northern District of Texas, challenging the Texas criminal abortion statutes, which prohibited abortions except to save the life of the mother (Roe v. Wade, 410 U.S. 113). In Justice Blackmun's opinion in Roe v. Wade, he cited many of the same amendments as Justices Harlan and Douglas and their legal applications in previous Supreme Court cases that affirmed the right to privacy. Justice Blackmun said a woman's decision whether or not to terminate her pregnancy is encompassed by said right to privacy and if the State denied a woman that choice, there would be medically

diagnosable harm, and it could "force upon the woman a distressful life and future" along with the "distress, for all concerned, associated with the unwanted child, and the problem of bringing a child into a family already unable, psychologically and otherwise, to care for it" (Roe v. Wade, 410 U.S. 113). Though recognizing the woman's right to privacy, the Court does acknowledge that a "State may properly assert important interests in safeguarding health, in maintaining medical standards, and in protecting potential life [and] at some point in pregnancy, these respective interests become sufficiently compelling to sustain regulation of the factors that govern the abortion decision" (Roe v. Wade, 410 U.S. 113). The Court ultimately rules that during the first trimester, the States cannot regulate abortion for any reason; during the second semester, the States can regulate abortion to protect the health of the mother; and during the third trimester, the States can regulate or prohibit abortion to protect their interest in the potential life of the fetus (Roe v. Wade, 410 U.S. 113). Thus, the right to privacy is affirmed but recognized to be subject to some limitations and not absolute.

In 1992, Planned Parenthood of Southeastern Pennsylvania v. Casey challenged provisions of Pennsylvania's Abortion Control Act, which included informed consent of the patient, parental consent for minors seeking abortions, consent of husbands whose wives were seeking abortions, among others. Only the spousal-notice provisions were determined to be unconstitutional, but the Court further affirmed Roe v. Wade's essential holding of the Constitutional protection of a woman's decision to terminate her pregnancy from the Due Process Clause of the Fourteenth Amendment, which declares that no State shall "deprive any person of life, liberty, or property, without due process of law," with the key word being liberty (Planned Parenthood v. Casey, 505 U.S. 833). The

trimester framework was rejected and replaced with a viability standard, which said that the States did not have sufficient interest in the unborn child prior to viability but could regulate or prohibit abortion after the child was viable (Planned Parenthood v. Casey, 505 U.S. 833). Viability here is defined as the infant's ability to survive outside the womb.

In summary, the right to privacy was established in 1965 with Griswold v. Connecticut, determining that the constitutional right to privacy found in the "penumbras and emanations" of the Bill of Rights encompasses the right of married people to use contraceptives. In 1972, the right to privacy was expanded to protect access to contraceptives for unmarried people in Eisenstadt v. Baird (Eisenstadt v. Baird, 405 U.S. 438). Following soon after in 1973 was the decision of Roe v. Wade. Concurrently decided with Roe v. Wade was the case of Doe v. Bolton which defined health of the mother to include "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). In 1976, the right was further expanded regarding abortion in Planned Parenthood v. Danforth, which invalidated the requirement that a married woman obtain her husband's consent for an abortion and struck down a statute requiring minors seeking abortions to obtain the written consent of one parent (Planned Parenthood v. Danforth, 428 U.S. 52). Many cases following further invalidated parental consent and informed consent laws, further building the courts' interpretation of "right to privacy" as including the ability of a woman to seek an abortion under almost any circumstances and to keep that decision secret from those who may have a vested interest in the child's life, particularly the father. In 1992, Planned Parenthood v. Casey affirmed Roe v. Wade and the right to abortion as encompassed by the right to privacy (Planned Parenthood v. Casey, 505 U.S.

833). The precedent set in these cases regarding the right to abortion has not been directly challenged until this year with the Supreme Court case of Dobbs v. Jackson Women's Health Organization.

CHAPTER TWO

Analysis of Dobbs v. Jackson Women's Health Org.

In December of 2021, the Supreme Court heard the landmark case of Dobbs v. Jackson Women's Health Organization, which has the potential to overturn the infamous cases of Roe v. Wade and Planned Parenthood v. Casey and give the power back to the states to regulate abortion. This chapter will discuss the progression of this most recently contested law from its initial passing in Mississippi to the Supreme Court.

In 2018, Mississippi passed the Gestational Age Act, also known as House Bill 1510, which prohibits all abortions (with few exceptions that do not include rape or incest) after 15 weeks gestational age. Doctors who performed abortions outside of the parameters of the act would have their medical licenses suspended or revoked and may be subject to additional civil penalties or fines ("Mississippi HB1510 | 2018 | Regular Session"). Jackson Women's Health Organization, the last remaining licensed abortion facility in Mississippi filed a lawsuit challenging the law and requesting an emergency temporary restraining order (TRO; Jackson Women's Health Org. v. Currier, 2018 U.S. Dist. LEXIS 45080). The TRO was granted. The U.S. District Court of Southern District of Mississippi found that the state did not provide evidence that a fetus was viable at 15 weeks, and Supreme Court precedent prohibits states from banning abortions prior to viability. The case was first appealed to the United States Court of Appeals for the Fifth Circuit, which affirmed the decision (Jackson Women's Health Org. v. Dobbs, 945 F.3d 265), and then appealed to the Supreme Court where opening statements were heard on December 1st, 2021.

The Gestational Age Act was written by a former labor and delivery nurse named Becky Currie who is now a member of the Mississippi House of Representatives. She worked as a nurse following the decision of Roe and saw both the joy of delivering babies and the horror of post-abortion complications ("I Authored Mississippi's Abortion Bill. Here's Why."). In writing the act, she sought to protect unborn children and expectant mothers, with 15 weeks as the cut-off intentionally chosen after consulting legal and medical counsel. Unborn children can feel pain at 15 weeks and the risk of a mother dying from an abortion increases exponentially between the eighth and eighteenth week of her pregnancy ("I Authored Mississippi's Abortion Bill. Here's Why."). Furthermore, 75 percent of countries limit abortion to 12 weeks or earlier, except to save the life and preserve the physical health of the mother, so the 15-week viability standard is far from extreme or radical. As she notes, the standard established in Roe is extreme as the United States is one of only seven nations that permits elective abortion, or abortion-on-demand, after 20 weeks of pregnancy ("I Authored Mississippi's Abortion Bill. Here's Why."). The rationale for the act is also based on the tenets of Roe v. Wade itself, which suggested that states have an "important and legitimate interest in protecting the potentiality of human life," "an interest in protecting the life of the unborn," and "legitimate interests from the outset of pregnancy in protecting the health of women" as established in Planned Parenthood v. Casey ("Mississippi HB1510 | 2018 | Regular Session"). Thus, the Mississippi Gestational Age Act (House Bill 1510) was authored as a way for the state to exercise their right to protect unborn lives.

District Court Hearings

After House Bill 1510 became law in Mississippi with the signature of Governor Phil Bryant, doctors at Jackson Women's Health Organization filed a lawsuit against Mary Currier, the State Health Officer of the Mississippi Department of Health. They asked the court to strike down the law as unconstitutional, as it places viability at 15 weeks, which is about two months earlier than where the medical consensus places it (Jackson Women's Health Org. v. Currier, 2018 U.S. Dist. LEXIS 45080). On March 20th, 2018, United States District Judge Carlton Reeves granted Jackson Women's Health Organization's request for a temporary restraining order (TRO). There followed multiple extensions to the TRO with the final extension due to expire on November 26th, 2018. In addition, the case was bifurcated by the Court into two phases. The first phase deals with Jackson Women's Health Organization's challenge to the 15-week abortion ban, while the second deals with the challenges to Mississippi's other abortion laws.

On May 15th, 2018, Judge Reeves granted the Jackson Women's Health Organization's motion to limit discovery to the issue of viability. This rules that evidence about any other issue, "like whether Mississippi has any interests that could outweigh a woman's right to control her body," is irrelevant (Jackson Women's Health Org. v. Currier, 2018 U.S. Dist. LEXIS 82521). This limitation means that instead of the defense being able to bring up any evidence they believe could be relevant, such as if the fetus can *feel pain* at 15 weeks, they can only discuss whether a fetus is *viable* at 15 weeks. This was a significant blow to the state's case, undercutting its point that viability is not the only factor that could potentially impact its interest in unborn lives. Additionally, on the same day, Judge Reeves denied the state's motion for

reconsideration regarding the bifurcation (Jackson Women's Health Org. v. Currier, 2018 U.S. Dist. LEXIS 82559).

On November 20th, 2018, six days before the TRO was due to expire, Judge Reeves permanently prohibited House Bill 1510 from being enforced (Jackson Women's Health Org. v. Currier, 349 F. Supp. 3d 536). He cited viability as the controlling constitutional precedent and the Fourteenth Amendment's guarantee of autonomy for women desiring to control their own reproductive health, referencing the affidavits of two board-certified obstetrician/gynecologists who both agreed that a fetus is not viable at 15 weeks. In addition, because women later than 15 weeks of pregnancy would be required to carry their pregnancy to term or leave the state to obtain an abortion, he determined that the law would place an undue burden on women's right to choose an abortion, which is unconstitutional based on the precedent of Planned Parenthood v. Casey.

District Court of Appeals Hearings

On December 13th, 2019, the defendant, now Thomas Dobbs, who was appointed to the role of State Health Officer following the retirement of Mary Currier, appealed the district court ruling to the United States Court of Appeals for the Fifth Circuit (Jackson Women's Health Org. v. Dobbs, 945 F.3d 265). The three judges Patrick Higginbotham, James Dennis, and James Chiun-Yue Ho affirmed the district court's invalidation of the law, as well as its discovery rulings, and its permanent injunctive relief. An opinion was written by Judge Higginbotham affirming the district court judgment, and Judge Ho wrote his own opinion also affirming the district court judgment but disaffirming the district court's opinion, meaning he agreed with Judge Reeves' legal decision but disagreed with the manner in which he presented the legal outcome. The central question

that the appellate court sought to answer was whether the Mississippi law is an unconstitutional ban on pre-viability abortions. The opinion responds to the five main arguments of the State on appeal:

> (1) the Supreme Court's decision in Gonzales v. Carhart preserves the possibility that a "state's interest in protecting unborn life can justify a pre-viability restriction on abortion"; (2) the district court abused its discretion by restricting discovery, thus stymying the State's effort to develop the record; (3) the district court failed to defer to the legislature's findings; (4) the Act imposes no undue burden, as it only shrinks by one week the window in which women can elect to have abortions; and (5) the Clinic lacked standing to challenge the Act's application after 16 weeks, the point at which the Clinic stops providing abortions under its own procedures. (Jackson Women's Health Org. v. Dobbs, 945 F.3d 265)

Judge Higginbotham summarizes these arguments under three issues: 1. whether the summary-judgement order properly applies the Supreme Court's abortion jurisprudence, 2. whether limiting discovery to viability was an abuse of discretion, and 3. whether the scope of the injunctive relief was proper (Jackson Women's Health Org. v. Dobbs, 945 F.3d 265). The appellate court's response to each is analyzed below.

Judge Higginbotham cites both Roe v. Wade and Planned Parenthood v. Casey as the standing legal precedent on abortion regulation. Roe held that the right to privacy "is broad enough to encompass a woman's decision whether or not to terminate her pregnancy" and Casey "reaffirm[ed] Roe's 'recognition of the right of the woman to choose to have an abortion before viability and to obtain it without undue interference from the State. Before viability, the State's interests are not strong enough to support a prohibition of abortion or the imposition of a substantial obstacle to the woman's effective right to elect the procedure'" (Jackson Women's Health Org. v. Dobbs, 945 F.3d 265).

Mississippi did not prove the viability of a fetus of 15 weeks gestational age, and thus, duly admits that the Gestational Age Act is inconsistent with Casey, but it asserts various interests of the State to justify the law. The most heavily emphasized interest was to avoid pain to the unborn child. Mississippi offered the expert opinion of Dr. Maureen Condic, a professor of neurobiology at the University of Utah who specializes in the development and regeneration of the nervous system, who testified that "the human fetus is likely to be capable of conscious pain perception…as early as 10 weeks from the last menstrual period" (Jackson Women's Health Org. v. Dobbs, 945 F.3d 265). However, this expert testimony was excluded because of the Court's decision to limit discovery to the issue of viability. Judge Ho recognizes that he is "duty bound to conclude that the district court did not abuse its discretion in forbidding discovery and fact development on the issue of pain," but it also would not have been an abuse if they *had* permitted such discovery and fact development, considering the importance of the issues at stake (Jackson Women's Health Org. v. Dobbs, 945 F.3d 265). The question of fetal pain at 10 to 15 weeks heightens the State's interest in the life of the unborn child prior to viability and has significant implications in opposition to the standing legal precedent, and thus could justify discovery and fact development. As he notes, "it would be surprising if the Constitution *requires* States to use execution methods that avoid causing unnecessary pain to convicted murderers but does not even *permit* them from preventing abortions that cause unnecessary pain to unborn babies" (Jackson Women's Health Org. v. Dobbs, 945 F.3d 265).

The State argued that the district court overreached in the permanent injunctive relief granted to Jackson Women's Health Organization. The Clinic does not perform

abortions after 16 weeks from the last menstrual period and the relief awarded is not narrowly tailored to the Clinic's alleged injury; thus, the Clinic lacks standing to challenge the law. Judge Higginbotham cited the plurality test from Planned Parenthood v. Casey, which says "an abortion restriction is facially invalid if 'in a large fraction of the cases in which it is relevant, it will operate as a substantial obstacle'" (Jackson Women's Health Org. v. Dobbs, 945 F.3d 265). The act was considered invalid because it applied to every Mississippi woman seeking an abortion for whom the act is an actual restriction and for those women, the obstacle is insurmountable, not merely substantial.

Judge Ho continued to disaffirm the district court's opinion, though he affirmed the judgment. He states that the district court's opinion disparages the millions of Americans who believe in the sanctity of life, calling them "bent on controlling women and minorities" and "disregarding their rights as citizens" (Jackson Women's Health Org. v. Dobbs, 945 F.3d 265).

The district court continued, claiming that it is sexist to believe in the protection of the unborn, despite the Supreme Court having articulated that "whatever one thinks of abortion, it cannot be denied that there are common and respectable reasons for opposing it, other than hatred of, or condescension toward (or indeed any view at all concerning), women as a class—as is evident from the fact that men and women are on both sides of the issue" (Bray v. Alexandria Women's Health Clinic, 506 U.S. 263). In fact, a slight majority of women consider themselves pro-life and are more pro-life than men; in 2019, the Gallup data showed that 51 percent of women consider themselves pro-life compared to the 46 percent of men who do (Foust).

Judge Ho also asserts that the district court's claim that it is racist to believe in the sanctity of life unfairly disregards the racial and eugenic history that taints the abortion industry. Birth control and abortion have been historically promoted as tools for the eugenics movement to target minorities and continue to discriminate across racial lines. Margaret Sanger, the founder of Planned Parenthood, described the chief aim of birth control to be "more children from the fit, less from the unfit" with the unfit being "all non-Aryan people" (Flaherty). Today, 79 percent of the clinics operated by Planned Parenthood are in black and Hispanic neighborhoods, a legacy left by Margaret Sanger's eugenic beliefs (Krumholz). The current abortion rate among black women is nearly 3.5 times the rate for white women (Jackson Women's Health Org. v. Dobbs). Another particularly grim statistic notes that in New York City, more black pregnancies end in abortion than in live birth (McGurn). The strong connections between the abortion industry and racist and eugenic beliefs explain why many African Americans, and especially African American women, have been leaders in the pro-life cause. Perhaps most well-known is Dr. Mildred Jefferson, the first black woman to graduate from Harvard Medical School, first woman admitted to the Boston Surgical Society, and renowned professor of surgery at Boston University Medical School, who was the most prominent pro-life spokesperson in the years immediately following the Roe v. Wade decision (Stonestreet and Sunshine). Judge Ho dismantles the legitimacy of the racist claim in his penultimate argument:

> Given the links between abortion and eugenics, accepting the district court's logic—connecting Mississippi's own tragic racial history with the recent enactment of HB 1510—means that the history of abortion advocacy must likewise haunt modern proponents of permissive abortion policies, and infect them with the taint of racism as well. So where does that leave us? Are both sides of the abortion debate racist? I don't imagine the district court would say

> so. And if not, then the principle invoked by the district court is no principle at all, *but merely an instrument with which to bludgeon one side of the abortion debate*. (emphasis added; Jackson Women's Health Org. v. Dobbs, 945 F.3d 265)

Supreme Court Hearing

On May 17th, 2021, Thomas Dobbs was granted a petition for certiorari, meaning the Supreme Court would hear the case. The Supreme Court granted writ to address the question of whether all pre-viability prohibitions on elective abortions are unconstitutional (Dobbs v. Jackson Women's Health Org., 141 S. Ct. 2619). As discussed previously, the law is in direct conflict with precedent set by Roe v. Wade and Planned Parenthood v. Casey; thus, if upheld by the Supreme Court, these precedents could be overruled either partially or completely. Dobbs argued the Constitution does not provide a right to abortion and therefore, a state can freely ban abortions at any time during pregnancy so long as the regulation passes the rational basis test, meaning that it is rationally related to legitimate government interests. Thus, Dobbs continued, the Court should overrule the precedent set by Roe v. Wade and Planned Parenthood v. Casey that establishes a constitutional right to pre-viability abortions. Dobbs also asked that if the Court was not willing to overrule those decisions, they reject viability as the standard used to rationalize whether an abortion is reasonable (Dobbs v. Jackson Women's Health Org., 141 S. Ct. 2619). The Jackson Women's Health Organization argued in response that the Court should uphold the constitutional right because there is no compelling reason to overrule the precedents. They believe the right to abortion is firmly grounded in the Fourteenth Amendment as physical autonomy and bodily integrity are essential elements of liberty protected by the Due Process Clause (Dobbs v. Jackson Women's Health Org., 141 S. Ct. 2619).

In his opening statements, Scott Stewart, the solicitor general of Mississippi, argued that Roe v. Wade and Planned Parenthood v. Casey "have no basis in the Constitution…[and] no home in our history or traditions. Nowhere else does this Court recognize a right to end a human life" ("Transcript of Supreme Court Oral Arguments in Dobbs v. Jackson Women's Health"). Though the Constitution provides for privacy and autonomy, the logical jump to a right to abortion is beyond the scope of the Court's due process analysis. The Justices of the Supreme Court primarily pushed back on the front of stare decisis, the principle that precedent should determine legal decision-making in a case involving similar facts. Precedent is in place to promote consistency and predictability of Supreme Court decisions and avoid basing decisions on public opinion rather than established principles of law. Justice Sotomayor responded most vehemently, comparing infants in the womb feeling pain to people who are brain dead responding to stimulus. Stewart also noted that viability is an arbitrary line, untethered to science, the Constitution, history, or traditions, and a line that moves based on advances in medical technology and medical practice.

In her opening statements, Julie Rikelman, senior director of the Center for Reproductive rights, claimed that Roe v. Wade and Planned Parenthood v. Casey were correct, and they established a high standard of proof in order to overturn the decisions ("Transcript of Supreme Court Oral Arguments in Dobbs v. Jackson Women's Health"). When asked if 15 weeks could be a more workable standard than the elusive and arbitrary standard of viability, Rikelman said enacting a pre-viability line would result in states moving to ban abortions earlier and earlier in pregnancy. Justice Barrett asked about safe haven laws, which permit a woman to terminate parental rights by placing the child up

for adoption shortly after birth, but Rikelman noted that the case is not just about parenthood but also the dangers of pregnancy. Justice Alito reminded the Court that "the fetus has an interest in having life, and that doesn't change" before asking Rikelman to provide an instance of the states recognizing abortion at the time of the Fourteenth Amendment, which is fundamental to the pro-abortion argument ("Transcript of Supreme Court Oral Arguments in Dobbs v. Jackson Women's Health"). Rikelman could not provide a case recognizing abortion as a right. That is, abortion was not legal in any state when the Fourteenth Amendment was ratified.

Following Rikelman's statements, U.S. Solicitor General Elizabeth Prelogar said that she does not think that "there's any line that could be more principled than viability" and that the Court should think about "what is most consistent with precedent, what would be clear and workable, and what would preserve the essential components of the liberty interest" ("Transcript of Supreme Court Oral Arguments in Dobbs v. Jackson Women's Health"). Despite the ever-improving medical technology which allows children to live when born prior to viability, she claimed that viability checks all those boxes (see Curtis Means, an infant born at 21 weeks and one day and just celebrated his first birthday in July of 2021 (Fiano-Chesser, "Premature Baby Makes History as Youngest Preemie Ever to Survive")).

In the closing rebuttal, Stewart compared Dobbs v. Jackson Women's Health Org. to Brown v. Board of Education:

> In closing, I would say that in its dissent in Plessy versus Ferguson, Justice Harlan emphasized that there is no caste system here. The humblest in our country is the pure, the most powerful. Our Constitution neither knows nor tolerates distinctions on the basis of race. It took 58 years for this Court to recognize the truth of those realities in a decision, and that was the greatest decision that this Court ever reached. We're running on 50 years of Roe. It is an egregiously

> wrong decision that has inflicted tremendous damage on our country and will continue to do so and take enumerable human lives unless and until this Court overrules it. ("Transcript of Supreme Court Oral Arguments in Dobbs v. Jackson Women's Health")

Following these opening statements, the Court will likely release their decision in the summer of 2022.

Conclusion and Analysis of Dobbs Case

I believe the Court should uphold the Mississippi law and give states the right to restrict abortions before viability. I describe three main themes as support for this position.

Analysis on Abortion as Disregard for Life

First and foremost, I think the Court should uphold the law and allow abortion restrictions because life begins at conception. As Justice Blackmun noted in the opinion of Roe v. Wade, "if this suggestion of personhood is established, the appellant's case, of course, collapses, for the fetus' right to life would then be guaranteed specifically by the Amendment." However, he later says:

> Texas urges that, apart from the Fourteenth Amendment, life begins at conception and is present throughout pregnancy, and that, therefore, the State has a compelling interest in protecting that life from and after conception. *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 any consensus, the judiciary, at this point in the development of man's knowledge, is not in a position to speculate as to the answer. (emphasis added; Roe v. Wade, 410 U.S. 113)

Even if we did not know when life began, I believe the Court should have erred on the side of caution and ruled to protect life, rather than allow for the destruction of what could be life. Our understanding of fetal development has now progressed far beyond our knowledge in 1973. Science shows that the development of a human person from

conception until death is an unbroken continuum. There is no single point after conception, even at viability like the Court claims, where we can say the unborn child is now a distinct, living human person, where it was not a living person one minute ago. We now have incredibly accurate images and animations of fetal development, like Baby Olivia, a Live Action initiative ("Baby Olivia"), through ultrasounds and other medical technologies that show the humanity of unborn children. Given that now, we can definitively know that a distinct human life exists from the moment of conception, separate from the life of the mother, though dependent on her, the child's right to life should supersede any other right, whether that be privacy, autonomy, bodily integrity, etc.

Analysis on Viability Standard

By setting the standard at viability, the Court conflates life and viability. If human life is valuable at any stage, then it must be valuable at every stage. By claiming that life is only valuable when it is viable, we arbitrarily decide when life "matters." The viability line makes us the judge on what life is valuable, which becomes a slippery slope. What criteria makes a life valuable? Is it breathing? Heartbeat? Conscious thought? Is your worth dependent on your size? Your location? Your abilities? Each of these questions show the significant holes in the definition of life proposed by the Court. Are you worth less as a human being if you need an inhaler or a pacemaker or if you're sleeping? Are you worth less when you're younger and smaller, or if you're a little person, or if you are able-bodied or disabled? The Court decided that your life is only worth protecting once you are viable outside of the womb (Planned Parenthood v. Casey, 505 U.S. 833). As previously mentioned, Justice Sotomayor's comment suggesting that

someone who is unresponsive is not worth protecting is particularly telling. Even medical professionals struggle to understand fully what is going on in one's mind and body, so how can we be the determinant of whether their life is worth protecting? It's not rare for patients declared brain dead to regain consciousness. In 2018, 13-year-old Trenton McKinley was determined to be brain dead after a freak vehicle accident that resulted in seven skull fractures and significant traumatic brain injury. Just one day before his organs were to be harvested for donation, he began to exhibit signs of life, despite having flat-lined for as many as 15 minutes. He eventually regained consciousness, speech, and mobility and was able to return home (Brugger).

Viability is also a confusing standard to define because it changes based on medical advancement. The Court defines it as somewhere around 24 weeks gestational age, but babies have survived even younger than that (Roe v. Wade, 410 U.S. 113). In the summer of 2021, the Guinness World Record for most premature baby to survive was passed twice, first by Richard Hutchinson born at 21 weeks and two days on July 5th, 2020, then by Curtis Means born at 21 weeks and one day on July 4th, 2020 (Flanders, "World's Most Premature Baby, Born at 21 Weeks, Celebrates First Birthday"; Fiano-Chesser, "Premature Baby Makes History as Youngest Preemie Ever to Survive"). Additionally, most people define a viable fetus as one that can survive outside the womb, but the baby's ability to survive outside the womb should not matter. All humans can survive given the right environment, and an unborn child requires the environment of the womb. Thus, for an unborn child to be considered viable under this definition, it must be able to survive in an environment other than the one it naturally needs to be in. "Viable" babies require an environment that simulates the womb when born prematurely, i.e., the

NICU (Walsh), the same way that adult humans need the environment in which we were made to live in; humans cannot live on Mars without simulating our natural environment of Earth.

Analysis on Abortion as Pro-Woman

Abortion is hypocritical and anti-feminist, though it claims to be advocating for women's rights. Unrestricted abortion access makes the Court a hypocrite because as Mother Teresa puts it, "If we can accept that a mother can kill her own child, how can we tell other people not to kill one another?" The Court repeatedly establishes a special legal relationship between parent and child yet upholds laws that allow women to kill their unborn children. A child killed at 40 weeks gestation is a woman's right in eight states and the District of Columbia, but if the same child is killed shortly after birth, it is infanticide (Prestigiacomo). In some states, women can be charged with child endangerment, child abuse, drug delivery, attempted aggravated child abuse, chemical endangerment of a child, child neglect, child mistreatment, homicide, manslaughter, or reckless injury to a child for using substances such as cocaine, heroin, methamphetamine, marijuana, and prescription pills while pregnant, but if the same woman seeks an abortion and kills her child by consuming the abortion pill or permits a lethal injection into the brain of her child, stopping its heart before it is violently ripped from her womb, it is her right to do so (Angelotta and Appelbaum).

In addition to abortion being antithetical to all maternal instincts, abortion advocates and the opinion of the Court argue that "the ability of women to participate equally in the economic and social life of the Nation has been facilitated by their ability to control their reproductive lives" (Planned Parenthood v. Casey, 505 U.S. 833). They

claim women cannot have successful careers without access to abortion, a statement that tears women down and tells them they cannot both be a mother and have a career without the option to kill her own child. This also places women at odds with their children, suggesting that children may commit the injustice of inconveniencing the mother and obstructing her professional career progression. Although women have historically faced more challenges in their work and careers than men, that gap is significantly less than it was at the time of Roe v. Wade, and it is simply a false dichotomy to say that women must be able to choose whether or not to sustain a pregnancy to have success in her professional life.

Concluding Analysis

The disregard for life, the standard of viability, and clear misogyny of abortion all stands as reasons why the Court should uphold pre-viability abortion bans and overrule the precedent set by Roe v. Wade and Planned Parenthood v. Casey. Many of these myths or arguments began and were propagated throughout U.S. culture in the life of one woman and the organization she founded, who I will describe next.

CHAPTER THREE

Margaret Sanger's Legacy: Planned Parenthood, the Exemplar

The face of the abortion industry in America is Planned Parenthood. Founded by Margaret Sanger, the abortion giant performs the most abortions in the United States and is often the center of critical debates surrounding the legality of abortion and federal (i.e., taxpayer funding of abortion).

Margaret Sanger

Margaret Sanger was born in 1879 in Corning, NY. She had 10 siblings and her mother died from tuberculosis, a consequence of her fragile health which Margaret Sanger attributed to the many pregnancies her mother endured. This, combined with her work as a social worker and nurse, convinced her that birth control was important and necessary for women (Varley). On October 16th, 1916, Sanger opened the first birth control clinic in Brownsville, Brooklyn, when birth control was illegal in the United States. In 1923, Sanger founded two organizations–the Birth Control Clinical Research Bureau and the American Birth Control League–that would later merge in 1939 to form Planned Parenthood Federation of America, Inc. (*Margaret Sanger - Our Founder*).

It is important to recognize Sanger's ties to the eugenics movement because these ideas directly influence Planned Parenthood and the greater abortion industry today. The eugenics movement included positive eugenics (i.e., fit or ideal people should procreate more) and negative eugenics (i.e., unfit people should be sterilized or limit their ability to procreate–for example, by using birth control). Margaret Sanger authored a book focused on negative eugenics entitled *The Pivot of Civilization* where she wrote that "the most

urgent problem to-day is how to limit and discourage the over-fertility of the mentally and physically defective," who she often referred to as "feeble-minded" or "unfit." She believed, based on a survey conducted in Oregon, that about 10 percent of the U.S. population was "unfit" (Sanger). Her solution to this problem included segregation, birth control, and preferentially, sterilization of the "unfit:"

> Every feeble-minded girl or woman of the hereditary type, especially of the moron class, should be segregated during the reproductive period. Otherwise, she is almost certain to bear imbecile children, who in turn are just as certain to breed other defectives. The male defectives are no less dangerous. Segregation carried out for one or two generations would give us only partial control of the problem. Moreover, when we realize that each feeble-minded person is a potential source of an endless progeny of defect, we prefer the policy of immediate sterilization, of making sure that parenthood is absolutely prohibited to the feeble-minded. (Sanger)

Eugenic ideals are written into the abortion industry. For example, approximately 67 percent of babies diagnosed with Down syndrome in prenatal testing are aborted (Wakeman). That statistic is even more tragic in Iceland where nearly 100 percent of women with babies diagnosed with Down syndrome elect to abort the child; as a result, only one to two children are born with Down syndrome in Iceland annually compared to more than 6,000 babies with Down syndrome born each year in the United States (Wakeman). In addition, 79 percent of Planned Parenthood surgical abortion facilities are located within a two-mile radius, or walking distance of, a black or Hispanic neighborhood (Krumholz).

Planned Parenthood claims that Margaret Sanger was not a racist because she served many African American women, but if her goal was to limit the African American race, providing birth control and abortion services to African American women is highly effective to doing so. In 1939, Margaret Sanger started the "Negro Project" to popularize

the use of birth control within the black community and recruited black ministers and political leaders for her cause. She noted that "we do not want the word to get out that we want to exterminate the Negro population and the minister is the man who can straighten out that idea if it occurs to any of their more rebellious members" (Flaherty). Since 1973, 15.5 million black babies have been aborted, making abortion the leading cause of death among black Americans, taking more lives that heart disease, cancer, accidents, violent crime, and AIDS combined (Baucham 104). Whether Margaret Sanger was a racist or not, abortion disproportionately harms minorities.

Planned Parenthood

Planned Parenthood did not always have such a large presence in the U.S. or abortion industry. In 1980, only five percent of the nation's abortions were performed at Planned Parenthood, but they have been actively working to increase the number of abortions performed there in the years since (Clowes). Today, Planned Parenthood is the largest abortion provider in the U.S. with around 40 percent of U.S. abortions occurring there (Clowes). Planned Parenthood often advertises their other services to justify the amount of funding they receive from the federal government, especially citing the statistic that abortion is only three percent of what Planned Parenthood does (Clowes). However, former President of Planned Parenthood Leana Wen said in 2019, "our core mission is providing, protecting, and expanding access to abortion and reproductive health care…it's a fundamental human right and women's lives are at stake" (Leana Wen, M.D. [@DrLeanaWen]).

Their focus on abortion is evident in the shift in services Planned Parenthood has provided in the last few decades. The Planned Parenthood annual report from 2019-2020

shows that abortions are up 80 percent since 2000. In the last decade, breast exams are down 67 percent, pap tests are down 70 percent, and prenatal visits are down 79 percent ("New Planned Parenthood Annual Report"). Cancer screenings and prevention procedures, well-woman exams, provisions of birth control information and services, and adoption referrals have also decreased from year to year (Israel). From 2016-17 to 2017-18, these services decreased seven percent, eight percent, three percent, and twenty-seven percent, respectively (Israel). Former Planned Parenthood clinic manager Sue Thayer said in a video with Live Action that Planned Parenthood has quotas for abortions or abortion referrals. Clinics that hit their goal received rewards including pizza parties, and clinics that did not were met with corrective action (Richardson). Marianne Anderson, a former nurse at Planned Parenthood, said she felt more like an abortion salesman than a medical professional, having been told regularly that "you have a quota to meet to keep this clinic open" (Richardson). Their efforts to persuade women to seek abortions are unfortunately effective. According to Planned Parenthood's annual report from 2019-2020, 96.9 percent of pregnant women who seek help there have abortions (Clowes).

Planned Parenthood initiatives in sexual education also increase demand for abortion services. Their sexual education programs target children from elementary school to college, telling them that "sexual activity is normal, acceptable, and fun under any circumstances, no matter what type, just as long as coercion and [physical] injury is not involved" (Clowes). Planned Parenthood has provided condoms as part of their sexual education program to students as young as 10 years old. The demand for birth control increases, which Planned Parenthood is happy to provide, but birth control fails so often that there are more than two million "unplanned" and "unwanted" pregnancies in

the U.S. every year (Clowes). These women, afraid and unsure of what to do, often turn to those who provided them the information in the first place and Planned Parenthood profits on their fear.

Combining all these efforts, from 1995 to 2019, Planned Parenthood has totaled more than $31 billion in today's dollars in revenue. $11.4 billion of this revenue came from taxpayers in the form of reimbursements for services rendered and outright grants (Clowes). The abortion industry is clearly a profitable one. Over the course of humanity, power and wealth historically are the driving forces for mass injustices, and the abortion industry is no different.

CHAPTER FOUR

Analysis of Pro-Abortion Arguments

Countless emotionally charged arguments have sprung from the abortion debate, many carefully crafted by the abortion industry to entrench themselves deeper into the core of America. The abortion industry pushes the idea that women need access to abortion to be successful, that abortion is essential healthcare, and that abortion is a safe procedure that women deserve the right to choose for themselves. Each argument crumbles under even the slightest of scrutiny. The narratives surrounding abortion enable abortion providers, like Planned Parenthood, to profit in excess off the exploitation of women and killing of unborn children. Abortion providers and supporters have repeatedly dehumanized unborn children, disempowered women, and manufactured a "right to abortion" in the law, preventing pro-life legislation from protecting lives. The emotionally charged arguments for abortion are mere distractions from the horrors of the industry.

The abortion industry claims that abortion is essential healthcare, a simple medical procedure like a colonoscopy (Fiano-Chesser, "Cecile Richards Compares Abortion to Colonoscopies"). Neonatologist Dr. Kendra Kolb explains in a Live Action video why abortion is never medically necessary, despite medical situations that require the end of a pregnancy. To clarify these various situations, abortion is defined as "the direct and intentional termination of the life of a child in the womb" (Live Action, *The Pro-Life Reply to: "Abortion Can Be Medically Necessary"*). Sometimes when the mother's life is in danger, babies need to be born before they can survive outside the

womb. An emergency C-section is considered a preterm delivery, not an abortion, because though the child is born before viability, the child is not intentionally killed in the procedure. Emergency C-sections are also safer in these situations because they take under one hour, while abortions can take up to two to three days due to the dilation process required before the procedure. If the mother's life is in danger, an abortion would delay her treatment and significantly increase the risk of death and serious disability to the mother (Live Action, *The Pro-Life Reply to: "Abortion Can Be Medically Necessary"*). Other medical treatments, like chemotherapy, may result in the loss of the child, but the purpose of said treatment is to treat a disease, not cause the death of the child. Dr. Kolb and over 1,000 healthcare providers have signed the Dublin Declaration affirming that they agree that abortion is never medically necessary (Live Action, *The Pro-Life Reply to: "Abortion Can Be Medically Necessary"*).

Abortion advocates also claim abortion is a safe procedure. The first major objection to this is that abortion is one of the few medical procedures that has unintended survivors. The abortionist has failed if the child survives the abortion. The abortion is antithetical to safety for the child. But disregarding the child's death, the abortion procedure is not much safer for the mother. Abortions come with many negative psychological and physical harms, even when performed under the "safest" of environments.

Women who obtain abortions experience significant mental health struggles in the days and even years following. A 2017 study found that 67.5 percent of respondents sought help from a mental health professional after their abortions (Terzo, "The Risk of Depression after Abortion Is Real, as Multiple Studies Reveal"). Another study found

that women who aborted "unwanted" pregnancies "had a 94 percent higher risk of subsequent suicidal thoughts than women without a history of abortion and were also 270 percent more likely to report subsequent alcohol abuse or dependence" (Terzo, "Study: Women Who Abort Have Higher Risk of Depression, Even If Pregnancies Were Unwanted"). Abortions performed under the direction or advice of a doctor (i.e., due to medical concerns) or coercion from a partner wreak even more havoc on the mothers who wanted the baby. These women suffered from mental disorders 1.43 times more often and experienced longer term increased risks to mental health than women who aborted "unwanted" pregnancies (Terzo, "Study: Women Who Abort Have Higher Risk of Depression, Even If Pregnancies Were Unwanted"). Beyond the immediate effects, women often experience psychological harm following a later pregnancy carried to term. A study as recent as 2021 found that 10.7 percent of post-abortive women needed psychiatric care six months after delivery of a future pregnancy, a 43 percent increased risk within the first three months, and a 21 percent increased risk in the second three months (Terzo, "The Risk of Depression after Abortion Is Real, as Multiple Studies Reveal").

Some women also experience severe physical trauma immediately following an abortion, some leading to fertility issues when they later want to conceive. An estimated 10 percent of women undergoing abortion procedures suffer from immediate physical complications, of which one-fifth are considered major (Zakra). According to Kevin Duffy, a former Global Director of Clinics Development at MSI Reproductive Choices, nearly six percent of women who obtained "medical abortions," i.e., the abortion pill, were subsequently treated for complications and needed hospital treatment arising from

an incomplete abortion with three percent of those women requiring a surgical evacuation of the parts of the fetus that had been left in the uterus (Novielli, "Abortion Pill Complications Requiring Hospital Visits in UK Mirror U.S. Data... and It's Not Good"). Even organizations who are strong advocates of abortion admit harm can and does occur to the mother. For example, according to extrapolated figures based on the Guttmacher Institute's 2017 data, this could result in 20,380 women per year seeking care at an emergency room or urgent care facility after taking the abortion pill (Novielli, "Abortion Pill Complications Requiring Hospital Visits in UK Mirror U.S. Data... and It's Not Good"). Post-abortive women can also experience difficulties physically carrying a child to term later. A 2006 study from the British Journal of Gynecology found that post-abortive women have a 60 percent higher risk of miscarriage (Freiburger). Unfortunately, these women are the lucky ones; research has reported three to five percent of women who have abortions are left inadvertently sterile, with the risk of sterility being even greater for women who are infected with a venereal disease at the time of the abortion (Freiburger).

Despite significant evidence showing the dangers of the abortion procedure both psychologically and physically, abortion advocates do not have a track record of supporting efforts to make it any safer. The previous data on complications only includes *known* complications following abortions because there are no federal requirements in the U.S. to report any complications. Proposals to create federal reporting requirements face extreme opposition from abortion advocates, so there is not accurate information available to the public on the unsafe nature of both surgical and medical abortion. Many abortion advocates even staunchly oppose proposals that would increase the health and

safety standards of abortion clinics. Some regulations proposed would require operating room doors to be wide enough to admit a stretcher or wheelchair for injured women to be easily transported; the clinic to have admitting privileges at a nearby hospital; and basic standards of cleanliness to be upheld ("Abortion Clinic Health Regulations And Pro-Choice Opposition"). Currently, 23 states have these and other types of health and safety regulations for abortion clinics, but in eight of those 23 states, the laws are blocked by court action from Planned Parenthood and other pro-choice organizations ("Abortion Clinic Health Regulations And Pro-Choice Opposition"). Thus, even in the few states that have regulations, the clinics are not being held to the legal standard and can avoid any inspections or investigations. If abortion is necessary healthcare that must be "safe and legal," why would abortion advocates oppose legislation that would make it safer? The answer is that the abortion industry has so strongly emphasized the "need" for unrestricted access to abortion, and these restrictions are perceived as additional obstacles to abortion access. Abortion clinics would be required to make changes to their facilities, training of employees, recording systems, and other facets of abortions that would keep them from performing more abortions, thus reducing their profits.

In addition to the profits earned from the procedure, Planned Parenthood has additional incentives to increase the number of abortions performed, not reduce them. Planned Parenthood expands their abortion profits by selling fetal body parts to tissue procurement organizations, such as StemExpress (Center for Medical Progress). The Center for Medical Progress has investigated this connection and found that "according to Planned Parenthood's contract with StemExpress, StemExpress paid Planned Parenthood 'fifty-five dollars ($55) per POC [product of conception] determined in the clinic to be

usable.'" Products of conception were defined as "any fetal organ or other fetal or placental material taken from the human uterus during an abortion" (Center for Medical Progress). Given data from a Fresno Planned Parenthood, the Center for Medical Progress estimated that just one Planned Parenthood affiliate could receive $264,000 in extra profit each year from the sale of fetal organs (Center for Medical Progress). Given these profits, it is understandable that Planned Parenthood and other abortion advocates would oppose any regulations that would decrease the number of abortions they could perform.

The abortion industry also claims also to be an advocate for female empowerment. Women are told that they must have unrestricted access to abortion to be successful in their lives, including their chosen careers. The Women's Health Protection Act, passed through the House of Representatives in early September 2021, explicitly says just that: "these restrictions harm the basic autonomy, dignity, and equality of women, and their ability to participate in the social and economic life of the Nation" (Flanders, "The Women's Health Protection Act Treats Women as Inferior to Men"). This statement implies that, without abortion, mothers are unable to participate equally in professional life. The act would codify abortion on demand until birth into federal law, preventing states from passing protections for unborn children and undoing existing protections, including parental consent; informed consent; prohibitions on abortions based on race, gender, and disability; and prohibitions on late-term abortion (Flanders, "The Women's Health Protection Act Treats Women as Inferior to Men"). If passed, this act would essentially prevent all restrictions on abortion that allow women to make more informed choices and access safer facilities. In reality, such measures do potentially

decrease the number of abortions performed in the US, and this is a threat to the profit strategy of the abortion industry giants, including Planned Parenthood.

Unfortunately, many women believe the lies they are told by abortion advocates about success, femininity, and abortion. In May of 2021, Lake Highlands High School valedictorian Paxton Smith changed her speech last minute to address the recently passed heartbeat bill in Texas, Senate Bill 8. This heartbeat bill differs from the typical heartbeat bill in that it does not criminalize abortions; instead, private citizens have a civil right to action against "any person who performs or induces an abortion" after a heartbeat is detected and can receive "statutory damages in an amount not less than $10,000 for each abortion" plus the cost of attorney's fees (Hughes). Paxton Smith's reaction to such a bill clearly shows the impact of the narratives of the abortion industry on young women in particular:

> I have dreams and hopes and ambitions. Every girl graduating today does. We have spent our lives working towards our future and–without our input and without our consent–our control over that future has been stripped away from us…I am terrified that if my contraceptives fail, I am terrified that if I am raped, then my hopes and aspirations and dreams and efforts for my future will no longer matter. (Tim Rogers)

Women do have dreams and hopes and ambitions as she mentions, but children, planned or unplanned, do not strip away those dreams and hopes and ambitions. However, she fails to mention any personal responsibility for actions, primarily the choice to have sex, instead displaying a victimhood mentality, blaming rapists and imperfect contraceptives. In addition, she implies that having children is not successful and indeed a barrier to success. Success, instead, can only be found in career and wealth, not within the family. In the name of female empowerment, the abortion industry tells women that they cannot

do it all; that they cannot have children and be successful in the workforce; that they cannot use the beauty and design of their bodies to create life and call it successful.

Many abortion advocates frame abortion as a women's rights issue as Paxton Smith describes, but abortion allows irresponsible and abusive men to take advantage of women without immediate consequences. The convenience of abortion from the male perspective allows irresponsible men to have sex without strings. In addition, abusive men can destroy physical evidence of their crimes, and abortion clinics help them to do so. Abortion clinics have notoriously failed to report potential cases of child sexual abuse; a Planned Parenthood clinic in Kansas is facing 107 criminal counts, including "23 felony charges related to the manufacture of evidence to cover up failure to report child sexual abuse" (LifeSite). Live Action has investigated Planned Parenthood's connection to sexual abusers and sex traffickers, finding that "Planned Parenthood was the top most-visited facility for trafficking victims, second only to hospital emergency rooms. When asked why they went to Planned Parenthood, one survivor said, 'because they didn't ask any questions'" (*Aiding Abusers*). Instead of empowering women, abortion allows abusers one more mechanism to continually take advantage of women.

For those who believe abortion is wrong, murderous, and evil, it is important to remember that many of those who work in the abortion industry are not evil people with malicious intent who want to kill babies. They are often strong feminists who believe they are doing what is best for the mothers they see. The mothers often come to them in crisis, and the abortion clinics provide them a way out of their problems (notwithstanding the aforementioned problems it may create). Dr. Kathi Aultman is a former abortionist who became a member of the pro-life movement. She herself believed the lie that

women must have total control over their bodies–both participating in abortions and obtaining an abortion herself (Aultman). The following is part of her piece on LifeNews.com entitled, "I've Killed More People than Ted Bundy":

> Abortions, I soon discovered, can be very profitable. When I got my medical license in Florida in 1978, I moonlighted as an abortionist on the weekends, making more money than I would have made working in the emergency room…Three patients changed my professional trajectory…it was a mother of four [the third patient] who felt she just couldn't manage another child who brought me to tears. She wept before, during and after the procedure. It was the grief of a woman who knew the moral gravity of what she was doing that ended my abortion career. I stopped doing abortions, but I remained pro-choice…Gradually, I began to see the feminist narrative that abortion empowers women as increasingly flimsy. Ultimately, I could not shake the realization that the only thing that decided the fate of the baby was whether he or she was wanted or not. The former was born. The latter was killed. The life or death of a human being should not be so arbitrarily decided. I became pro-life. (Aultman)

Dr. Aultman's story is not the only one. More than 500 abortion workers have left their jobs through *And Then There Were None*, an organization dedicated to helping abortion workers leave the industry led by Abby Johnson, the subject of the movie Unplanned (Brady).

Despite the argument that abortion helps women, abortion is never the loving thing to do to care for women in times of distress. A commonly cited exception is in the case of rape and incest, but even this is not loving. The mother has just been through a traumatic experience, and, in turn, the abortion industry tells her to kill her child and experience another trauma. It is also not loving to the child. The child has no control over the circumstances of their conception. Why should the child receive the death penalty for the crimes of its father? Abortion advocates claim that women want to kill their children conceived in rape or incest because the child will be a reminder of the pain and trauma they endured. However, women who have had children conceived from rape

or incest often see the child as evidence of the immense good that can come from even the most horrific evils. Kathy Barnette, a TV and radio commentator, veteran, professor, mother, and author, was conceived after her mother was raped at the age of 11. She shared their story on Live Action:

> I saw [my mother's] age [on my birth certificate], and she was 12…My mother was raped…As a child, I knew no difference. I was loved and I felt loved…The hardest struggle for my mother to overcome is just the effects of the trauma itself, and that is why I think it's so important to help people understand that the trauma has already been inflicted. The child should not be inflicted with the consequences that squarely belong on the one who inflicted the trauma. (Live Action, *Pregnant From Rape At 11, My Mother Rejected Abortion*)

Kathy's mother shared, "I don't want to use the word 'choice.' She was going to be born. I didn't have a choice to say, 'You're going to live or I'm going to abort you…' Regardless of how old you are, and how the child was conceived, that child deserves a chance and if I hadn't made that choice, where would I be at right now, without my daughter?" (Live Action, *Pregnant From Rape At 11, My Mother Rejected Abortion*). Because Kathy's mother chose life, even in the worst of circumstances, she now has a daughter, son-in-law, and two grandchildren.

CHAPTER FIVE

Respecting the Dignity of Life

Looking forward, how can we change the narrative? How can we show women that creating life can be part of the definition of a successful life? How can we support women both in motherhood and career success? I hope this work has revealed truths about the abortion industry that you did not know and illuminated the factors that have led our society to our present day "culture of death." Pro-life organizations have been striving to answer these questions and create a "culture of life" in many ways. I believe that there are three tangible steps that we can take to counter abortion advocates, the pull of wealth, and the pursuit of false success. First, we must support women in unplanned pregnancies with crisis pregnancy centers. Second, the law must work to correct inconsistencies and uphold the right to life in the law. Third, parents, teachers, and others must teach children about the horrific nature of abortion, the dignity of life, and the dignity of sex to counter the sexual freedom culture that has led to the killing of generations of people.

Supporting and Utilizing Crisis Pregnancy Centers

Crisis pregnancy centers are nonprofit organizations that help women with unplanned pregnancies to decide to carry the pregnancy to term and provide or connect women to resources during and after pregnancy (Ward). Care Net, Heartbeat International, and Birthright International are the three largest networks of crisis pregnancy centers, all founded and run by pro-life individuals. Crisis pregnancy centers do not provide abortions and often do not provide birth control either; instead, they

actively support women, so they feel empowered to choose life (Ward). They provide select medical services like ultrasounds; educate women via classes on breastfeeding, childbirth, pre-natal and post-partum care, potty training, budgeting, Bible studies and more; as well as provide resources including baby clothes, baby food and formula, diapers and wipes, and feminine hygiene products among other resources. In a one year period, pro-life crisis pregnancy centers served 1.85 million people, provided $267 million in free services, gave parenting courses to 313,328 people, provided 1,290,079 packs of diapers, and supplied 2,033,513 baby outfits (Live Action [@LiveAction]). These pregnancy centers are well-established and already outnumber abortion facilities– in Texas, there are at least nine crisis pregnancy centers for every one abortion facility (18 abortion facilities, 164 crisis pregnancy centers)–and provide free resources and support for women instead of offering to kill their child for profit (Live Action [@LiveActionOrg], *"Pro-Life Laws Help Ensure Mothers, Fathers, and Children Are Protected and Compassionately Cared For."*). The most commonly cited reasons for obtaining an abortion are that having a baby would dramatically interfere with a mother's education, work, or ability to care for dependents, or that they could not afford a baby at the time (Finer et al.). Continued promotion of the resources offered by crisis pregnancy centers will help women recognize that there are people ready and willing to help them raise a child that they may feel they are not capable of caring for.

Correcting Legal Inconsistencies

From a legal perspective, the law should uphold the right to life for all, including the unborn. Thus, the first step is for the legal system to correct current inconsistencies in the law and to outlaw abortion completely on the basis that the unborn child's right to life

outweighs the right to liberty, autonomy, and privacy of the mother. There are already non-abortion-related laws that recognize the right to life of an unborn child, and abortion legislation can build upon these. For example, if a pregnant woman is killed, it is considered a double homicide, recognizing that the child is an additional life. Currently, 38 states have fetal homicide laws that consider the fetus as a person in homicide cases (Live Action [@LiveActionOrg], *"We Have to Fix the Inconsistency and Protect Our Children."*). But if a pregnant woman kills her own child via abortion, it is supported by law. If a woman consumes excessive alcohol or uses drugs during pregnancy, the woman can be prosecuted for child abuse for chemically endangering her child (Live Action [@LiveActionOrg], *"We Have to Fix the Inconsistency and Protect Our Children."*). But if she consumes mifepristone and misoprostol, the abortion pills, with intent to kill the child, it is supported by law. If an infant is killed after birth, it is considered infanticide. But if the child is killed just before birth via a third-trimester abortion, it is supported by law in eight states and the District of Columbia (Prestigiacomo).

As our culture continues to disregard life, more and more extreme violations of the dignity of life occur. The Born-Alive Abortion Survivors Protection Act would require that infants born alive after botched abortion attempts are given the same degree of life-saving care that an infant born at the same gestational age would receive and be brought to a hospital for further medical attention (Wagner). As Senator Ben Sasse remarked, "Everyone in this Senate ought to be able to say unequivocally that killing that little baby is wrong;" however, the Born-Alive Abortion Survivors Protection Act has failed to become law in 2015, 2017, and 2019 (Handy). The inconsistencies in

supporting the right to life undermine the pro-life movement's efforts to clearly establish that life is valuable from conception.

The Care for Her Act is an example of legislation that supports life in the womb and seeks to care for pregnant women, both planned and unplanned. The act would expand eligibility for the child tax credit to preborn children, which would allow pregnant women to receive $3,600 they currently do not qualify for (Live Action [@LiveActionOrg], *"The Deadly Women's Health Protection Act Has Nothing to Do with Health Care for Women and Everything to Do with Expanding Abortion up To…"*), easing the financial burden of raising a child. Support from the federal and state governments would be streamlined through the creation of a catalog of all programs for which pregnant women are eligible, allowing women to easily learn about the resources available to them locally. Federal grants would be provided to assist with maternal housing, job training, and other educational opportunities for pregnant women. In addition, communities would be incentivized to improve maternal and child mortality rates (Fiano-Chesser, "New Prolife Bill, Care for Her Act, Could Bridge the Abortion Divide").

In Texas, following the passing of Senate Bill 8, the heartbeat bill that sparked outrage from pro-abortion advocates, Texas legislators voted to invest $100 million dollars over the next two years to the Alternatives to Abortion program, which provides free counseling, parenting classes, diapers, formula, job skills training, and more (Bilger). More legislature like this will let women know that they are supported in pregnancy, even if it is unplanned or seemingly impossible to carry a baby to term.

Our society can reinforce the value of all life by offering true support to mothers through the legal systems in addition to the support offered by crisis pregnancy centers.

Emphasizing Respect for Life and Sexuality

Arguably the most important step, but also the most challenging, is to change the narrative. If we as a society agree and truly believe that having children is successful, we need to live like it is and teach others to believe the same. Teaching the dignity of human life and reasons why sex should be reserved for marriage are ways to combat the sexual freedom movement that separates the unitive and procreative purposes of sex. People desire sex naturally because sex is a good thing that furthers the population and is pleasurable. However, the sexual revolution stripped sex of its proper ordering and told young people especially that sex is good for the pleasure it brings to you, not for its unitive and procreative purposes within the confines of marriage. Sex outside of marriage loses the benefits of the unitive properties and the prolific use of contraceptives and abortion as pseudo birth control removes the procreative properties, too.

Our society today wants sex without strings and without consequences. Abortion advocates especially do not want to discuss the fact that consenting to sex is consenting to the possibility of pregnancy. Many abortion advocates say that women have the right to determine when, how, and with whom they start a family, to which most people would agree. Rape is a horrific tragedy that should never happen, which could result in a woman having a child with no say over when, how, or with whom she has a child. However, an overwhelming majority (over 99 percent) of women who seek abortions consented to the sex that resulted in a pregnancy and are pursuing abortion as a solution to a "problem" (i.e., a child, that they created; Novielli, "Still True"). As a rule of thumb,

if you are not ready for parenthood, you are not ready for sex. Teaching young people to respect the proper ordering of sex would significantly reduce the occurrence of situations in which women often seek abortions.

The promotion of the ideal of "safe sex" does little to stop unplanned pregnancies. A related measure of sexual activity is the transmission of sexually transmitted diseases or infections (STD/STI). Jason Evert explores the connection between promotion of condoms to slow the spread of HIV and AIDS vs. the promotion of abstinence (Evert). Two contrasting examples are Botswana and Uganda. Botswana relied on widespread availability of condoms for over a decade, budgeting $13.5 million for condom promotion with the Bill and Melinda Gates Foundation, but instead rates of condom use and HIV rates rose together until they were the highest in Africa (Evert). Uganda, perceived as the worst nation in the world in terms of HIV/AIDS infections in the 1980s, promoted abstinence and faithfulness, rather than condoms. From 1991 to 1999, the percentage of people in the country infected with HIV decreased from 22 to six percent (Evert).

The illusion of protection whether from HIV, STDs, or pregnancy provided by condoms or other contraceptives encourages increases in sexual activity, which results in greater rates of HIV infection, STD transmission, and unwanted pregnancies. As ethicist Janet Smith notes, "Most abortions are the result of unwanted pregnancies, most unwanted pregnancies are the result of sexual relationships outside or (or prior to) marriage, and most sexual relationships are facilitated by the availability of contraceptives" (Stackpole). Based on this evidence, respect for the proper ordering of sex is essential for reducing situations in which women often seen abortions.

Concluding Thoughts

These three steps are the most immediately pressing ways to change our culture of death to a culture of life. The pursuit of wealth by the abortion industry has left destruction behind. The abortion industry has resulted in the deaths of more than 62 million children since the decision of Roe v. Wade. It has tragically harmed countless women, both psychologically and physically. The relationship between men and women has been degraded to meaningless sex, leading to unplanned pregnancies and more aborted children. The abortion industry has too long profited off the exploitation of women and murder of children. As a society, we must truly support women, protect unborn children in the law, and change the narrative to empower every individual to choose life over violence.

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