Abortion: Part XIV

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stated. First that there is usually an embarrassment of hypotheses. Second­ly, that no sound conclusions about causality can be made in a static system. Tentative conclusions may be reached from studying spontaneous dynamic changes. But cogent conclusions can only be reached from deliberate experimental manipulations.

The heavy emphasis on training in the so-called exact sciences as a pre­liminary to biological and medical training has the disadvantage that it provides no education in dealing with the intricacies of biological systems. The hiatus arises in two ways. In the first place, elementary courses in physics and chemistry deal much more in fact than in method. The centi­meter-gram-second system of measurement which is taken for granted by the student, in fact represents a triumph of analysis arrived at by centuries of grappling with the constructs of physics and challenged again by the developments of relativity. The student too often gains no insight into such reductions and is perhaps left with the illusion that they are easy to make. In the second place, the basic sciences are dealing with structurally very simple ideas. The physiologist deals, or attempts to deal, with de­scription and analysis of the flow of blood in the arteries, a problem which the physicist views with horror. The histochemist has as his objective the description of the chemistry of the cell, a matter which the organic chemist would dismiss as intractably complex.

A 'high level' exploration of problems is not necessarily a wasted effort, but it must be conducted in its own terms and in accordance with its own disciplines. These disciplines many biologists and physicists never learn. In consequence they commonly misconstrue the evidence presented to them and take or recommend incorrect courses of action. No physicist would argue that fever causes pneumonia simply because the two are associated; and though he may take steps to cool his patient it is not intended as a curative measure but as means of alleviating a distressing and sometimes dangerous manifestation of the disease. Likewise he would not recommend a low calcium diet in tuberculosis simply because calcium is commonly present in tuberculosis lesions. Yet a large number of physi­cians (it seems to me on no more cogent basis) treat atherosclerosis with a low cholesterol diet.

As illustrations of two common sources of erroneous inference we have discussed confounding and association. There is some similarity between them; they both give rise to mulple interpretations of results which can be distinguished only (if at all) by appeal to outside information. In both cases, however, ethical or legal obstacles may preclude the critical experiment. Both have their analogies in the pastoral as well as in the scientific sphere.

Abortion — Part XIV

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Previously, we have considered, with reference to Japan and the various geographical sections of Europe, reform legislation concerning the moral and social problem of abortion. We have endeavored to set forth the date and type of the reform legislation and to assess its impact particularly on the numbers of legal and illegal abortions, the relationship between the total numbers of abortions to the total numbers of live births, the problem of maternal mortality and we have tried to evaluate the influence of the new legislation and its results on the citizens' attitudes towards the preservation or the taking of innocent, unborn life.

I) Legislative Arena:

We must now turn our attention to the United States of America.

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cussion of the issue, these facts should be stressed because the vote of individual legislators in a state assembly reflects not merely the private, personal attitude of the individual law-maker but also the reflections and interests of the constituents whom he represents.

The proponents of more liberal abortion laws find it very embarrassing indeed to have to face up to the fact that, despite big names, sophisticated public relations tactics and techniques, a well integrated organization, they have been successful in only ten states in four years.

In the 1969 campaign, there were almost fifty bills presented to the legislatures of twenty-eight states. Liberalized statutes were enacted in only four states and were defeated in twenty-four states. In many of these states, the bills were reported unfavorably out of committee and never came before the entire legislative body for a vote. Liberal abortion bills were debated and defeated in Florida, Illinois, Maine, New Hampshire, Michigan, Minnesota, Nevada, New York, Utah, Connecticut and Iowa. Vermont referred its bill to a committee. The Health and Welfare Committee of the House of Representatives of Ohio, after conducting hearings on a liberalized bill in March and April of this year, voted on July 31, 1969, to postpone indefinitely any further action on the bill.

One cannot fail to note that legislation to liberalize existing abortion statutes has been soundly and definitively defeated in the larger prestigious states — the very states that the proponents would love to have in their camp.

New York was and is a very vital and crucial state. On April 17, 1969, the State Assembly defeated the Blumenthal Bill on a vote of 78 to 69. During the debate, Assemlman Martin Ginsberg, a 38 year old lawyer who had been crippled by polio at thirteen months of age and now walks with great difficulty with the aid of crutches and leg braces, intervened in the debate and directed his remarks to that section of the bill that would permit abortion when there was danger that the child might be born defective, deformed or abnormal.

He reminded his colleagues in the Assembly that such outstanding people as Toulouse Lautrec, Alex Templeton, Charles Steinmetz, Ford Byron and Helen Keller suffered severe physical handicaps but succeeded in making very important and worthwhile contributions to society.

His remarks are worthy of special note: "What this bill says is that those who are malformed or abnormal have no reason to be part of our society. If we are prepared to say that a life should not come into this world malformed or abnormal, then tomorrow we should be prepared to say that a life already in this world which becomes malformed or abnormal should not be permitted to live." 6

The ten states, that have liberalized their statutes, have adopted in essence the guidelines set forth in the Model Penal Code which was prepared by the American Law Institute. These guidelines suggest that abortions are to be legal when the continuance of the pregnancy would result in danger to the mental or physical health of the mother; when the pregnancy resulted from rape or incest or when there was danger that the child might be born defective, handicapped, deformed or abnormal. The statute, in force in California, does not allow an abortion in situations where there is danger that the child might be born defective or handicapped.

The law in Delaware requires that the abortion be performed in licensed hospitals during the first twenty weeks of pregnancy. In New Mexico, the law, introduced by Senator Sterling Black, the son of United States Supreme Court Justice Hugo Black, was approved by the State Senate by a vote of 21 to 20. This law removes many of the restrictions that are found in the enacted statutes of other states: no residency requirements, no approval by the woman’s husband, no approval by a hospital board, no intervention by the district attorney when the pregnancy allegedly resulted from rape, no necessity that the abortion be performed in accredited hospitals.

In Massachusetts, the Joint Committee on Social Welfare, after public hearings, voted 19 to 1 against a proposed liberal statute and reported the bill adversely to the House of Representatives, where the proposal was defeated by voice vote without any debate.

At the public hearing, only one legislator — the proponent of the bill — appeared in support. Two outstanding citizens — Bishop Timothy J. Manning, the Auxiliary Bishop of the Diocese of Worcester, and Edward B. Hanify, a most respected attorney in the community — represented His Eminence, Cardinal Cushing, the nine Bishops of Massachusetts and over three million Catholics in the state and spoke in opposition to the proposed bill.

Those favoring a liberal bill in Massachusetts stated publicly after their defeat that the climate of the Legislature was such that they could not hope for the passage in the foreseeable future of a liberal statute. Thus, they would seek relief through the courts.

An equity action was brought before the Superior Court in which a declaratory judgment was sought to the effect that the present statute is unconstitutional. The petition alleged unconstitutionality on the grounds of vagueness, violation of freedom of speech and invasion of privacy within the understanding of the Griswold case as decided by the United States Supreme Court.

On two occasions, the Judge dismissed the petition because the action was improperly brought against the Governor and later the Attorney General of the Commonwealth. The interested parties could have appealed the rejections to the State Supreme Court or amended the petition and presented it a third time before the Superior Court. They took no action — apparently because they were persuaded that there was little hope of a successful outcome. The interlocutory decree of rejection still stands.

But the proponents of liberal abortion did not cease their efforts and activities. An initiative petition was presented to the Attorney General, which, if approved, would place the liberalizing of the present statute before the Legislature and, if approved by the Legislature in two consecutive years (1970 and 1971), the matter would be presented to the populace in referendum form in the state elections of 1972. However, on September 4, 1969, the Attorney General ruled that...
the initiative petition was not correctly drawn.

The proponents of liberal abortion are stubborn, adamant and persistently tenacious. They are highly motivated and extremely sophisticated in their tactics and techniques. We who respect innocent, helpless, unborn life must have equal or greater drive, profound dedication and deep commitment. Our approach must be equally professional and we must endeavor to use the media of communication with as much skill and appeal as our adversaries.

In another development, a couple in New Jersey, attempting to challenge that state’s abortion statute, sued three doctors for malpractice; alleging that they did not inform the wife that she had rubella early in pregnancy. The existing statute would allow the termination of pregnancy for “lawful justification” but no definition of this term is supplied in the present law. On June 2, 1969, the United States Supreme Court refused to consider this case.9

For some time, those close to the abortion problem, the literature, the presentation of the case for abortion reform, the tactics and techniques of the liberal proponents, have been convinced that a limited reform – such as provided for by the Model Penal Code – is not the true goal and the complete objective but merely the opening wedge and the “foot-in-the-door” beginning that would culminate in the legalization of abortion on demand; abortion without justifying reason other than the personal and private wishes of the expectant mother; abortion on the advice of the physician without any approval by a hospital board; abortion entirely apart from law and legislation. This was evident because less than 15 percent of all abortions would be legal under the limited provisions of the Model Penal Code and more than 85 percent of all abortions would remain illegal outside the law.

This suspicion has recently been verified. In February, 1969, a group of liberal abortion enthusiasts met in Chicago to discuss future strategy in their campaign to win more liberal laws with respect to abortion in a larger number of states. Despite the intervention of the more conservative among these liberals, e.g., Doctor Hans Guttmacher, who indeed looks forward to abortion on demand and request, that the time was not right and the climate was not conducive to push for this objective, a new organization was conceived at this meeting – the National Association for Reproductive Health (NARAL). It will be headquartered in New York and will have as its objective the total and complete removal of abortion from legal restrictions and its program will be the financing, integrating, coordinating of a national lobby that will assist local groups in a tremendous public relations campaign to realize abortion on demand in the various states.

Some may be interested in how campaigns for liberal abortion laws are financed and who, among our citizens, are the benefactors. A little insight was received during the recent controversy in the State of Nevada. Stewart Mott, an heir to the family fortune that was amassed from the promotion and sale of such staples as applesauce and apple juice, was a large contributor. Joe Sunnen, the manufacturer of a contraceptive foam, is said to have invested $150,000 in the Nevada campaign to liberalize existing abortion statutes, or one-half of the total cost of $300,000.

An interested observer on the sidelines might be interested in the motivation of these millionaires. Mott, who contributed heavily to the financing of a “massive, state-wide educational program in Nevada” stated: “We’d like to find one state in the United States where abortion is completely legal, governed only by the laws regulating medical practice. If we do develop such laws in one state, it will provide a place for many people to go to obtain abortions; provided, that is, that there is no residency requirement. Nevada’s present residency requirement is not at all restrictive. A person can go to Nevada and establish residency very easily. Therefore, we think that Nevada, which we do not wish to call a mecca, will become – if the law is repealed there – a place for problem pregnancies. I think other states will follow suit.”

The Reno Evening Gazette of March 3, 1969, sets forth the interest of St. Louis millionaire, Joe Sunnen: “If we break Nevada, every state in the union will follow. Nevada’s a small state, a place where you can experiment without spending too much money. I’m not interested personally in Nevada. I’m just starting there. If we don’t get it now, we will come back next year and try again.”

Where Mott had contributed to an educational program to sell liberal abortion, Sunnen donated to the Nevada Committee for the Rights of Women, of which the present secretary to the State Senate in Nevada, Leola Armstrong, is a former Executive Director. This Committee has been lobbying very actively and extensively for easy abortion. Joe Sunnen, State Senator, John Kerr of Las Vegas has admitted being the recipient of the benefactions of Joe Sunnen and the Nevada Committee for the Rights of Women in her election campaign. So, liberal abortion proponents are not merely interested in selling abortion; they also work for the election of people to the state legislature who are sympathetic to their cause and who will vote for more liberal abortion statutes, when such are presented to the legislature.

In the Utah and Nevada campaigns, the proponents found considerable opposition from Mormons since the Mormon Church has gone on record as being opposed to abortion.10

With reference to the current campaigns to liberalize our state laws, America concluded: “As our experience with permissive abortion laws grows, the arguments against sweeping change become stronger and stronger. Merely changing the law has not produced the number of backstreet operations either here or abroad. Medical facilities, already overburdened with the sick and the dying, find themselves besieged by healthy but unhappy mothers-to-be. Moreover, we are learning considerably more about deleterious side effects of abortion. Like the contraceptive devices it is supposed to back up, abortion produces severe physical and psychological damage in what may be considered a significant percentage of women.”11

In summary, the recent campaigns to liberalize abortion laws have much to teach us. We know who our enemy is — those people, well-intentioned and sincerely motivated, who, by seeking for easy abortion are more interested in the destruction of innocent, helpless, defenseless unborn life than in the positive program of solving the problems that might prompt distressed mothers-to-be to seek abortion. We

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may not be able to match the funds and monies of the opposition but we
must not forget that we have on our
side large numbers of peoples of all
faiths and no faith who would never
favor the destruction of innocent life
by abortion if we could only find the
opportunity of presenting to them for
their consideration and reflection our
calmly-reasoned, logical and very valid
position of opposition to easy abortion.

Since we are the defenders of life,
we should be able to arouse even more
motivation, more patient and persevering
endurance than our opponents. We
must launch massive educational programs on the parish, district and
diocesan levels which will bring our
message of concern for unborn life to
the attention of all persons of good
will. It is essential and necessary that
we have our own public relations
deavors that will at least match in
professional skill the tremendous
efforts of our adversaries.

2) Results of Liberal Laws:

Since it is only three calendar years
since Mississippi enacted its liberal
statute and since only ten states have
changed their abortion laws and since
four of these were accomplished in the
present legislative year so that
statistics could not possibly be avail-
able, it is clear that we cannot expect
very much information on the numbers of abortions — legal and
illegal — that have been performed
under the new statutes. However, some preliminary statistics are avail-
able for Colorado, California and
Maryland.

a) Colorado:
The liberal statute was signed into
law by Governor John A. Love on
April 25, 1967. It is patterned on
the Model Penal Code and requires that
the pregnancy be terminated in an
accredited hospital; that an hospital
board of three doctors unanimously
agree before the abortion can be
approved; that the written consent of
the husband be obtained if the woman
is married; that a psychiatrist testi-
mony, if there is question of mental
health problems or psychiatric indica-
tions, and that he confirm in writing
that “continued pregnancy would
mean a danger of serious permanent
impairment of the mental health of
the mother”; that a parent or guardian
must consent to the abortion if the
girl is under 16 years of age; that the
District Attorney must be notified if
there is an allegation of rape; that the
notification must be accompa-
nying within four months of the alleged
attack and the District Attorney
must be satisfied that reasonable evi-
dence exists to indicate that the girl
was raped before he can approve the
petition for abortion.

There were 51 known abortions in
Colorado in the year prior to the
enactment of the liberal statute:1. The
figures for the first nine months
under the new law indicated that there
were 224 abortions performed in 21
hospitals, 95 percent of them in
Denver, two-thirds were done for
psychiatric reasons and 79 of the
women came from out of state. Of the
total number of abortions approved in
the first eleven months, 109 abortions
were performed in Denver General
Hospital where the average previously
was only one. Of the terminations of
pregnancy at the Denver General
Hospital, more than two-thirds in-
volved single young women and more
than half of them were "unemanci-
pated teenagers." 13

The Colorado Public Health Depart-
ment stated that, from April 1967 to
April 1968, 262 legal abortions were
reported to it. Of this number, 142
were performed for psychiatric indica-
tions; 2 because of the risk of suicide;
28 because of rape; 14 because of the
danger of a deformed child by reason
of the mother suffering from rubella
and the remaining 76 because of
medical risk or were listed simply as
“therapeutic abortions — no other
statement.” Of the total 262 abor-
tions, 156 were performed on women
24 years of age or younger. 14

The Colorado Public Health Depart-
ment considered only the cases that
were officially reported to it. Doctor
William Droegemueller, assistant pro-
defessor of the department of obstetrics
and gynecology of the University of
Colorado Medical Center and his
colleagues, Doctor E. Stewart Taylor
and Doctor Vera E. Drose, report that,
in fact, 407 abortions were performed
in the state during the first year of the
new law. Of this total, 291 abortions
were performed for psychiatric
reasons, 47 for fetal indications, 46
because of rape and 23 for reasons
concerned with the physical health of
the mother.

According to this survey, 32 percent
of the terminations of pregnancy were
accomplished on out-of-state residents; 23 of the state’s 52 accredited hospi-
tals chose not to perform abortions
"because of religious beliefs or because
of the special nature of the hospital";
only 136 of the women were married
and the remainder were single, divorced or widowed; the majority
were pregnant for the first time. As to
the ages of the women, 12.7 percent
were under 16 years of age; 33.2
percent were between 16 and 21 years
of age; 38.6 percent were between the
ages of 22 and 35 and 15.5 percent
were over 35 years of age.

This study did consider complica-
tions. The principal problem was
hemorrhage and 8 percent of the patients required one or more recur-
tions. Five women suffered perfora-
tions. There were instances of in-
fection but these were of short
duration and responded to treatment
with antibiotics. The authors stated
that it was too early to determine
whether sterility or delayed reactive
depression will be “significant” factors
in the future.

As to psychiatric indications for
abortions, the authors declared: "There is a great deal of variation in the
interpretation of psychiatric indica-
tions. Some hospitals have taken
the position that therapeutic abortion
will be performed only in those
patients in whom psychiatric illness
predated the conception. Other hospi-
tals have been willing to accept the
psychological stress imposed by an
untimely pregnancy and, after due
consultation and recommendation by
a psychiatric consultant, have perform-
ed therapeutic abortions when a
psychiatric disease is a reactive de-
pression to the pregnancy itself.” 15

At the Fourth International Symp-

dium sponsored by the National
Commission on Human Life,
Reproduction and Rhythm in Chicago,
Illinois, in April, 1969, John
Archibald, a Colorado attorney, re-
ported that the official statistics re-
leased by the Department of Public
Health of his state and covering the
first two years of operation under the
new law indicated that 690 abortions
were performed but he himself relates
that the true figures are probably much higher. This would be in line with a comparison of the official number of 262 abortions for the first year and the survey report by Dengannemuller, Taylor and Droese that 407 legal abortions were in fact performed during the first year.

In any event, of this total number of 690 legal abortions officially reported by the Department of Public Health, 388 were performed for psychiatric reasons, 75 because of rape, 31 for rubella, 65 for medical indications and 131 abortions were listed without any reason.

Archibald also reported that seven amendments were introduced in the House and Senate of Colorado in 1969 in order to make some necessary and important changes in the 1967 statute: a residency of 6 months will be required; the unanimous vote of the three doctors for the approval of an abortion is not to include the doctor who will perform the abortion; a conscience clause is to be added so that no person will be required to participate in or advise an abortion and no disciplinary or discriminatory action can be taken against an individual who refuses to perform an abortion; more accurate reporting to the Department of Public Health will be required; before an abortion can be approved or performed because of rape, the report must be made to the proper officer within five days of the assault, thus forcing the girl to file the complaint before she knows whether or not she is pregnant; inquisitive proceedings to prevent an abortion until there is a court hearing and a presentation of the factual situation if this is desired by an interested party or a guardian; to eliminate all grounds for abortion except when there is danger of death to the prospective mother because of medical complications, when there is imminent probability and not merely a potential danger of suicide and finally when the pregnancy resulted from rape and the action was reported to legal authorities within five days.

The filing of these amendments in Colorado recalls similar efforts which have been made recently in England and Japan, Norman St. John-Stevas presented an amendment to the House of Commons that would insist that, of the two doctors who can certify an abortion under the present law, one would have to be a consultant gynecologist holding office in the National Health Service and the pregnancy would have to be terminated under his supervision and, if gynecological reasons are not available, a doctor of equivalent status should be consulted.

This amendment was rejected by the House of Commons by a vote of 210 to 199. St. John-Stevas was immensely encouraged by this vote because when the present liberal law was debated and passed only 12 members voted against the bill. He said that the large numbers of votes which favored his amendment "shows that the anxiety in the country over the working of the act is now being reflected in the House."

In Japan, where there are about one million registered abortions each year and a possible total of 2,000,000 or 3,000,000 abortions, there is a movement to repeal the present very liberal statute. A petition, bearing 331,223 signatures, and seeking a repeal of the existing law, was presented to the Japanese Diet by Doctor Taihei Miura, professor emeritus of psychiatry at Keio University, in the name of the Movement to Destroy the Eugenic Protection Law. A non-Catholic group in Hiroshima collected 25,162 signatures.

Doctor Miura states that easy abortion in Japan has contributed to a weakening of morality and to juvenile delinquency. He indicated that the large number of abortions has created a serious labor shortage and has produced a grave population imbalance, with an increasing number of aged people being supported by a dwindling number of younger people. The petition relates: "For the love of our land, for its national destiny, we ask that this law be amended in order to halt us from the march of tragic ruin on which we are now moving."

b) California:

The liberal law on abortion became effective in California on November 8, 1969. This statute contains the usual provisions of the Model Penal Code with the exception of the one allowing a termination of pregnancy when there is danger of the fetus being born defective, handicapped or abnormal. Under terms of resolutions to implement the therapeutic Abortion Act, the California State Department of Public Health has been requested to gather and collate information on abortions from the 455 state accredited hospitals and to submit an annual summary report to the Legislature.

The first summary report covered the very brief period of November 8, 1967 to December 31, 1967 and stated that information, although requested from all 455 accredited hospitals, was received from only 257 and that the true figures are probably much higher. This would be in line with the prospectiv e move to destroy the Eugenic Protection Law. A non-Catholic group in Hiroshima collected 25,162 signatures.

Of the original 325 applications, 282 were approved before December 31, 1967 and, of this total, 254 were actually performed before the last day of the year. Of the remaining 28 applications, 19 pregnancies were scheduled to be terminated after January 1, 1968, and in 9 cases, the abortion was actually cancelled either because the patient changed her mind or because of medical complications.

Of the 254 abortions that were performed prior to December 31, 1969, 214 or 84.3 percent were done for psychiatric reasons; 15 or 5.9 percent were for medical complications in the pregnancy; 18 or 7 percent for rape and 7 or 2.8 percent because of alleged incest.

Of the 254 women who submitted to abortions in this seven week period, 140 had never been married; 115 had had at least one previous pregnancy and 53 had had three or more previous pregnancies.
Assuming that the experience of therapeutic or legal abortion in California prior to the change in the law in 1967 was in accordance with the national average of two per 1,000 live births, this state would have had about 700 legal abortions a year. In less than two months after the enactment of the liberal statute and, with only 257 out of 455 accredited hospitals reporting and with only 70 hospitals reporting petitions, 3,257 applications for abortion were received and, of these, 2,822 were approved and 273 were to be performed.

It is interesting to note how geography has influenced the abortion picture in California. The legislators from the San Francisco Bay area are strongly in favor of liberalizing the statute and the incidence of abortion was 31.1 abortions per 1,000 live births. On the other hand, the six counties from the Los Angeles area presented strong opposition to the change in the law and the incidence was 5 abortions per 1,000 live births.

Keith Monroe concludes that the liberal law in California has not succeeded in solving the problem of illegal abortions and during the first year of operation under the new statute the number of legal abortions remained constant. There is an estimate that there are still about 100,000 illegal abortions a year in California. In Monroe's article, one advocate of liberal abortion statutes is quoted as saying: "Our Therapeutic Abortion Act is virtually worthless."

The pro-abortion drive is still continuing in California and further liberalization is being sought by test cases before the courts and by a drive to repeal all abortion statutes in the state. The Abortion Initiative Movement was formed in California to put an initiative measure on the 1970 ballot in order to have the abortion laws completely repealed.

c) Maryland:

A liberalized law went into effect on July 1, 1968 in Maryland. Statistics for the first six months were released in May, 1969 by the Maryland Medical Chirurgical Faculty, the largest medical organization in the state. These figures indicate that 743 legal abortions were performed under the new statute. Of these, 16 were approved because the continuancy of the pregnancy was considered to endanger the physical health of the prospective mother and 569 or 76.6 percent of the total number of abortions were performed for psychiatric reasons. Only 45 requests for abortions were refused by Maryland hospitals during these six months. The rate of abortions to live births was reported as 20 abortions per 1,000 live births.

There has been mention that Maryland could become the "abortion mecca" of the eastern part of the United States. Three major hospitals in Baltimore - Sinai, Johns Hopkins and the Greater Baltimore Medical Center - have announced that they will not perform abortions on non-resident women. Doctor Allan C. Barnes, Chairman of Obstetrics and Gynecology at Johns Hopkins states "we've been absolutely swamped." Doctor Everett Digs of the Greater Baltimore Medical Center expressed the fear that the great demand for abortions "could turn us into an abortion mill."

The above-mentioned report states that 153 or about 20 percent of all the abortions were performed on women who came from out-of-state.

According to a physician from Johns Hopkins, most of the therapeutic abortions were performed on private patients at a cost of $450 up to $600 each.

The fact that a large percentage of the total number of abortions were requested by and performed on non-resident women and the fact that most of the patients were private patients who paid high fees, it is clear that the poor did not benefit very much from the liberalizing of the law. Yet, one of the strong arguments by the proponents for liberalization of abortion laws is that, under existing laws, only the rich can afford abortions. The conclusion is presented that there should be a drastic change in the present laws so that abortion will also be available to the poor.

Alan B. Spector, a Baltimore legislator, and author of the liberalized statute stated: "The main objective of the bill was to make abortions as available to the poor as they have been to the rich. The law is not reaching the element it was intended for."

OBSERVATIONS:

1) Since such a large percentage of abortions are performed for psychiatric reasons, it might be well to ponder and reflect on a recent editorial in the New England Journal of Medicine: "Psychiatric evaluation, as so cruelly exposed at the recent Sirhan trial, deals with immeasurable matters, is less standardized and is still flexible to the point of instability. Is it hence not predictable that the overwhelming number of women desiring abortion for essentially social reasons, and those that would help them, will seek to base their attempts on psychiatric grounds? Humanitarian reasons..."
may masquerade under psychiatric labels' writes Sloane.

This editorial continues: "A potent theoretical argument of those who favor more liberal abortion laws is the contention that such laws will increase the number of safe legal procedures at the expense of risky illegal manipulations. In Sweden, most discouragingly, this apparently has not proved to be the case. Except for slight improvement in 1962-1965, the large proportion of criminally induced abortions has changed little since 1950. In California, the New York Times estimates the annual number of illegal abortions still approximates 100,000. In England, no one even ventures to guess to what extent, if any, illegal abortions have become less frequent."

This editorial concludes: "As the advantages of more liberal abortion laws are argued, and as philosophers debate at what metaphysical point of time life begins after an aggressive motile cell has nudged the wall of one that is passive, perhaps more might be gained by a concerted moral and social effort to revitalize—at least for the young unmarried—the concept of chastity. Like many of mankind's abstract ideals, it really is a most utilitarian practice."

2) With reference to the revision or amending of the present liberal abortion law in Colorado, John E. Archibald, a non-Catholic lawyer of Denver, a very articulate opponent of the liberalization of existing statutes and a member of the Colorado Joint Council on Medical and Social Legislation wrote: "The present Colorado abortion law is in need of immediate revision to safeguard and protect the rights of the innocent unborn, to provide protection to all medical personnel and hospitals which object to abortions for any reason not merely religious or moral, and to thoroughly restudy the so-called rape ground for abortion and its administration, and to put a sensible time limit on the time within which abortions may be performed such as 16 weeks in all cases."

In a presentation before a National Conference on Abortion which was held in Chicago, Illinois, in August, 1968, John Archibald said: "Abortion is too drastic a remedy for the policy of helping the mother psychologically." "...We have a child abuse statute in Colorado but no legislation protecting the unborn. The unborn in Colorado are denied both substantive and procedural due process despite the fact that the unborn have legally protective interests." Due process would involve such procedural rights as retaining "a lawyer to protect one's interests and being tried by impartial jurors."2

3) The findings and conclusion of a Legislative Study Committee on Abortion, which was established by the Indiana Legislative Council in November, 1967, should be seriously studied and evaluated. The study showed that the extent of the abortion problem in the state was "much less than has been previously assumed by proponents of liberalizing abortion laws." There was found to be no more than 1,650 illegal abortions per year in Indiana as contrasted to the 30,000 alleged by some proponents.

From 1960 through 1967, there were a total of 23 maternal deaths in the entire state resulting from all types of abortion—spontaneous, legal and illegal—as compared with the 125 to 250 maternal deaths claimed by those moving for a more liberal law.

The Study Committee, investigating the problem of fetal anomalies resulting from German Measles, determined that, in the epidemic year of 1964, there were about ten times as many cases of Rubella as in an ordinary year and yet only 43 anomalies were found among 280 babies whose mothers suffered from the disease. The Committee concluded: "From this, we assumed that only four anomalies from German measles occur in a normal year and that permission for the destruction of the 280 fetuses to find the 43 was too many to consider."

With reference to mental health, the Committee found: "There was no testimony or data submitted that would indicate that pregnancies are a significant mental health problem in Indiana. Rather, the manner and environment in which some become pregnant can cause a mental problem. There also appears to be equal probability that mental problems could be caused from abortion as from pregnancy."

Considering the question of illegal abortions, the Study Committee declared: "There is no indication that liberalizing the existing law will decrease the number of illegal abortions in this state."

In view of all the data obtained during the investigation, the Committee filed a final conclusion: "There is insufficient data to indicate whether the State of Indiana should liberalize its statutes concerning abortion... The existing statutes concerning abortion should not be changed at this time."

CONCLUSIONS:
Detailed study and analysis of existing information on the operation of liberal abortion laws in Japan, various sections of Europe and the United States would prompt one to conclude:

1) Liberal laws increase the number of legal abortions and the extent of the increase will be in proportion to the liberality of the law;

2) Liberal laws will definitely not extinguish illegal abortions; in some instances, there may be a decrease but not a significant one; in most instances, the numbers of illegal abortions remain constant; there is even evidence of an appreciable increase in illegal abortions despite a very liberal law;

3) Liberal laws will bring about a tremendous increase in the total numbers of all abortions—legal and illegal;

4) Liberal abortion laws will not make abortion any more available to the poor because there is a high incidence of abortions being performed on non-residents who are willing to pay a high fee; the doctors who are interested in doing abortions as a specialty are attracted to the private patients, as opposed to the clinic patient, and are definitely interested in the stipend;

5) The greater number of abortions are being performed for psychiatric reasons which, in most instances, is only a cover-up or a mask for a personal unwillingness to bear another child at this time, for whatever individual or social reason;

6) The petitions for interruption of pregnancy because of rape, medical
comlications to pregnancy and eugenic indications are very few in­
deed and to liberalize an existing law to allow a legal abortion for these
reasons would serve no useful purpose;

7) Liberal laws, allowing abortions under the best antisep­tic hospital condi­
tions, in accordance with the most professionally accepted techniques and
by the most competent surgeons, will not appreciably, if at all, lower the
maternal mortality rate, arising from abortion;

8) Even when legal abortions are performed under the best possible
medical and surgical conditions, as required by liberal laws, there is a very
high incidence of trauma: serious hemorrhaging, uterine perfora­
tions, cervical incompetency, sterility, pre­
maturity in future pregnancies with
the added danger of mental defect, infections etc.;

9) Limited, restricted and selective liberalization of existing abortion
laws is not what is desired. The ultimate goal and objective of all liberaliza­
tion is the complete repeal of all statues and laws concerning abortion and the
granting to any woman, as a personal right, the opportunity to have
abortion on request or on demand when she would prefer not to be
pregnant or when contraceptive tech­
niques have failed;

10) Liberal laws have demonstrated that a large segment of the applicants
have never been married or divorced or widowed;

11) The liberalizing of abortion laws has increased very markedly the
number of petitions for abortion from young, unmarried girls under the
age of 16 years.

FOOTNOTES


9. Newsletter, number 9, July/August, 1969; Shaw, ibidem.


11. America, May 3, 1969


14. Newsletter, number 1, October, 1969


18. First Annual Report on the Implementation of the Therapeutic Abortion Act, Department of Public Health of Cali­


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