

products remain banned on the basis of the discredited test.

Only in America.

Sporicidin estimates its losses to the end of July at more than \$10 million—\$5 million in lost sales, \$2 million in customer reimbursements, \$1 million in legal fees, and \$2 million in lost inventory. Thirty people in the manufacturing plant lost their jobs, and a dozen administrative and sales people have gone. In their place, a team of lawyers.

Agencies that are supposedly dedicated to serving public health are endangering it by spreading disinformation, disrupting the supply chain for disinfectants, and heavily assaulting the economic viability of the companies that manufacture them. Two of these have been forced close to bankruptcy for no good reason. Another, 3M, has withdrawn from the market, opting "not to get bogged down in the Federal Government's regulatory process." The regulators are adding a massive risk premium to the calculations of anyone doing business in territory where the government gangs roam.

What is behind this destructive madness? Several agencies fighting for

regulatory turf? A drive by regulators to justify their budget claims in Con-

gress? Normal Washington blundering? Perhaps a bit of all of these. □

No Single Issue

THE ABORTION WAR

The paradox: Most Americans are 'pro-choice'—and yet they oppose most of the abortions performed.

MARK CUNNINGHAM

THE PRO-LIFE movement is on the ropes. The Supreme Court has affirmed the central tenets of *Roe v. Wade* and embraced the concept of radical individualism that is at the center of the pro-choice position. President Bush, who has held the line on abortion even though he cannot present a coherent defense of his view, is likely to be replaced by Governor

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Clinton, whose Administration will surely embrace legislation to roll back the modest restrictions the Court allowed in *Planned Parenthood v. Casey*. Are there any assets remaining to those who resist the transformation of abortion into a positive good? What strategies ought they to follow?

First of all, there is considerable resistance to the actual practice of abortion. Though the AMA abandoned formal opposition decades ago, abortion is nonetheless fenced off within the medical community. At U.S. medical schools, only a quarter of ob/gyn residency programs require abortion training, and another quarter don't offer it all; participation in the optional programs is low. (How many mothers dream of someday presenting "my son the abortionist"?) In 1990, according to the *Washington Post*, "roughly eight thousand [8,000!] physicians performed most of the 1.6 million abortions in the United States . . . Roughly 70 per cent of these abortions are performed at 300 clinics." Outpatient clinics performed 46 per cent of abortions in 1973, 86 per cent in 1988. The standards vary from the relatively posh and professional services of Planned Parenthood to what are quite fairly called "abortion mills," places even the most zealous pro-choicers are ashamed to defend.

Activist pro-choicers are up in arms over the fact that 83 per cent of the 3,135 counties in the U.S. have no facilities for abortion. The numbers are deceptive, since the more populous counties are full of clinics, and it is no great burden for most people to reach the nearest good-sized city. Still, this suggests that community sentiment

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resists the pro-choice dream of an abortion clinic between the gas station and the general store in every two-street town.

In fact, most Americans disapprove of most abortions. A number of polls demonstrate this; my favorite, because liberals cannot impeach the source, was conducted for the *Boston Globe* in 1989. The study used a large, scientifically selected sample of the population; the pollsters posited various specific situations, and for each of them asked: "In this case, do you think it should be legal or illegal for a woman to obtain an abortion?" Over 80 per cent of respondents supported legal abortions in cases of rape, incest, and danger to the life or physical health of the mother. Smaller majorities backed abortion for the reason of definite (65 per cent in favor, 23 per cent opposed) or potential (52 to 31 per cent) genetic deformity.

But half or more did not think abortion should be legal for reasons such as these: the mother is a minor (50 to 35 per cent); she thought it the wrong time in her life to have a child (82 to 12); the baby was the wrong sex (93 to 3); the mother couldn't afford a child (75 to 16); birth control had failed (89 to 6); pregnancy would cause too much emotional strain (64 to 23); the father was unwilling to help raise the child (83 to 10) or absent (81 to 11). Solid majorities opposed permitting abortions in cases where one parent wanted to abort and the other did not: 72 per cent when it was the mother who wanted the abortion; 75 per cent when it was the father.

The *Globe* results are particularly interesting when juxtaposed to an account of the reasons why women actually choose abortion. The best information we have on this subject is a survey conducted by the Alan Guttmacher Institute (an offshoot of Planned Parenthood) of 1,900 women who had had an abortion. (Multiple answers were permitted.) In this survey, 1 per cent claimed to be victims of rape or incest; 7 per cent cited a health problem; 51 per cent wanted "to avoid single parenthood" or had "problems with a relationship"; 68 per cent said they could not afford a baby; 76 per cent were "concerned about how having a baby could change her life," interfering with work, school, or similar responsibilities.

This casts in a new light the polls

which more commonly make their way to the front page and the evening news, in which majorities of Americans describe themselves "pro-choice." For most people, evidently, that simply means not being rigorously pro-life. In fact, our "pro-choice" majority seemingly would be ready to outlaw most of the abortions that are actually performed.

There is, however, an important qualification: most Americans who are not themselves pro-lifers strongly disapprove of the pro-life movement. In the June/July *First Things*, James Davison Hunter, a sociology and religious-studies professor at the University of Virginia, reports on his extensive analysis (with Carl Bowman of Bridgewater College) of several 1991 surveys of public opinion on abortion. He found that people who are not active pro-lifers—even people who agree that abortion is generally wrong—feel closer, culturally, to people holding strong pro-choice views. "Outside of the rank and file of the anti-abortion movement, the average American . . . tends to view the anti-abortion movement in the same negative way that

the pro-choice coalitions do." That is, they regard it as being "unconcerned about women and the poor, and marked by judgmentalism, extremism, and intolerance."

Now, this image is false—the same surveys showed that "pro-lifers were significantly more concerned about child abuse, drug abuse, poverty and homelessness, and population growth than were the pro-choice . . . [and as concerned about] racial discrimination, minority rights, and women's rights as their opponents." But the image indicates a real resentment of pro-lifers' message. People do not want to hear, or think, about it. Indeed, a recent *USA Today* poll put abortion a distant tenth on the list of issues affecting votes in the presidential campaign.

What Do Americans Know?

AS A consequence, Americans are quite ignorant on the subject. One of the studies of public opinion, a Gallup survey, found that 80 per cent of Americans are not aware that *Roe v. Wade* and *Doe v.*

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Bolton legalized abortion through the full nine months of pregnancy; 17 per cent thought these decisions only granted a right to first-trimester abortions, and that only when the mother's life or health is endangered; 25 per cent believed they granted an unrestricted right to abortion, but only for the first trimester. Interestingly, people who told Gallup they were moderately or strongly pro-choice were twice as likely as pro-lifers to belong to that 25 per cent.

This is a remarkable contradiction: people believe abortion to be wrong, but they resent those who remind them of it. One might wonder whether they are ignorant of the facts in part because they would rather not know them. It seems that in the case of abortion, the moral values we actually

hold have become impossible to express in polite society.

In fact, they have. The pro-choice philosophy is most strongly embraced by society's leaders. As the *Los Angeles Times* summarized its 1989 in-depth poll: "People on the high end of the socio-economic scale are dramatically more sympathetic toward abortion than those on the low end. For example, 45 per cent of the people who went to college generally favor abortion while only 25 per cent of high-school dropouts do. Likewise, 42 per cent of people earning more than \$40,000 a year favor abortion, but just 24 per cent of those who take in less than \$20,000 do."

The same divisions show up in all serious studies. A May 1992 Wirthlin poll (for *Reader's Digest*) found a simi-

lar pattern—even on the question of poor people's access to abortion: those earning less than \$15,000 a year opposed using tax dollars to fund abortions by a ratio of 63 to 32, while those earning over \$60,000 favored it, 57 to 41; blacks opposed it 64 to 33, whites by only 53 to 43.

This division by itself goes a long way toward explaining recent pro-life reverses. The greater wealth and education of pro-choicers translates into campaign skills which at least partially counteract the greater number of pro-life single-issue voters and their grass-roots savvy. It means more than that, however, for it means that acceptance of abortion is necessary for the approval of our betters, and acquiescence in it is connected to social and economic advancement. Why?

Dismemberment and Choice

FOR THE last few years, it has been commonplace to hear conventionally enlightened people soberly and confidently announce that they are not pro-abortion but, rather, pro-choice. Because of the generality that is implicit in the unqualified word "choice," it is logical to examine the pro-choice argument from a broad perspective.

To make a *pro-choice* argument is to assert a liberty to perform an action, *X*, without bothering to explain why *X* should be legal, without acknowledging the nature of *X*, and, sometimes, without permitting the name for *X* to cross one's lips. Illogically, "choice" is both the premise and the conclusion. The pro-choice argument for abortion is that abortion should be legal because women have a *right to choose*. The problem with this argument is that an unqualified right purely and simply to *choose* could be used to advocate legal status for drunk driving, cannibalism, insider trading, or anything else. Unless one believes that all conceivable actions should be legal, it is not reasonable to base advocacy of legality for a particular action on *unqualified* choice.

To understand what abortion is all about, it is useful to re-direct our attention from the abstract plane down

Dr. Heaphy practices in Ohio.

to a more practical level. Such a real-world viewpoint can be achieved by considering the day-to-day work of a physician who does little else with his professional life except abortions. For example, in my own state of Ohio, there is the practice of W. Martin Haskell, M.D.

Depending on the size of the unborn child (or should I use one of the sanitized terms—like the "conceptus"?), Dr. Haskell employs various techniques. If the fetus isn't too far along, Haskell can probably use the suction curettage method in which a sharp curette is used to reduce the fetus into chunks small enough to be sucked out of the uterus.

Later in pregnancy the fetus is too large for this method. Such cases provide Dr. Haskell with many of his referrals. He is an expert at killing human fetuses at five and six months' gestation. He uses laminaria to dilate the cervix in a three-day procedure, then simply goes in, makes a direct instrument attack on the fetus, kills it, and takes it out.

Of course, the head is usually crushed in this D&E (dilation and evacuation) procedure. An unripened cervix just doesn't expand enough to pass a five- or six-month head. If the unborn baby is big enough, then the arms and legs may have to go too. The fetus is typically dismembered and removed piece by piece in a D&E

abortion. The parts are often inspected to make sure an arm or a leg hasn't been left in the mother.

The news organizations' reticence about mentioning the actual nature of abortion may arise in part from a chink in the gleaming semantic armor that otherwise encases the subject: *The abortion advocates forgot to re-name the body parts encountered in abortion.*

Presumably the "conscientious practitioners" of abortion (as the AMA now calls them—in slight departure from its own earlier description of them as "modern day Herods"), would be loath to admit to killing unborn children. They would rather say that they *terminate pregnancies*, an odd assistance for a process that invariably terminates itself.

As long as the discussion is couched in such genteel terms, there isn't much room for primitive, natural words like "arm" and "leg." They are gaucheries. On the other hand, if we could simply introduce a few Choice words into the vocabulary, then our mass media would no longer need to shy away from the topic of abortion techniques. The unborn child won't be called a child but just a "fetus" (Latin for "offspring"), and the arm is only a "potential arm" or, say, a "*brachium*."

Dr. Haskell operates abortion facilities in Cincinnati and suburban

It has been established at least since Kristen Luker's *Abortion & the Politics of Motherhood* (1984) that the motive force behind the liberalization of abortion law beginning in the 1960s was the rise of the career woman and the development of a different understanding of motherhood, and of sexuality generally. The early pro-choice activists were feminists who deemed abortion necessary to the project of gender equivalence, allowing women the same freedom from sexual consequences, and thus the same ability to shape their own professional and private lives, as men.

In many states, particularly progressive ones such as California and New York, they had achieved that goal for all practical purposes before *Roe*, through liberalization of abortion law

that made it easy for any sophisticated woman to evade the spirit of the remaining restrictions by finding a sympathetic doctor. (Miss Luker notes that *Roe* had no effect on California's abortion rate.) But both feminist ideologues and committed career women wanted more: namely, the approval of society for their lifestyle and philosophy. With *Roe*, they achieved that.

That is why there is no room for compromise—why they find so mild a set of restrictions as those now enshrined in *Casey* unacceptable. For all the talk of rape and incest, those horrors account, as we have seen, for only a tiny fraction of cases. Unrestricted abortion overwhelmingly serves the career woman, married or not, who has plans that don't include the demands of pregnancy, let alone those of

caring for a young child. (And it is true that single motherhood will knock you off the career track and into poverty before you can blink an eye.) Remember, three-quarters of all abortions are chosen because the mother is "concerned about how having a baby could change her life." Mary Cunningham Agee, whose pro-life Nurturing Network helps women through crisis pregnancies, reports: "Our experience shows that the most likely candidate for an abortion last year [1990] was between 20 and 26 years old, white, middle-class, with at least a high-school diploma."

By validating unrestricted abortion in *Roe*, however, the Court did more than help women continue their careers; it attacked the traditional understanding in which motherhood and

Dayton. When Yvonne Brower, a University of Cincinnati student, called to enquire if she could observe abortions to gather information for a term paper, the clinic manager was magnanimous. On September 21, 1989, Miss Brower observed Dr. Haskell killing fetuses at the Women's Med Center, which he owns, in Kettering, Ohio. The events of that morning prompted Miss Brower to file a complaint with the police.

The following excerpt from the police report is of interest:

She stated that by 11 o'clock she had already observed two "D&E" three-day procedures on two patients. She stated on the third patient, however, the abortion was different. . . . The patient's water was already broken and she spontaneously gave birth prematurely before the proper D&E procedure could be done. She stated that the baby was delivered feet first very quickly through the birth canal. The head was on its way out when Dr. Haskell reached over and got his scissors and snipped the right side of the baby's common carotid artery.

Even then, Miss Brower stated, the newborn infant was not exactly dead. The police report again:

The complainant stated that the baby was still moving when she looked at it once again. . . . it was breathing shallow breaths, as was evidenced by the chest moving up and down. She stated

that she could also observe the baby's hand having slow, controlled, muscular movements, unlike the short jerky twitchy motions she had seen and learned to expect when the baby was already dead before it came out of the birth canal.

The *Dayton Daily News* reported this story on Sunday, December 10, 1989. In the *Daily News* Dr. Haskell described the event in question in this way: "it came out very quickly after I put the scissors up in the cervical canal and pierced the skull and spread the scissors apart. It popped right on out. . . . the previous two, I had to use the suction to collapse the skull."

Haskell also said Miss Brower "quite possibly" misinterpreted what happened in the abortion. Miss Brower, however, said she saw Dr. Haskell perform 15 abortions the day before and two others that morning. "So it's not like I hadn't seen any before," she said.

Dr. Haskell was questioned by the police. He maintains that when he does abortions he always causes the death of the fetus to occur just before delivery rather than after. The prosecutor did not bring charges.

Of course, if killing the unborn, at the moment when Haskell *openly admits* to the act, is not merely *not illegal* but rather a "fundamental right," it would be remarkable for virtually

the same act to constitute legal homicide a few seconds later. *Legal* homicide or not, however, it would seem clear that a direct, intentional, and lethal assault on a human fetus must constitute a *homicide-in-fact* in that old-fashioned, as-long-as-words-have-meanings sense that even our federal judges are not quite able to change. It would be rather surprising if, here or there, some abortionist did not proceed to act on the logical basis that the result is the same whether one kills the fetus and then takes it out or takes it out and then kills it.

At present, good people in America are working to undo a decree that has transformed an entire class of human beings into constitutional outlaws suitable for discretionary killing. The idea that something so grandiose and Platonic as "choice" will be lost to our people if this killing is prohibited is as ludicrous as suggesting that the American people are already deprived of the same ideal by the prohibition of burglary or rape. The abortion struggle is of pivotal importance for humanity because it is about the value of human life and the value of truth. If that seems too abstract, then consider a more concrete approach: Recall that it is also about crushing unborn babies' skulls and ask whether or not it is OK to do that.

—MICHAEL R. HEAPHY, M.D.

human life are sacred (in a secular as well as religious sense). This provoked a counter attack by moral traditionalists, too late to stop *Roe* but in time to beat the even more radical ERA. For a time it seemed that the counter-revolution would succeed, but with the *Casey* decision these hopes have turned to dust.

The Broader War

WE MORAL traditionalists must learn from this disaster; the abortion war is primarily a cultural one, and it cannot be won by simply asserting that abortion is immoral. The immediate strategy must be to stress the ways in which our abortion laws have gone wild, and to support alternative solutions to crisis pregnancies.

The first step has recently been advocated by Hadley Arkes (*NR*, Oct. 5). Rather than directly join the battle on first principles, we should begin by asking what restrictions on our abortion laws, currently the most liberal in the Western world, are plainly sensible. The most obvious one is parental notification: to oppose involving parents in a teenage girl's crisis pregnancy means that—as a society—we trust the judgment of a girl who has already made one mistake more than we do that of her parents; we assume that families are burdens, not assets, in a personal crisis.

This is the logic of a pro-choice position, for radical choice implies that all relations—family, church, community, as well as motherhood—are barriers to self-fulfillment, unless the individual actively chooses them. Moreover, parental notification does reduce teen abortion, both because parents are often willing to provide an alternative and because, presumably, girls are less likely to risk getting pregnant if it can't be kept a secret. The teen abortion rate dropped 21 per cent in Minnesota after a 1981 parental-notification law, rose when the law was blocked by the courts, and fell again when the Supreme Court denied the challenge. A parental-consent law in Massachusetts led to a 15 per cent drop in teen abortions. These are meaningful victories: almost half the teenagers obtaining abortion do so without parental knowledge, and teenagers account for a quarter of all abortions.

In *Abortion Rites: A Social History of Abortion in America*, Marvin Olasky notes that the abortion rate among the non-slave population before the Civil War was about the same as today's; the problem was solved by no-nonsense Victorian social activism. While they worked for laws against abortion, the Victorian reformers also engaged in social work—identifying the “at-risk” social groups, and providing institutions that made the moral path easier: boarding houses, refuges, adoption services. As Mr. Olasky points out, similar reformers are a major part of today's pro-life movement. Mary Cunningham Agee's Nurturing Network, mentioned above, targets career women; other pro-life centers help 700,000 women a year through crisis pregnancies. There is a whole network of hostels for unwed expectant and new mothers, including some associated with Jerry Falwell. This movement deserves more notice and public support for its own sake, and also to help give the lie to the image of pro-lifers as concerned with children up to the moment of birth, but not afterwards.

Mr. Olasky also points out that the Victorians stressed the dangers of abortions, and the suffering of women who have them. There is considerable anecdotal evidence on these questions in our day. Every time reporters investigate legal abortion, they find stories as horrible as the back alley/coathanger ones that pro-choicers constantly recount—everything from “counseling” that includes blatant lies about fetal development to institutionalized malpractice like routinely using dangerous levels of anesthesia in order to do more abortions per hour. At Hillview Women's Surgical Center in Suitland, Maryland, *60 Minutes* found evidence of one death, one “accident” that forced a hysterectomy, and another that left a woman comatose. The Center's owner had been run out of Washington, D.C. for operating an unlicensed abortion clinic; she had moved to Maryland, which like most states has no laws regulating clinics.

Indeed, pro-choicers oppose the most basic health regulations, Meredith Veira of *60 Minutes* reported, for fear “that the pro-lifers will then use those regulations as a backdoor way to stop abortions.” Barbara Radford, spokesman for the National Abortion Federation, explained, “We want to make

sure that women have choices when it comes to abortion services. And if you regulate too strictly, you deny women the access to service.” (Sound economics, anyway.) Nat Hentoff notes that Maryland does have an abortion law—exempting physicians from civil and criminal liability for “good faith” abortions.

There is also much anecdotal evidence of emotional trauma, sometimes life-long, after an abortion. The largest support/activist group, Women Exploited by Abortion, claims well over 200,000 members. David Reardon's *Aborted Women: Silent No More* is only one of many accounts of the psychological and physical traumas that women face after abortions; even many overtly pro-choice oral histories admit the problem.

Surgeon General C. Everett Koop's report, broadly trumpeted, on post-abortion traumas concluded that there was no scientific evidence that women suffered, physically or mentally, in the aftermath of an abortion. In fact, Dr. Koop could not produce any such evidence because all the studies were methodologically flawed. There is no orderly record-keeping, and little immediate (and no long-term) follow-up. Probably the best thing about the *Casey* decision is that it allows Pennsylvania to require follow-up and accurate record-keeping. In a few years, we may know how many women actually encounter problems, physical or mental, months or years after an abortion. Just as studies of the economic effects on women of no-fault divorce are leading to some reform of that disastrous “reform,” so might some accounting of the real cost of abortion help turn this clock back.

There are also non-political approaches. The de Moss foundation has run one series of television advertisements promoting adoption and will soon start another. The ads simply show happy adopted children, without mentioning the alternative. But the implicit message—that someone wants your child if you are unable to keep it—infuriates pro-choicers. Hence the spate of articles in women's magazines on the horrors of adoption.

In the long term, the counter-revolutionists must await, and attempt to hasten, fairly radical social change—to unseat the social ideal of radical individualism that recognizes no restraints such as family and commu-