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OUR PRO-LIFE FUTURE

A PLAN FOR BUILDING ON ANTI-ABORTION SUCCESSES

by
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A few years back, I saw an anchor on network news observe that the average age of abortion doctors was above sixty, and there weren't many such doctors left. Then I saw something I was entirely unaccustomed to seeing on network news: a story about Project Rachel, and how it was helping post-abortion women. There was also a remark about how sonogram pictures of the fetus were a new technology influencing opinion. Then they showed a picture of such a sonogram. This was unprecedented.

It is quite clear that the behavior surrounding abortion is changing. Abortions used to be readily available in hospitals and doctor's offices, but now they have become concentrated in clinics specially designed for just that purpose. And the number of clinics is going down dramatically. There were about 2,200 at their height in the 1990s; now there are fewer than five hundred.

The number of abortions has been going down dramatically, too. From 1973, the year of nationwide legalization in the U.S., the number rose each year until about 1981. It remained fairly steady for many years, then started to decline from a peak of around 1.4 million, reported by the Centers for Disease Control, to about 652,000 in 2014—a 46.6 percent drop.

The rate of abortions per 1,000 women of childbearing age has also decreased. According to the Guttmacher Institute, a partner of Planned Parenthood, the rate peaked at 29.3 per thousand women between the ages of fifteen and forty-four in 1981, but by 2014 it was down to 14.6 abortions per thousand women—a drop by almost half. The ratio of abortions to live births has followed the same pattern.

Furthermore, the number of women having abortions *for the first time* has fallen even more dramatically. The proportion of women getting a *repeat* abortion has been steadily rising. At last report, it was around 45 percent of the total.

It's those repeats that are keeping the numbers up as high as they are. Women who have one or more repeat abortions add to the number of abortions, but not to the number of women who have had an abortion. Without those first-timers, from where are the repeaters of tomorrow going to come? Having a first one is a prerequisite to having a second one. The pool from which the repeaters emerge is drying up.

All repeaters will reach menopause eventually. As the repeaters drop by attrition, the downturn is likely to become all the more dramatic. The conditions for an acceleration of decline are all in place. Some women will become sterile before reaching menopause. Also, quite a few will become pro-lifers. The most worrisome population trend for the abortion business is that of their own clientele turning into their opposition.

The more people are aware of these trends, the more they will look for reasons why it would be so. People have a drive to have their thoughts match what's going on. They don't like cognitive dissonance, seeking instead cognitive consonance. If they see that their actions and the actions of those around them have changed, then they're inclined to change their beliefs or attitudes to fit those actions. Moreover, they look for reasons why the change happened, reasons that will preserve their self-esteem and explain why they didn't have those same thoughts before.

This dynamic was evident, for example, after the bus boycott of 1955–1956 in Montgomery, Alabama, a protest that sought to desegregate the city buses. Businesspeople a decade after the campaign were found to be less racist. They accommodated their beliefs to new social realities. A cynic could say they were simply hypocritical, rather than having had a change of heart. This underestimates the dynamic of cognitive consonance. Once behavior changed in Montgomery, so did racial attitudes. When people noticed they were acting in a new way, they accounted for it by adopting beliefs that were consistent with their behavior.

This is happening with respect to abortion and attitudes toward it. Consider the news anchor I mentioned above, who presented ultrasound technology as new. Pro-lifers know this is ridiculous. The humanity of unborn children has been well known for many years, with actual photographs of them circulated widely. *Life* magazine published some in their April 30, 1965, issue, long before the widespread use of the sonogram. And post-abortion counseling has existed for a long time. But these were treated as new discoveries by those who wrote up that TV segment, and for a reason: to account for why beliefs were changing—and to do so without admitting that they should have been that way all along. “New discoveries” were used to account for why opinions change.

The need to protect our moral integrity is important. When the abortion juggernaut got going in the 1970s, many found it impossible to hear arguments against it without acknowledging that a great evil had befallen the country. That judgment is difficult for us to accept. Now, as social trends move toward abortion reduction, people can regard the adoption of a pro-life position as joining a positive trend, one that speaks well of America as a country.

The ways in which we are motivated to be in sync with social changes mean that all kinds of pro-life arguments can gain new traction today. Arguments many people couldn’t hear before, they can hear now. This will add further momentum toward the protection of the unborn. The future of the pro-life movement is promising.

We need to be attentive to this social dynamic. That means pro-lifers should start their remarks against abortion by observing this dramatic decline in the number of women who have abortions. If we lead with this trend, we will find more ready ears for our reasoning. I have seen this happen while doing media interviews. I mention that dramatic decline and explain why the decline is likely to become more dramatic. In subtle ways, the interviewer's attitude shifts. He or she seems a little more eager to hear my reasoning as to why this should be so. My reasoning, of course, eventually turns to what's wrong with abortion.

The most persuasive reasons will be ones that are new, at least new to their specific audience. Most people need "new facts" and reasons to reassure themselves that they were not morally culpable for supporting abortion in the past. These new reasons include:

- *Post-abortion aftermath.* That women suffer distress after abortions has been well known in the pro-life movement for many years, but it may surprise people who thought the availability of abortion would help women. The testimony of women who regret terminating a pregnancy changes the narrative of what abortion does.
- *Feminization of poverty.* The proportion of women among the poor in America was supposed to decrease once abortion was made readily available, as women wouldn't be saddled with unwanted children they couldn't afford. Instead, the opposite happened: The proportion of poor people who are women has risen.

One cause is this: If men no longer think of their own actions as causing babies, and conclude that it was the woman's decision not to have an abortion that caused the baby to be born, they get self-righteous about not paying child support or otherwise being involved with the child. The fact that the man was indispensable in creating the child is beside the point; it was her decision, not his, that caused the child to be born.

- *Child abuse.* It was assumed that child abuse stems from unwanted births, and that abortion would, therefore, reduce its incidence. But child abuse rates skyrocketed after *Roe v. Wade*. The Census Bureau (1990) reported 452,800 cases of abuse in 1973 and 2,959,100 in 1990. The rate per thousand people went from 2.16 in 1973 to 11.59 in 1990. After that, though, there was a downturn in child abuse reports—about the same time that the abortion rates started their decline. One possible explanation is that abortion has had a similar impact on people as other forms of violence: It desensitizes. If unborn children can be killed, protection of children in general might diminish.
- *Sex-selective abortions.* New technology can tell us the sex of an early-term fetus, allowing some to abort the “wrong” sex. In the U.S., this happens rarely, though many would be aghast at just one case. Around the world, it’s so common that countries such as India and China have a male-female imbalance in the population as a whole. People who thought abortion was being legalized for hard cases are generally startled that it could be used in this way.
- *Scandals in abortion clinics.* Getting rid of the back-alley butchers was supposed to be a major benefit of *Roe v. Wade*. That was actually my first thought when I heard the decision as a fourteen-year-old. But scandals—from bad medical conditions to sexual misconduct of abortion doctors—have arisen frequently.
- *Trauma to abortion staff.* Symptoms of trauma have been found in the stories of abortion doctors and nurses in various places. Many testify that they’re aware that they are killing human beings.
- *The consistent life ethic.* My experience is that situating abortion (and euthanasia) among other issues of violence—war, the death penalty, poverty, racism—gives many people who oppose those other forms of violence a sense of *permission* to be pro-life when it’s otherwise outside their right-wing/left-wing comfort zone to do so. A strategy emphasizing the consistent ethic of life has had success in the past. Before *Roe v. Wade*, there were three statewide referenda to legalize abortion. In 1970, legalization passed in Washington State, with 56 percent voting yes. But in 1972, in Michigan, Proposal B was defeated with 61 percent voting no, and in North Dakota, 77 percent voted no.

What explains the different outcomes? In *Defenders of the Unborn: The Pro-Life Movement before Roe v. Wade*, Daniel K. Williams notes that the Michigan group “Voice of the Unborn” produced a campaign brochure saying, “Michigan was the first state in America to outlaw the death penalty for criminals. Proposal B would legalize the death penalty for thousands of unborn babies.” Williams observes that in North Dakota, pro-life campaigner Al Fortman “enjoyed an excellent relationship with several of the state’s Catholic bishops and forged ties with some of the state’s Protestant ministers by linking the pro-life issue to other social justice causes, such as opposition to the Vietnam War, that interested mainline Protestant clergy.” Linking the pro-life cause to broader concerns about the weak and vulnerable can work.

The Supreme Court plays an obvious role in the future of abortion in the United States. We need judges who are not in thrall to the reasoning that led to *Roe* and *Casey*. Those judicial appointments might happen, and they might even lead to a reversal of *Roe*. But they might not. We know that presidents who owed a major part of their election to hard-working pro-lifers have appointed judges who have upheld *Roe*. Supreme Court Justice Neil Gorsuch has written an excellent book on euthanasia, but he explicitly says his reasoning does not apply to fetuses, and reiterated this in his congressional confirmation testimony. He’s also a strong believer in precedent. We can’t predict the legal future.

But we also can’t wait. My reasoning applies to the present—and to the future, as well. We need to press the cause of life even if *Roe* is never overturned, and also if it is. The overturning of *Roe* will allow for more democratic participation in the debate than judicial fiat does, but it doesn’t guarantee a pro-life outcome. No matter what the Court decides, we will need to proceed outside the realm of legal briefs, making our case in the court of public opinion.

Politics is always risky. The case of Truman Medical Center in Kansas City, Missouri, provides an example. In the early 1980s, this public hospital had become a major abortion center. Having failed to convince its Board of Directors to stop performing abortions, pro-life groups asked the Missouri Assembly for legislation that would cut off a portion of Truman’s funding unless it stopped.

Spokespeople for Truman announced that public funds weren't used for abortions, but for the medical needs of poor patients. The press followed their lead and declared pro-lifers unfeeling and hostile to the poor. Pro-lifers countered that it was the Truman staff's stubbornness about performing abortions that would cause the cutoff of funding, but the press took Truman's side. Pro-lifers withdrew.

Change, however, did happen. After a time, a new doctor was appointed to head the ob-gyn department. He had considerably less enthusiasm for abortion than had his predecessors. He made it clear to interns and residents that performing abortions wasn't expected of them. Numbers went down. Poor women were no longer talked into abortions they hadn't thought of, and the piling up of abortion appointments was stopped. Earlier, a woman could merely telephone to secure an appointment. After the change instituted by the new head of ob-gyn, a woman who wanted an abortion was told to find a doctor to perform it, at which point the doctor was permitted to use the facilities. Under that arrangement, far fewer abortions took place. Abortion was not prohibited, but it was discouraged.

At that point, the law withdrawing public funding from medical facilities that provide abortions passed the Missouri legislature, which then wound its way through the courts as *Webster v. Reproductive Health Services*. In 1989, when the Supreme Court decided that Missouri could in fact disallow abortions at hospitals that receive public funding, the spokespeople at Truman said that outcome was fine. The earlier resistance had evaporated. They had done so few abortions the previous year that it was a small matter to eliminate them entirely.

Politics, lobbying, and litigation have their places, but the story in Missouri provides us a template for an abortion-free future. The *Webster* case is part of the larger story—diminished enthusiasm for abortion, misgivings about its brutality, medical professionals withdrawing their support, and the general public moving with the larger trend toward the pro-life stance, all of which allow for legislative action. In this process, political action is most effective

when it matches the situation on the ground. People need to be persuaded; only then can law become an effective, even desired, instrument.

Every life lost to the abortion industry is a crime. But we must not allow ourselves to misread the present moment. The pro-life movement is in very good shape. The trends are all in the right direction, and the signs indicate they'll continue in the right direction. If we recognize this, we can take full advantage of basic principles of the innate human desire for cognitive consonance—and the radiance of moral truth—in order to speed up the process.

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