

**SUFFER THE LITTLE CHILDREN:
ELECTIVE ABORTION AS A SIGN OF DIMINISHED SOCIETAL COMPASSION
By Lynn D. Wardle¹**

The poet William Wordsworth put it well when he wrote: “The world is too much with us.”² We are so driven by “Getting and spending, we lay waste our powers.”³ Truly, in the twenty-first century, we all live in materialistic societies. For various times in our lives all of us (and for increasingly longer time for an increasing number of us) seem to be so pre-occupied with acquisition and consumption of “things” such as wealth, resources, goods, commodities, and the trappings of material “success” that we neglect and forget the weightier matters of intangible importance and more meaningful substance, such as the well-being of others and our relationships with them. Materialism produces myopia that creates shallow, empty, sad lives.

There is no better metric of obsessive materialism in a society than how it treats its children. And there is no better indicator of how a society values its children than the practice and regulation of elective abortions.

The Supreme Court co-opted the regulation of abortion in America forty-two years ago when it decided *Roe v. Wade*, 510 U.S. 113 (1973) and ruled that all states must allow unrestricted access to abortions – at least during the first six months of pregnancy. Until the end of the second trimester, no state regulation to protect the life of the child-in-utero is legally permitted under *Roe*. The decision of the Supreme Court in *Roe* revolutionized the law regulating abortion in American and transformed abortion practice in American

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² William Wordsworth, *The World is Too Much with Us*, in *POEMS, IN TWO VOLUMES* (1807)

³ *Ibid.*

society. *Roe* effectively invalidated abortion laws in all fifty states and required all states to legalize abortion-on-demand, at least through the end of the second trimester (6th month) of pregnancy. And *Roe* was just the beginning of a series of cases that have dramatically expanded and transformed the substance of abortion regulation and law in the United States, as well as distorted other areas of law (including informed consent, free speech, etc.). *Roe* has had almost unprecedented transformative (and deformative) effect not only upon the practice of abortion in America (now the most common surgical procedure in the country) but also upon American constitutional law.

Since *Roe*, the Supreme Court has decided at least *forty major* abortion cases mostly expanding the right of access to unrestricted abortion. (Including other abortion cases dealing primarily with other issues such as abortion funding, free-speech rights of abortion protestors, and other related issues there have been at least fifty (50) Supreme Court abortion rulings in the past 42 years. (See Appendix I) As a result, virtually no significant regulation of abortion is permitted in America today before the fetus is viable.

The 42-year-old abortion controversy continues unabated in this country. For example, in November 2015, the Supreme Court announced that it will hear another abortion case soon.⁴ That case involves a challenge to parts of a Texas 2013 abortion law that (1) requires that doctors who perform abortions have admitting privileges at a nearby hospital, and (2) requires abortion clinics to upgrade their facilities to meet stricter, surgical-center standards.

With virtually no legal oversight, the practice of abortion-on-demand skyrocketed in America. Since *Roe v. Wade* legalized abortion-on-demand in all fifty states in 1973, there have been over fifty million (50,000,000) abortions in America. (See Appendix II)

⁴ Whole Woman's Health v. Cole, No. 15-274, cert. granted 13 November 2015.

Most of those abortions were done for reasons of personal or social convenience, not for reasons of health. The numbers, rates and ratios of abortions in the United States peaked in the 1980s and they have been steadily falling since then. For example, the rate of abortions to women of childbearing age (15-44 years) has been steadily dropping since about 1980. Chuck Donovan, *Why the Abortion Rate is Declining*, The Daily Signal (1 Sept. 2014), at <http://dailysignal.com/2014/09/01/abortion-rate-declining/>. The rate of abortions is now at a three-decade low in the United States. Sarah Kliff, *the Abortion rate is at a 30-year low*, Washington Post, Feb. 3, 2014 available at http://www.washingtonpost.com/blogs/wonkblog/wp/2014/02/03/the-abortion-rate-is-at-a-30-year-low/?tid=up_next.

In November 2015, the U.S. Centers for Disease Control (“CDC”) released its national abortion report on the number of abortions done in the United States the most recent year reported (2012).⁵ The good news is that, although approximately 699,000 babies lost their lives in abortions in 2012, the latest year CDC has produced figures for, that represents a decline of about 31,322 abortions from the 730,322 abortions in 2011, according to CDC’s report last year. Moreover, the number of abortions in 2012 was about half the number of abortions in the 1980s, when more than 1.5 million abortions were done annually.

The bad news is that most of the abortions in 2012 (and every year) are elective abortions – done for reasons of personal convenience. And according to the CDC figures:

* 58,250 unborn babies die in an abortion every month

* 13,442 prebirth babies die in an abortion every week, and

⁵ However, The CDC report is about three years behind current, and the data it gathers does not include any abortion data from several states, including California, Maryland and New Hampshire. *Id.*

*1,915 prenatal infants babies die in an abortion every single day in America.

Also, the real number of abortions are much higher than the CDC reports which does not include abortions from several states including the state that historically has had the most abortions. The Alan Guttmacher Institute (AGI), historically associated with Planned Parenthood of America, the single largest abortion provider in America, supplies better estimates of the actual number of abortion than the CDC data (because the AGI goes directly to the abortion providers to get its data, while the CDC relies on state collected records). The AGI data show that as many as 1,000,000 abortions occur annually in the United States. That equates to over 83,000 every month, 19,230 a week and over 2,700 every single day.

Abortions can be broadly categorized into two groups: The first category of abortions is *therapeutic abortions* – abortions that are medically necessary to protect the life or health of a pregnant woman. Fortunately, due to improvements obstetrics, gynecology, maternity care, and medicine in general, the number and ratio of pregnancies that present serious medical risks for the pregnant mother have dramatically fallen in the past fifty or sixty years. Therapeutic abortions are medical tragedies and those who have them deserve full support and compassion from society.

The second category of abortions is *elective abortions* – abortions that are not medically indicated to protect the mother's health but which are performed for reasons of personal convenience and choice. Usually the personal reasons motivating the elective abortion are those of the pregnant woman, but in some cases the driving force is the personal preference of another person such as a boyfriend, husband, parent, other relative, or perhaps a state agent enforcing an anti-natalist public policy. Elective abortion is a sign of excessive materialism.

Advocates of elective abortion often cite concerns about increasing welfare costs to justify pro-abortion policies for welfare-dependent pregnant women. Such concerns are actually illusory, for even most welfare-dependent children will perform service of significant social value (including military service, service in public organizations, community and neighborhood service, charitable service, service in and through local churches, etc.) that is unmeasured and often largely unmeasurable. In other words, the value of what those would-be aborted children contribute to society in the long-run far exceeds the cost of protecting and raising them. Of course, of even greater significance is the moral value of the life of a living human being, and the moral degeneration cost of sacrificing the life of a child to avoid inconvenience for the woman with an unplanned pregnancy, and her boyfriend, husband or other family members.

Similarly, some advocates of elective abortions cite concerns about world overpopulation and world hunger and world conflict. Why would one want to bring a child into such a strife-ridden world, when the very existence of an extra child means greater strain upon food supplies, and so forth. In most cases, in most places, at most times, such arguments are untrue. First, do we really need to balance our books on the backs of the next generation? Is it morally justifiable to make our children pay (even with their lives!) for our generations' personal and social debts? Moreover, again, those arguments overlook how much the child can contribute to solving the problems of the world. Perhaps the unborn child whose life is being debated will (or would) discover the scientific key to the next "green revolution" or the cure for some terrible diseases or the solution to serious global problems. One does not need to look too deeply into our history to identify children who were born into and raised in very deprived, difficult circumstances who as adults made world-changing wonderful contributions in all areas of human life and activity.

Ultimately, the regulation of elective abortion is the best metric of the humanity, generosity, and caring kindness of a society. It is the best measure of how we treat “the least” among us – the least valued members of our society, the least capable of quickly repaying others for the financial costs and other material inconveniences that their protection and care required. How we treat “unwanted” children in utero is a portent of how we will treat other “unwanted” persons who are on the fringes of life and society. Thus, elective abortion is a harbinger of how we will treat the elderly, the sick, the poor, and those with expensive disabilities. Elective abortion defines a me-first, I-want-it-here-and-now society. It foretells and heralds how our society eventually will treat others who can be considered “the least” among us – the least important, the least self-sufficient, the least able to contribute materially to our social agendas.

Sadly, data on the practice of abortion in the United States indicate that America is an excessively materialistic society with adult concern for possessions, status, wealth and prestige taking priority over concerns for the well-being of children. As those materialistic considerations grow there is diminishing care for, protection of, and investment in its children, especially unwanted children in utero. As a marker of how it values children generally, the abortion-on-demand doctrine and practice in the United States manifests the pursuit of an adult-centric interests and social policies. It indicates a subordination of child welfare (even children’s lives) to the convenience and preferences of adults.

One wonders why the needs and welfare of children (even their lives) cannot be taken into account in calculating where to draw the lines in this controversial social policy regarding elective abortions. Cannot children’s welfare be balanced in the equation somehow? Cannot compassion for unborn children and recognition of their inherent value as humans have place in our social policy? Repudiation of the ghastly and immoral *Roe* doctrine of abortion-on-demand would be a small, but significant step in the right direction

of reviving a culture that values the lives and being of children, and recognizes the hope and promise they represent.

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Appendix I;
FIFTY IMPORTANT SUPREME COURT
ABORTION DECISIONS
FORTY MAJOR (AND TEN OTHER SIGNIFICANT)
U.S. SUPREME COURT ABORTION CASES, 1971–2014

A. Twelve Major Supreme Court Abortion Decisions in the 1970s

1. United States v. Vuitch, 402 U.S. 62 (1971)
2. Roe v. Wade, 410 U.S. 113 (1973)
3. Doe v. Bolton, 410 U.S. 179 (1973)
4. Bigelow v. Virginia, 421 U.S. 809 (1975)
5. Connecticut v. Menillo, 423 U.S. 9 (1975)
6. Planned Parenthood v. Danforth, 428 U.S. 52 (1976)
7. Bellotti v. Baird (I), 428 U.S. 132 (1976)
8. Maher v. Roe, 432 U.S. 464 (1977)
9. Beal v. Doe, 432 U.S. 438 (1977)
10. Poelker v. Doe, 432 U.S. 519 (1977)
11. Colautti v. Franklin, 439 U.S. 379 (1979)
12. Bellotti v. Baird (II), 443 U.S. 622 (1979)

B. Ten Major Supreme Court Abortion Decisions in the 1980s

13. Harris v. McRae, 448 U.S. 297 (1980)
14. Williams v. Zbaraz, 448 U.S. 358 (1980)
15. H. L. v. Matheson, 450 U.S. 398 (1981)
16. City of Akron v. Akron Center for Reproductive Health, Inc., 462 U.S. 416 (1983)
17. Planned Parenthood Association of Kansas, Missouri, Inc. v. Ashcroft, 462 U.S. 476 (1983)
18. Simopoulos v. Virginia, 462 U.S. 506 (1983)
19. Thornburgh v. American College of Obstetricians and Gynecologists, 476 U.S. 747 (1986)
20. Diamond v. Charles, 476 U.S. 54 (1986)
21. Frisby v. Schultz, 487 U.S. 474 (1988)*
22. Webster v. Reproductive Health Center, Inc., 492 U.S. 490 (1989)*

C. Ten Major Supreme Court Abortion Decisions in the 1990s

23. Hodgson v. Minnesota, 497 U.S. 417 (1990)
24. Ohio v. Akron Center for Reproductive Health, Inc., 497 U.S. 502 (1990)
25. Rust v. Sullivan, 500 U.S. 173 (1991)

26. *Planned Parenthood v. Casey*, 505 U.S. 833 (1992)*
27. *Bray v. Alexandria Women’s Health Clinic*, 506 U.S. 263 (1993)
*
28. *National Organization for Women, Inc. v. Scheidler*, 510 U.S. 249 (1994)*
29. *Madsen v. Women’s Health Center, Inc.*, 512 U.S. 753 (1994)*
30. *Schenck v. Pro-Choice Network of Western New York*, 519 U.S. 357 (1997)*
31. *Lambert v. Wicklund*, 520 U.S. 292 (1997)
32. *Mazurek v. Armstrong*, 520 U.S. 968 (1997)

D. Five Major Supreme Court Abortion Decisions from 2000-2009

33. *Hill v. Colorado*, 530 U.S. 703 (2000)*
34. *Stenberg v. Carhart*, 530 U.S. 914 (2000)
35. *Ayotte v. Planned Parenthood of Northern New England*, 546 U.S. 320 (2006)
36. *Scheidler v. National Organization for Women, Inc.*, 537 U.S. 393 (2003)*
37. *Gonzales v. Carhart*, 550 U.S. 124, (2007)

E. Three Major Supreme Court Abortion Decisions from 2010-2014

38. *Susan B. Anthony List v. Driehaus*, 573 U.S. ___, 135 S.Ct. ___, 2014 WL 2675871 (June 16, 2014)*
39. **McCullen v. Coakley*, ___ U.S. ___, 135 S.Ct. __ (June 26, 2014)
40. *Burwell v. Hobby Lobby*, 573 U.S., 135 S.Ct. __ (June 30, 2014)

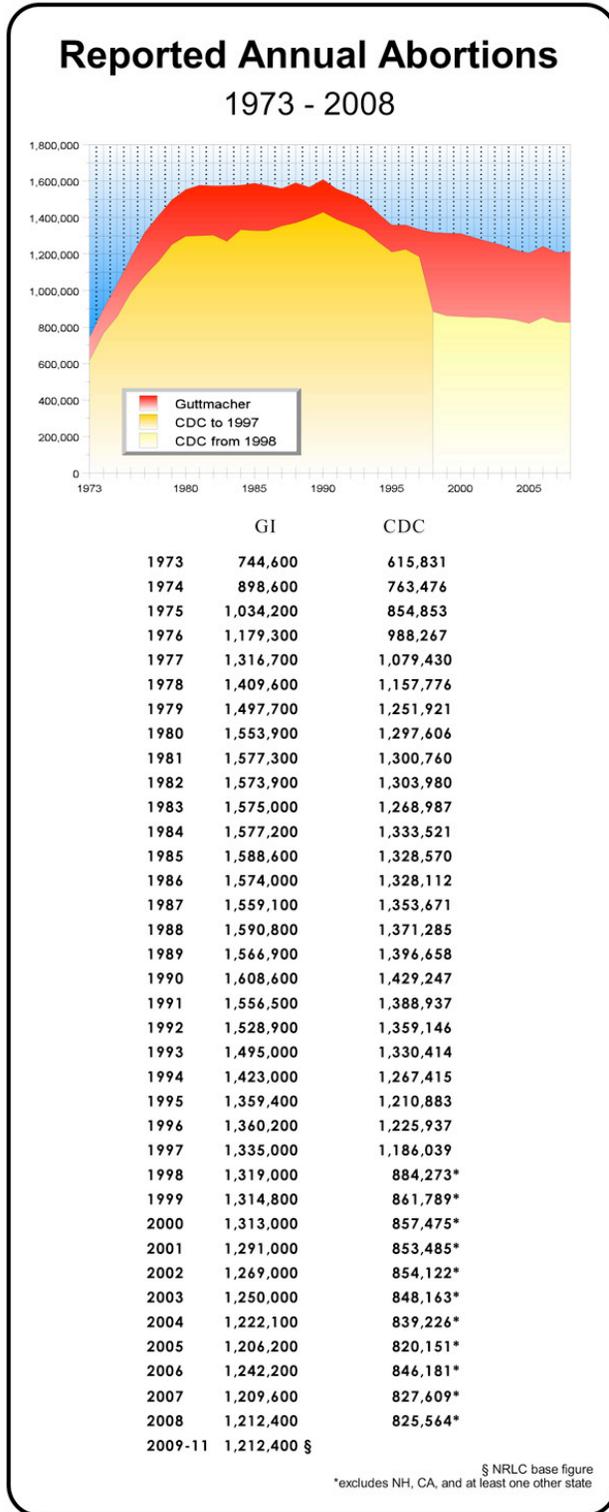
F. Other Significant Supreme Court Cases Involving Abortion

1. *Arnold v. Sendak*, 429 U.S. 968 (1976)
2. *Guste v. Jackson*, 429 U.S. 399 (1977)*
3. *Hartigan v. Zbaraz*, 484 U.S. 171 (1987)
4. *Fargo Women’s Clinit v. Schafer*, 507 U.S. 1013 (1993)
5. *Lawson v. Murray*, 515 U.S. 1110 (1995)*
6. *Leavitt v. Jane L.*, 518 U.S. 137 (1996)
7. *Janklow v. Planned Parenthood Sioux Falls Clinic*, 517 U.S. 1174 (1996)
8. *Lawson v. Murray*, 525 U.S. 955 (1998)*
9. *Federal Election Commission v. Wisconsin Right to Life*, 551 U.S. 449 (2007)*
10. *Lefemine v. Wideman*, 133 S.Ct. 9 (2012) (Per Curiam) *

* = pro-life free speech or expression case

Appendix II:

Number of Abortions in the US by Year and Cumulative (comparing AGI and CDC data)



ABORTION statistics

United States Data and Trends

Abortions Level Off After Decline

After dropping 25% from a high of over 1.6 million in 1990, the number of abortions performed annually in the U.S. has leveled off at about 1.2 million a year.

Two independent sources confirm this latest trend: the government's Centers for Disease Control (CDC) and the Guttmacher Institute (GI), which was once a special research affiliate of abortion chain Planned Parenthood.

The CDC ordinarily develops its annual report on the basis of data received from 52 central health agencies (50 states plus New York City and the District of Columbia). GI gets its numbers from direct surveys of abortionists conducted every few years.

Because of these different methods of data collection, GI has consistently obtained higher counts than the CDC. CDC researchers have admitted it probably undercounts the total number of abortions because reporting laws vary from state to state and some abortionists probably do not report or under-report the abortions they perform. Nevertheless, because increases and decreases in CDC and GI numbers have usually roughly tracked each other, both sources are thought to provide useful information on abortion trends and statistics. The CDC stopped reporting estimates for some states in 1998, though, making the discrepancy larger.

Abortions from CA and NH have not been counted by the CDC since 1998, and other states have been missing from the totals during that time frame: OK in 1998, AK from 1998 to 2002, WV in 2003 and 2004, LA in 2005 and 2006, MD in 2007 and 2008. For areas that did report, overall declines were seen from 1998 through 2008, though totals ticked up again in 2006.

GI's latest survey found slightly higher numbers in 2008, but these may be due to the addition of abortionists missed in previous surveys. Increasing numbers of chemical abortions have also helped arrest previous declines.

Using GI figures through 2008, estimating 1,212,400 abortions for 2009 through 2011, and factoring in the possible 3% undercount GI estimates for its own figures, the total number of abortions performed in the U.S. since 1973 equals 54,559,615.

The Consequences of *Roe v. Wade*

54,559,615

Total abortions since 1973

Based on numbers reported by the Guttmacher Institute 1973-2008, with estimates of 1,212,400 for 2009-2011. GI estimates a possible 3% under reporting rate, which is factored into the total. 1/12