ON THE PERMISSIBILITY OF ABORTION

BY

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List of Abbreviations

ACLU – American Civil Liberties Union

ART – Assisted Reproductive Technology

CPC – Crisis Pregnancy Center

FACE – Free Access to Clinic Entrances

NARAL – National Abortion Rights Action League

NICU – Neonatal Intensive Care Unit

PVS – Persistent Vegetative State

TRAP – Targeted Regulation of Abortion Provider

Abstract

In an effort to make the conversation around abortion more productive, I engage in a thought experiment which purposely takes a provocative position. I contend that abortion is permissible whenever a willing patient with capacity elects for one. I respond to the popular critique of abortion that it takes the life of a human by affirming the truth of this assertion. I then argue that this fact alone does not make abortion morally impermissible. I present evidence to suggest that abortion is a natural human behavior practiced by *Homo sapiens* across time and culture. Abortion can have tremendous benefits to the fitness and survival of the individual. These two facts help show how it is understandable why a person may elect for an abortion. This understandability starts the conversation of how abortions should be viewed in an ethical context. I argue that fully sentient adult humans have a greater moral status than their fetuses, so the treatment of the mother should be prioritized. I then argue that even if the moral statuses of the mother and the fetus are considered to be equal, abortion may still be permissible. Because of the nature of pregnancy, the mother may accurately describe an abortion as an act of self-defense. Lastly, I show that Pro-Choice policies which restrict personal autonomy in favor of fetal life are "anti-woman," and the calling card of totalitarian systems of control.

Introduction

Abortion is one of the most divisive and consequential bioethical issues in America today. For the last half-century, a rhetorical war has raged over the great problem of abortions and their permissibility. "Both pro-choice feminists and pro-life conservatives point to legal abortion as ushering in enormous social shifts, which one group says led to increased equality, the other to the destruction of the traditional family" (Filipovic 2014 7). In this thesis, I analyze the ongoing debate and ethical questions surrounding abortion. Late in his 2016 Presidential campaign, Donald Trump was asked "Do you want to see the court overturn Roe v. Wade?" He responded, stating clearly: "[T]hat will happen and that will happen automatically in my opinion because I am putting pro-life justices on the court" (Blake 2018 1). Overturning *Roe v. Wade* is probably a surprising notion, as abortion has been viewed by many to be a settled issue for years. However, since state-level abortion restrictions were ruled unconstitutional in 1973, pro-life movements has been steadily gaining momentum. And their goal, seeing abortion outlawed, is now much closer to its realization following the appointment of Supreme Court Justice Kavanaugh.

The stakes for this issue are extremely high, with one side believing that women's autonomy, the right to privacy, and the foundations of democracy are under attack, and the other believing that human babies are being murdered en masse with no legal repercussions. Because the two sides' conceptions of abortion are so drastically different, debates over its permissibility are rarely productive. It is almost as if the two arguments are talking about completely separate issues. Much of the pro-choice movement's energy is spent categorizing an abortion as a routine medical procedure and downplaying the

humanity of a fetus. Many pro-life responses to this often boil down to "abortion is killing a baby." "Opponents of abortion commonly spend most of their time establishing that the fetus is a person, and hardly any time explaining the step from there to the impermissibility of abortion. Perhaps they think the step too simple and obvious to require much comment" (Thomson 1971 1). In this quote, Thomson illuminates how this thesis' proposition differs from the vast majority of mainstream pro-choice arguments. In an effort to counter pro-life arguments in a more productive fashion, I deliberately take an extreme position. Rather than arguing that a fetus is not a human life, I essentially say to the pro-life community "You are right that abortion results in a human death. And that is ok." I argue that people should be allowed to terminate their own pregnancies, despite the fact that a fetus may count as a person.

This thesis is divided into five chapters. The first chapter summarizes the history of abortion. This chapter helps explain why abortion is often understandable in context. If there are truths to be known about how human biology affects human behavior, these truths should show up around the world across cultures and time. Understanding how the views and laws on abortion have changed over time is crucial for understanding why the issue of abortion is so important, as well as how the past has shaped the current debate on abortion permissibility.

Human history can be viewed as a collection of animal behavior observations. The animal in this case is *Homo sapiens.* The history of abortive services in the United States is long and often surprising. For instance, in the 1960s, before abortion was such a politicized issue, the party that championed women's autonomy was actually the Republicans. Republicans were the party of individual liberties. The idea of government

intrusion into a doctor-patient relationship was unwelcome to many conservatives. In 1972, a Gallup Poll reported that 68% of Republicans said "yes" to the question "should abortion be an issue between a woman and her doctor?" (Stern and Sundberg 2018).

The second chapter explores the nature of abortion from a biological sense. This chapter explains why abortion is understandable because of its potential benefits to fitness. Drawing on comparisons to other animals, one can understand how abortion in *Homo sapiens* parallels some natural behaviors, but differs from others. This chapter argues that abortion is a natural, observable, and potentially evolutionarily rewarded behavior in *Homo sapiens*. This fact gives context to when abortion is ethically permissible. Chapter two also proposes what I am calling Finkbine's Rule, a formula to understand when females can increase their odds of survival by electing for abortion. Finally, chapter two addresses the Naturalistic Fallacy. This is commonly referred to as the "*is-ought*" problem, proposing that one cannot derive a conclusion about how the world *ought* to be from merely observing how the world *is*. While abortions being a natural behavior does not necessarily justify it as a good behavior as well, the benefits it provides in the realms of family planning and population health show it to be "good" when implemented appropriately.

The third chapter analyses the moral status of a fetus as well as that of its mother. This chapter argues that, unlike the mother, the fetus lacks sentience, and this distinction helps make abortion permissible. Some assert that a developing fetus is just as important as a full grown human. Others do not see the two as equal. Currently, the vagueness of how to relate to fetuses, how conscious they are, and what kind of rights they should have is where the topic of abortion gets so chaotic. Questions of fetal development and its

continuous changes are so integral to the current abortion debate that they must be addressed. The third chapter also proposes what I call the Tied-Vote Fallacy. This is the mistake of evaluating the moral status of a fetus to be equal to that of an adult. Many look at the situation of pregnancy and see an impasse. However, the moral status of a fetus does not match that of its mother, and the reason for this is a difference in capacity to experience, or sentience. The Tied-Vote Fallacy also addresses how many people tend to personify fetuses by discussing their potential dreams or goals. But fetuses are probably too underdeveloped to have such mental capabilities. It is important to note that the arguments in chapter three are only concerned with pregnant individuals, and are not intended to be expanded to the entire universe of living things.

The fourth chapter focuses on the right to defend oneself. This chapter argues that even if a fetus were fully sentient, the fact that it exists inside the body of the mother gives the mother the option to describe abortion as an act of self-defense. Chapter four explains that, by a very literal interpretation, an unwillingly pregnant female has a parasitic infestation. By this reasoning, one can appropriately view an abortion as an act of self-defense. This chapter heavily references the famous Violinist analogy, proposed by Judith Jarvis Thomson in her 1971 paper "A Defense of Abortion." Thomson compares discovering one is pregnant to discovering one has been kidnapped and used as a blood filtration system for a stranger who happens to be a famous violinist.

In the fifth chapter, I argue that autonomy is a component of health, so laws which permit abortions when the "health of the mother is at risk" should be interpreted to guarantee elective abortions. I show that the pregnant female is actually a collection of many lifeforms, of which only one has decision making capacity. This is the mother.

Decision making capacity is defined as the ability of subjects to make their own decisions, for example, in a healthcare setting. For this reason, the mother should be the decision maker. Chapter five also references the term "broodmares for the state," which I argue is how many pro-life communities views autonomous women. Lastly, chapter five addresses how abortion permissibility may change in the future, particularly if the Supreme Court continues to gain conservative justices.

For the sake of convenience, I use the common terms "pro-life" and "pro-choice" to describe the two different argument for/against abortion. This is also because these are the terms with which most readers are probably more familiar. It is worth pointing out, however, that these terms were self-selected by each respective campaign for marketing purposes. "Pro-life" is a savvy pick for a name because on the surface, it is hard to imagine someone saying "Actually, I am anti-life." In my opinion, and in the opinion of many, a more accurate name for the "pro-life" movement would be something like "anti-choice" or "anti-woman." This argument is expounded on in chapter five.

Additionally, the differences among terms such as "human," "human being," "person," "individual," and "*Homo sapiens*" should not be given much consideration. While these terms often carry different connotations in other media, no such distinctions are made in this thesis. As far as my argument is concerned, words like "human" and "person" can be used interchangeably. Colloquially, words like these are used often in place of each other. Furthermore, because so many individuals debate what qualities are necessary to be a "person," the term seems to carry different weight for everyone. Rather than get into a contest of definitions, realize that the name something is called does not reflect its moral status. Moral status is more appropriately assigned based on *how*

something is rather than *what* something is. When unsure of how to ethically relate to a lifeform, the important questions are “How does it exist?” “How does it feel pain or pleasure?” “How can it be wronged?” not simply “is it a person or a rock or a chicken or a tree?”

Commonly, the pro-choice side of the issue will focus on showing that a fetus is not a baby, while the pro-life side attempts the opposite. Pro-choice advocates would prefer the term “mother” not be used until the moment of birth. In the interest of consistency, the term “mother” is technically accurate by my reasoning, because a fetus is the offspring of the female. Lastly, “Female” is used to refer to a person without a Y chromosome.

Chapter One

The History of Abortion

Starting with Antiquity

The earliest known recorded abortion is detailed in the Egyptian Ebers Papyrus, a scroll of early medical knowledge dated at around 1550 BCE (Potts and Campbell 2002). The Code of Assura from 1075 BCE established that in ancient Assyrian law, the death penalty is mandated for any woman who procures an abortion against the wishes of her husband (Code of Assura 1075). The Vedic and Smriti laws of Hinduism describe various penances imposed on women based on a concern for the preservation of the male seed of the upper three castes (Damian 2010). The Ramayana, an ancient Indian epic, describes how abortions were performed by surgeons or barbers at the time (Basu 2016). In their book *Abortion in India,* authors Raj Pal Mohan and Raj Pa Mohan assert that "Probably, abortion is as old in India as the Indian civilization itself" (Mohan and Mohan 1975, pg. 141).

In *The Theaetetus,* written in 369 BCE, Plato describes a midwife's ability to induce an abortion in an early pregnancy. It is unlikely that abortion was punished in Ancient Greece (Röskamp 2005). In a rare exception, abortion was potentially a crime in Athens, if the father were to die while the mother was pregnant. In this case, abortion was viewed a crime by the mother, against the father, because the unborn child could have claimed the father's estate (Sallares 2015).

Stoicism describes the fetus as plant that gains animal status upon its first breath of air (Sallares 2015). Therefore, Stoics had no qualms about abortion. In *Politics,* written around 350 BCE, Aristotle suggests that laws should be made promoting abortion to

prevent overpopulation. He also drew a line between lawful and unlawful abortions (Jones 2009). Aristotle wrote, "The line between lawful and unlawful abortion will be marked by the fact of having sensation and being alive" (Rackham 1944, 1). Aristotle considered the embryo to gain a human soul after 40 days if male and 90 if female; before that, he did not regard abortion as killing a human (Boer 1979).

The Hippocratic Oath forbade the use of pessaries to induce abortions, which many scholars believe was due to their tendency to cause vaginal ulcers (Riddle 1991). Other scholars interpret this prohibition on pessaries as a broader prohibition of all other forms of inducing an abortion. Roman medical writer Scibonius Largus interpreted the Hippocratic Oath to mean "an oath in which it was proscribed not to give a pregnant woman a kind of medicine that expels the embryo or fetus" (Riddle 1991, 32). Other scholars believe Hippocrates (460-357 BCE) was seeking to discourage physicians from attempting more dangerous methods of abortion (Joffe 2009). For more context, note that the Hippocratic Oath also originally prohibited surgery, as surgeons and physicians were two separate professions at the time (Tyson 2001). In his work *Gynecology,* first century Greek physician Soranus of Ephesus recommended abortion in cases involving health complications, as well as emotional immaturity. Soranus described two parties: physicians like him who would perform abortions, and those who would not perform abortions, citing the Hippocratic Oath (Eastman 1991).

In *On the Generating Seed and the Nature of the Child,* Hippocrates describes an instance when abortion could be promoted. He writes, "A kinswoman of mine owned a very valuable danseuse, whom she employed as a prostitute. It was important that this girl should not become pregnant and therefore lose her value" (Jones 2009, 2).

The early Roman legal system also did not persecute those who administered or received abortions (Sallares 2015). It has long been recognized that upper class Romans in their desire for small families practiced abortion on a large scale with "little or no sense of shame" (Hopkins 1965 124). Abortion was a common practice in the early days of the Roman Empire, administered for a variety of reasons such as family limitation, cases of adultery, and the desire to maintain physical beauty (Sallares 2015). Romans were such avid fans of family planning that their chief contraceptive, an ancient herb called "Silphium," was driven to extinction through overuse. *Discourses*, written by historian Dio Chrysostom (40-120 CE), gives another example of when abortions were typically practiced:

> In the case of slave women, some destroy the child before birth and others afterwards, if they can do so without being caught, and yet sometimes even with the connivance of their husband, that they may not be involved in trouble by being compelled to raise children in addition to their enduring slavery" (Jones 2009 9).

As Christianity began to spread, attitudes started to change. Christians at the time regarded an abortion past 40 days, when the fetus was "fully formed," to be murder (Sallares 2015 1). The early Christian work *The Didache* (circa 100 CE), proclaims "do not murder a child by abortion or kill a newborn infant" (Richardson 1953 172). Toward 211 CE, the Roman emperors Severus and Caracalla introduced the first ban on abortion in Rome as a crime against the parents, and punishable by temporary exile (Sallares 2015).

Saint Augustine (354-430 CE) believed abortion to be murder when it happens to a *Fetus animates*, a fetus with human limbs and shape. However, he did not confirm or deny as to whether fetuses would be reanimated as fully grown people at the time of Jesus's resurrection. (Robinson 2013).

The Hadith, which has been called the "backbone of Islamic civilization," asserts that fetuses gain personhood status after 40 days of gestation (Brown 2014 6). "(The matter of the Creation of) a human being is put together in the womb of the mother in 40 days" (Oxford Dictionary of Islam: book 54 Hadith 430). Many of the Islamic schools of the Muslim world have diverging opinions on abortion. "[The] Shafi school, which is dominant in Southeast Asia and parts of Africa, majorly permits termination of pregnancies up to 40 days" (Atay 2019 2). According to the Hanafi School of Islam, which is predominant in the Middle East, Turkey and central Asia, "abortion is *mekrouh*, meaning unwanted, rather than *haram* (prohibited), before the fetus is 120 days old. [The] Hanbali school that is dominant in Saudi Arabia and the United Arabic Emirates does not have a unified stance on abortion, [but] some opinions permit abortion until 120 days. Yet, even if it [abortion] is *mekrouh*, termination of pregnancy was entrenched to husband's approval and it did not constitute a right or decision on women's part" (Atay 2019 3). This is another example of males looking to control female reproduction. "Finally, the Mailiki school, dominant in North Africa, affirms intermediate status of fetus as the potential of life and prohibits abortion entirely" (Atay 2019 3).

Malleus Maleficarum (*The Hammer of Witches*), a German witch-hunting manual published in 1487 CE, accused midwives who performed abortions of committing witchcraft (Kramer and Sprenger 1971).

In Japan, there is a record of induced abortion as early as the beginning of the 12th century. Abortion was practiced frequently as a means of family planning during the Edo Period (1603-1867 CE), especially among the poor, who were most vulnerable to the high taxation and 35 recorded famines of the period (Obayashi 1982).

There is also evidence to support the conclusion that the Māori people of New Zealand practiced abortion, as well as infanticide, through the use of miscarriage-inducing drugs, religious ceremonies, and restrictive belts (Hunton 1977).

During the colonial period, the legality of abortion varied from colony to colony and reflected the attitude of the European country by which the colony was controlled. In Spanish and Portuguese colonies, abortion was illegal. In the French colonies, abortions were frequently performed, despite the fact that they were also technically illegal. And in British colonies, abortions were legal if they were performed prior to quickening, or "ensoulment" (Levene 2000). This is when the mother starts to feel fetal movement, usually at around 15 to 20 weeks of pregnancy (Acevedo 1979).

Abortion in the Modern Era

When the United States first gained independence from Great Britain, most states continued to apply English common law on the matter of abortion, restricting abortions after the start of quickening. Stricter anti-abortion laws started to be implemented in the 1800s, with New York making pre-quickening abortions misdemeanor crimes and post-quickening abortions felonies by 1829 (Abortion In American Law: The Nineteenth Century 2020 466). Madame Restell, or Ann Lohman, was a known provider of abortions at the time. For over 40 years, she illicitly provided both surgical abortions and abortifacient pills in the northern United States. She began her business in New York

during the 1830s, and by the 1840s, had expanded to include franchises in Boston and Philadelphia (Richardson 2002). It is estimated that in the 1860's, while the pursuit of abortions was widely criminalized, there was still roughly one abortion recorded for every four live births (Anonymous 1890 1).

In 1873, United States Postal Inspector Anthony Comstock successfully persuaded Congress to pass the Comstock Laws. These laws made it illegal to use the United States Postal Service to deliver any "obscene, lewd, or lascivious" material. This criminalized the publishing of advertisements for abortive services and even information regarding how to avoid conception or sexually transmitted infections.

To circumvent such laws, the marketing of abortifacients started to implement a heavy use of euphemism. Medicines that claimed to treat "female complaints" often contained such ingredients as pennyroyal, tansy, and savin, all known abortifacients. Products were sold under the promise of "restoring female regularity" and "removing from the system every impurity" (Black 2000 2). A few examples of such products include "Farrer's Catholic Pills", "Hardy's Woman's Friend", and "Dr. Peter's French Renovating Pills" (Black 2000 2). Pregnant women were "warned" that "Friar's French Female Regulator" would "speedily restore menstrual secretions." Historian Ann Hibner Koblitz comments that "Nineteenth-century customers would have understood this 'warning' exactly as the sellers intended: as an advertisement for an abortifacient preparation (Koblitz 2014 1052). Some abortifacients were marketed as menstrual regulatives, using words like "irregularity", "obstruction", "menstrual suppression", and "delayed period" to allude to pregnancy (King 1992). Another advertisement, addressed to married women, asked the question, "Is it desirable, then, for parents to increase their

families, regardless of consequences to themselves, or the well-being of their offspring, when a simple, easy, healthy, and certain remedy is within our control?" (Richardson 2002 3). Madame Restell was arrested the final time by Anthony Comstock, which led to her suicide on the day of her trial April 1, 1878 (Richardson 2002).

The turn of the century saw a shift in the demographics of who was obtaining abortions. Before the start of the 19th century, most abortions were sought by unmarried women who had become pregnant out of wedlock. However, out of 54 abortion cases published in American medical journals between 1839 and 1880, over half were sought by married women. Of those married women, well over 60% already had at least one child (Mohr 1978 67-82). To many feminists of this era, abortion was regarded as "an undesirable necessity forced upon women by thoughtless men. Marital rape and the seduction of unmarried women were societal ills which feminists believed caused the need to abort, as men did not respect women's right to abstinence" (Mohr 1978 110-112).

By 1900, abortion was a felony crime in every state. Regardless, abortions continued to occur. In the 1930's, it was estimated that 800,000 abortions were performed each year by licensed physicians (Boyer 2001). Also, in 1921, the American Birth Control League was founded by Margaret Sanger with the mission to allow women to control their own fertility (Cullen-DuPont 2014). This organization later became Planned Parenthood.

In England in 1938, gynecologist Aleck Bourne performed an illegal abortion on a pregnant 14-year-old rape victim. Bourne was put on trial and eventually acquitted in *Rex v. Bourne*, as his actions were "an example of disinterested conduct in consonance with the highest traditions of the profession" (Rex v. Bourne, 1938). This court case set

the precedent that doctors could not be prosecuted for performing an abortion in cases where pregnancy would "probably cause mental and physical wreck" (Rex v. Bourne, 1938). This is the case that established the lawfulness of terminating a pregnancy to preserve a person's health (Costa 2009).

The Russian Soviet Federative Socialist Republic was the first government of the modern era to make abortions legal and available on request, often for no cost to the mother. (Avdeev et al. 1995). From 1936 until 1955, the Soviet Union recriminalized abortions, stemming largely from Joseph Stalin's worries about population growth. Stalin wanted to encourage population expansion, as well as place a stronger emphasis on the importance of the family unit to communism (Randall 2011). In the early 1950s, Mao's China also made abortion illegal as the government's way of emphasizing the importance of population growth (Jing-Bao 2005).

One of the most disastrous instances of the criminalization of abortion is Romania's "Decree 770," instituted under Dictator Nicolae Ceauşescu in the 1960s and 70s. In Chapter 13 titled "Political Demography: The Banning of Abortion in Ceauşescu's Romania," author Gail Kligman argues that Romanian dictator Ceauşescu's policies restricting abortion and contraception "turned women's bodies into instruments to be used in the service of the state." (Kligman 1995 234). She asserts that "Law 770," which prohibited abortions except if the pregnancy endangered the life of the mother and a few other exceptions, was an act of state paternalism. She explores the rhetoric involved in the pronatalist polices aimed at "securing an adequate work force to build socialism" (Kligman 1995 235). One of the consequences of Ceauşescu's abortion restrictions was large increases in the number of children living in orphanages, as parents did not have the

means to care for unwanted children. Many of the children in Romanian orphanages at the time were not actually orphans, but simply the offspring of parents too poor to raise them (McGeown 2005). Another negative consequence of Decree 770 was that Romania had the highest mortality rate among pregnant women in all of Europe at the time (Kligman 1995). This was the result of many people seeking abortions through unsafe methods, often leading to infection and/or death. Child mortality also increased, with Romania seeing rates of child death 10 times greater than in neighboring countries (McGeown 2005).

The Modern United States

In the 1960s in the United States, the inability to find safe abortive services disproportionately affected the poorest of women. Wealthier women of the time who needed an abortion were usually able to have a family doctor perform an abortion discreetly, citing danger to the health of the mother as the reason. Others took European vacations to seek abortive services. Poor women did not have these options (Stern and Sundberg 2018). A momentous turning point in the narrative of abortions in America was the story of Sherri Finkbine. Sherri was the host of a children's TV show and was relatively well-known at the time. She had four children already when she was informed that her fifth child would be born severely deformed. This was due to Thalidomide-induced teratogenesis, which causes babies to be born usually lacking functional arms or legs. Dr. Neil Vargesson, professor of developmental biology at the University of Aberdeen, explains:

> Thalidomide, released in the late 1950's as a nonaddictive, nonbarbiturate sedative, was very effective and quickly discovered to also treat morning sickness

> in pregnant women. It was not until 1961 that thalidomide was confirmed by two independent clinicians, Lenz in Germany and McBride in Australia, to be the cause of the largest man-made medical disaster in history, with over 10,000 severe and debilitating birth malformations in children. In addition, there were reports of increased miscarriage rates during this period. The survivors of the thalidomide disaster have severe handicaps, and many of the survivors are experiencing early onset age related issues, such as osteoarthritis, joint mobility issues, and coronary heart disease, making life more difficult. (Vargesson 2015 140).

Sheri Finkbine was unable to elect for an abortion in her home state of Arizona because "her health was not at risk from the pregnancy." Her story was printed in The Arizona Republic, a local newspaper. In 1962, Sherri traveled to Sweden for an abortion. This became a national controversy. Sherri's story started a nationwide dialogue about when and how abortions should be administered that continues to this day.

Two years after Sherri Finkbine traveled to Sweden, a woman named Gerri Santoro died while trying to obtain an illegal abortion. A photo of her nude corpse, face down in a motel room surrounded by bloody towels, became a powerful symbol for the pro-choice movement. In 1967, Colorado became the first state to decriminalize abortions for cases of rape or incest (Linsley 2017). Three years later, Hawaii became the first state to allow abortions simply at the request of the mother (Diamond et al. 1973). Slowly, the pro-choice movement was starting to gain momentum.

By 1972, 30 states still prohibited abortions with no exceptions, while 16 states restricted abortions without a special circumstance such as rape or a threat to the health of

the mother (Cullen-DuPont 2014). All of these laws were suddenly invalidated on January 22, 1973, when *Roe v. Wade* established that under the right to privacy, states cannot prevent a woman from seeking abortive services. However, this only applied to people in the first two trimesters of pregnancy. The Supreme Court ruled that a pregnant woman has the right to abortion until fetal viability. After viability, a person can obtain an abortion for health reasons, which the Supreme Court defined broadly to include "psychological well-being" (Roe v. Wade, 412 U.S. 113 1973).

One of the most asked questions in the debate over abortions in America is when exactly human life begins. Some believe this point is at conception, others at birth, and many believe it occurs some time in between. The Supreme Court in *Roe v. Wade* did not even take a swing at this question, stating "We need not resolve the difficult question of when life begins" (Roe v. Wade, 1973 47). For many, the questions at the heart of the abortion debate are when human life begins and whether fetuses deserve the same protections as fully developed persons.

Since *Roe v. Wade* in 1973, abortion has been legally understood as "fundamentally a negative right that rhetorically keeps the state out of the domain of family life" (West 2009). This is because the Supreme Court did not grant women the positive right to access abortion services, but declared that states could not prevent a person from seeking an abortion on her own. Since 1973, this negative right has lost more and more strength, largely owing to the progress made by pro-life advocates.

While *Roe v. Wade* was the turning point for abortion rights in American history, it is possibly no longer the most important Supreme Court decision when it comes to a female's access to an abortion. *Planned Parenthood v. Casey* (1992) established that

states cannot enact laws that put an "undue burden" on women seeking an abortion (Talbot 2016). This may seem like a positive measure to protect the autonomy of women, but in practice, it actually creates more burdens than it prevents. It essentially allows states to force women to jump through some hoops, but just not too many hoops, if they want an abortion. The vagueness of what exactly constitutes an "undue burden" means that it is not clear how many hoops it takes before a burden becomes undue.

In the first six months of 2011, it was estimated that as many as 80 laws were passed restricting abortion, more than double the previous record of 34 in 2005 (Guttmacher Institute 2011). Since 2010, 70 abortion clinics have closed. Furthermore, eight states, Mississippi, Missouri, Kentucky, Arkansas, West Virginia, Wyoming, and North and South Dakota, only had one remaining abortion clinic each (Holter 2017). "Of course, states that have shut down all but a single clinic didn't get there by accident, but as the result of deliberate steps to deny women access to constitutionally protected healthcare," James Owens, a NARAL Pro-Choice America spokesperson, stated. "Unfortunately, these states are not alone, as there has been a concerted, nationwide effort to undermine a woman's access to abortion for more than a decade" (Holter 2017 1).

According to many pro-life advocates, much of their recent success in weakening women's autonomy since *Roe v. Wade* is thanks to better and better sonogram technology. "Pro-lifers have captured the high moral ground, chiefly thanks to advances in the quality of sonograms. Once fuzzy, sonograms now provide a high-resolution picture of the unborn child in the womb. Fetuses have become babies" (Barnes 2011 2). As of May 1st, 2018, women seeking abortions in the state of Texas must undergo an

ultrasound at least 24 hours before obtaining an abortion. The ultrasound professional must then show and describe the image to the patient. This is done not because it raises the quality of healthcare the patient receives, but instead as a last-ditch effort to pressure the patient into canceling the abortion. “It works,” said Governor Rick Perry on the practice of showing sonograms to people seeking abortions (Stern and Sundberg 2018).

Planned Parenthood v. Casey (1992) allows states to pass what are known as “TRAP” laws, which stands for “Targeted Regulation of Abortion Providers.” The Guttmacher Institute, a research organization that studies reproductive rights, counts 24 states with TRAP laws or similar policies that overregulate abortion providers and go beyond what is necessary to ensure patient safety (Guttmacher Insitute 2020). Examples include Texas’s HB-2 law which has shut down several abortion clinics over insufficiently wide hallways. The law aimed to “protect women’s health and safety” by requiring abortion facilities to meet the same eight-foot hallway requirements as hospitals. This eight-foot rule is implemented to ensure that two gurneys can pass by each other in a hallway unimpeded, something that presumably happens often in a hospital, but hardly ever in an abortion clinic.

Further examples of TRAP laws are many states’ requirements that abortion providers must obtain admitting privileges to local hospitals. The American Medical Association has argued that there is simply no medical basis to impose a local admitting privileges requirement on abortion providers (Mukpo 2020). Pro-life advocates claim these TRAP laws are in the interest of women’s health, but the real goal is to make it harder for a people to access safe and legal abortions. This is evidenced by the fact that birthing centers are not burdened by the same high standard of hospital-equivalent safety

requirements as abortion clinics, even though 12% of patients in birthing centers end up getting transferred to a hospital (Cheyney et al. 2014 17).

Many states require health care providers to spread misinformation to patients seeking abortions, such as that having an abortion can increase a patient's chance of developing breast cancer. The American Cancer Society has stated that "scientific research studies have not found a cause-and-effect relationship between abortion and breast cancer… At this time, the scientific evidence does not support the notion that abortion of any kind raises the risk of breast cancer or any other type of cancer" (American Cancer Society, Abortion and Cancer Risk 2014). And doctors are aware of this fact. This results in many patients hearing their own doctors tell them something like "The State of South Dakota requires me to inform you that an abortion can increase your risk of breast cancer… This is simply not true" (Beusman 2016).

It is estimated that 58% of United States citizens believe abortion should be legal in all or most circumstances (Pew Research Center 2018). So how have pro-life advocates been so successful in their quest to make abortion services harder and harder for women to access? The answer is activism and deception. Fred Barnes of the Weekly Standard wrote "The pro-life movement is bigger…increasingly entrepreneurial, more strategic in its thinking, better organized, tougher in dealing with allies and enemies alike, almost wildly ambitious, and more relentless than ever" (Barnes 2011 2). One of the most effective methods of reducing patients' autonomy is through the use of Crisis Pregnancy Centers, or CPCs. These are essentially the opposite of abortion clinics, yet they make it very hard for women to understand this fact. Crisis Pregnancy Centers masquerade as places where women can get information about abortion, but offer no such services.

“Instead, the goal of CPCs is to persuade women to follow through with a pregnancy, regardless of what factors may have led a woman to seek termination” (Bahadur 2015). The ways in which CPCs are able to “masquerade” as abortion providers are extremely dishonest. Many centers include the word “choice” in their name, are located near actual abortion clinics, sometimes directly across the street, and even welcome the confusion surrounding their services versus the healthcare provided in an abortion clinic. Anti-abortion activist Abby Johnson states “We want to appear neutral on the outside. The best call, the best client you ever get is one that thinks they’re walking into an abortion clinic” (Oliver 2018).

Perhaps one of the most troublesome aspects of CPCs is the fact that many are affiliated with local churches, yet receive state funding. As journalist Hemant Mehta puts it, “Crisis Pregnancy Centers in North Carolina are spending tax dollars on Christian propaganda” (Mehta 2018). This propaganda includes telling women that 35% of suicidal behavior in females is attributable to abortions, and that abortion will double a person’s risk of developing breast cancer (Oliver 2018). Both of these statements are untrue.

Typically, pro-life advocates refuse to champion birth control as the best method to reduce the number of abortions performed each year. Marty Walz, the president and CEO of the Planned Parenthood League of Massachusetts, states: “If you are trying to reduce the number abortions in this country, the way to do it is through greater access to birth control” (Filipovic 2014 1). "We're very proud of the incredible forms of birth control we offer to women," she adds. "Shouldn't the protesters be encouraging that?" (Filipovic 2014 1).

However, CPCs offer no birth control. Instead many CPCs receive support from Heartbeat International, an organization whose representatives have made official statements such as "condoms are ineffective in preventing pregnancy" (Filipovic 2014 1). Many CPCs do, however, offer free ultrasounds to women. Said one CPC worker, "she stays on that table until she decides she wants the baby" (Oliver 2018). This disregard of birth control as a method of reducing the number of abortions is important because it begins to reveal many of the pro-life movement's true intentions. Their mission is not actually to preserve fetal life, but rather to control females' behavior.

Recently, several states have passed bills that many believe will pose credible threats to *Roe v. Wade*. In May of 2019, Georgia lawmakers passed a "fetal heartbeat" law which would ban abortions after six weeks, or when a fetal heartbeat is detected. The law also allows pregnant women to collect child support from the fetus's father. Lastly, the law permits the fetus to be claimed as a tax deduction. Governor Brian Kemp has called the law "common sense" (Ellis 2019 1). Staci Fox, president and CEO of Planned Parenthood Southeast Advocated, describes the law as "part of a nationwide attack on women's health care" (Ellis 2019). Opponents of the law state that six weeks is not sufficient time for many women to notice they are pregnant. To this claim, the law's author, State Representative Ed Setzler, responds "It's simply not true that women can't know they're pregnant by six weeks," adding that missed periods and home pregnancy tests allow women to find out immediately (Ellis 2019 4).

The NARAL Pro-Choice Georgia organization is blatantly opposed to the "fetal heartbeat" law, stating that "most Georgians reject government intrusion into their private medical decisions" (Ellis 2019 4). But a "private medical decision" is not how the pro-

life arguments refer to the issue of abortion. Cole Muzio, president and executive director of the Family Alliance of Georgia, once called abortion "one of the greatest human atrocities mankind has ever known" (Ellis 2019). There is a colossal difference between a "private medical decision" and an "atrocity." This stark contrast in perspective is part of the reason why the dialogue between pro-choice and pro-life camps is so rarely productive. Because many in the pro-life movement view abortion as an atrocity, their efforts to eradicate its practice are unyielding. This is also why many pro-life advocates will not cease until their vision is totally realized, and abortion is federally outlawed and prosecuted. Muzio also referred to Georgia's "heartbeat law" as "the law the growing pro-life community has been waiting for, and we have hope that the strength of this law will echo far beyond the borders of our state" (Ellis 2019).

On April 11th, 2019, Ohio joined Georgia, and others, on the list of states that have passed a "heartbeat law" (Stanglin 2019 1). And while some state courts have ruled "heartbeat laws" unconstitutional, such as North Dakota in 2013 and Iowa in 2018, "heartbeat laws" are continuing to appear. Mississippi is planning on adopting such a statute, and "heartbeat laws" have been introduced in Missouri, Tennessee, Florida, Illinois, Louisiana, Maryland, New York, South Carolina, and West Virginia (Stanglin 2019 1). These bills are not independent or arbitrary, but a coordinated attempt by pro-life advocates to challenge *Roe v. Wade*, a challenge they have been looking forward to for decades. Interestingly, pro-life advocates are not being coy about their goals, as Ohio Right to Life President Mike Gonidakis stated: "The heartbeat bill is the next incremental step in our strategy to overturn *Roe v. Wade"* (Stanglin 2019 2). Jennifer Dalven, director of the ACLU Reproductive Freedom Project, affirms this notion, stating that that attempts

to challenge *Roe v. Wade* have been ongoing for decades, but the pro-life movement is now "out in the open as to their goal" (Stanglin 2019 2). The Guttmacher Institute counts 18 states that have legislation to restrict abortion currently on the table. These restrictions can be understood as "trigger bans," which would automatically make abortion illegal if *Roe v. Wade* is overturned, "method bans," which would restrict specific types of abortions, "reason bans," which would prohibit an abortion based on fetal traits, such as sex, race, or disability, and finally "gestational bans," which would outlaw abortion after a certain timeframe, such as the six-week limit in the "heartbeat bills" (Stanglin 2019 3).

North Dakota's Governor Doug Burgum recently signed a bill into law making second trimester abortions illegal. The statute includes the non-medical term "human dismemberment abortion," and makes it a crime for a doctor to use certain instruments, such as clamps, scissors, or forceps (Stanglin 2019 3). The law would also charge doctors providing abortions with a felony, punishable with up to 5 years in prison and a $10,000 fine (Lam 2019 1).

Texas is another state to recently introduce anti-abortion legislation. "Representative Tony Tinderholt introduced the "Abolition of Abortion in Texas Act," or House Bill 896, in January to "protect the rights of an unborn child." The bill would ban abortion in the state and charge women who have abortions with homicide, which can carry the death penalty in the state" (Clark 2019 1). The bill reads: "A living human child, from the moment of fertilization or fusion of a human spermatozoon with a human ovum, is entitled to the same rights, powers, and privileges as are secured or granted by the laws of this state to any other human child" (Clark 2019 2).

The proposition that the death penalty could be a punishment for abortion reveals a key fact about many pro-life advocates' priorities. It shows that they value fetuses more highly than they do female adults. This is evident because of the contradiction of a bill's supporters calling themselves "pro-life" while simultaneously supporting capital punishment. "I'm trying to reconcile in my head the arguments that I heard tonight about how essentially one is OK with subjecting a woman to the death penalty ... to do to her the exact same thing that one is alleging she is doing to a child," Democratic Representative Victoria Neave said during the hearing (Clark 2019 2). Essentially, this bill is saying to the people of Texas "We care so much about the sanctity of life we are willing to kill you over it."

To combat the pro-life legislative assault on reproductive health, 13 states have introduced bills to protect abortion rights. New York's Reproductive Health Act is one such bill, which affirms a person's right to an abortion up to 24 weeks, or afterwards, if the mother's health is at risk or the fetus is not viable. The purpose of the Reproductive Health Act is to "codify *Roe v. Wade* into state law and ensure access to safe, legal abortions…" (The Office of NY State Senator Liz Krueger 2019). On the bill, Governor Andrew Cuomo states "we are sending a clear message that whatever happens in Washington, women in New York will always have the fundamental right to control their own body" (Marco 2019 1). The comment "whatever happens in Washington" is a clear indication that both sides of the abortion debate are anticipating a challenge to *Roe v. Wade* in the near future. Pro-life governors appear to eagerly await such a challenge, while pro-choice governors are battening down the hatches.

In a more draconian fashion than the "heartbeat laws," Alabama's State Senate voted 25-6 to pass a law that would criminalize abortions as soon as the person is pregnant, and does not include exceptions for rape or incest. The near-total abortion ban includes only one exception, which is "when abortion is necessary in order to prevent a serious health risk to the woman" (Smith 2019). All twenty five "yea" votes were cast by men (Stracqualursi 2019). The bill was signed by into law Governor Kay Ivey on May 15th, 2019. As for Governor Ivey's feelings on the subject of abortion, she has been quoted referring to a previously failed pro-life bill stating: "We should not let this discourage our steadfast commitment to protect the lives of the unborn, even if that means taking this to the U.S. Supreme Court." (Hrynkiw 2018 2). Governor Ivey also mentioned that a different failed pro-life bill "clearly demonstrates why we need conservative justices on the Supreme Court" while expressing support for the confirmation of Justice Brett Kavanaugh (Hrynkiw 2018 2).

Alabama's new law, the "Human Life Protection Act," classifies attempted abortions as class C felonies, resulting in the doctor facing up to 10 years in prison. It also classifies a successful abortion as a class A felony, with the doctor facing up to 99 years in prison (Weinberg 2019). When Senator Smitherman asked Senator Chambliss what the purpose of the bill was, Chambliss replied "So that we can go directly to the Supreme Court to challenge *Roe v. Wade"* (Weinberg 2019). When Smitherman mentioned the risk of women dying from self-imposed abortions, Chambliss answered "I would hope no female would do that in the future" (Weinberg 2019). Amanda Reyes, President of the Yellowhammer Fund, a group that helps women pay for abortions, has a different opinion on the matter. "If you make abortion illegal somewhere that doesn't

mean abortion goes away," Reyes protests; "It just becomes more difficult and more dangerous to access" (Elliot 2019 2).

Alabama Lieutenant Governor Will Ainsworth tweeted after the law passed, stating "With liberal states approving radical late-term and post-birth abortions, Roe must be challenged, and I am proud Alabama is leading the way" (Smith 2019). It is worth noting that a "post-birth abortion" does not exist in reality. The "Human Life Protection Act" was sponsored by Alabama Representative Terri Collins. "The heart of this bill is to confront a decision that was made by the courts in 1973 that said the baby in the womb is not a person," Collins proclaimed, adding "Is that baby in the womb a person? I believe our law says it is" (Smith 2019 3). It is important to remember that *Roe v Wade* famously did not attempt to answer the question "Is that baby in the womb a person?" The "Human Life Protection Act" does however include language that compares the number of abortions that have occurred since 1973 to the lives lost in the Holocaust, comparison that Jewish advocates have called "outrageously offensive" (Smith 2019). Nancy Kaufman, Chief Executive Officer of the National Council of Jewish Women, comments "The Holocaust and other crimes against humanity have absolutely no place in legislation concerning a woman's constitutional right to control her own body" (Smith 2019 4). In the bill, Representative Collins also cites abolition, the civil rights movement, and women's suffrage as justification for establishing the rights of a fetus (Elliot 2019 2). "This bill is simply about *Roe v. Wade*," says Collins. "The decision that was made back in 1973 would not be the same decision that was decided upon today if you relooked at the issue" (Smith 2019 4).

Collins is right about one thing, the decision may not be the same today as it was in 1973. But this is not due to shifting national attitudes or breakthroughs in science allowing the inner lives of fetuses to be more thoroughly understood, but because of a long-standing political effort to create a pro-life Supreme Court. And as to why so many state legislatures have recently proposed pro-life bills, the Alabama Pro-Life Coalition President Eric Johnston comments that "the judges have changed…" (Elliot 2019 2).

After a quick summary of the history of abortion, it becomes clear that for the most part, abortions become controversial for one of three reasons: Issues involving the father and control, issues involving the mother and health, and issues involving how to compare the status of a fetus to the status of a post-birth human. Think of human history as recorded observations of *Homo sapiens* behavior. There have been times when abortion has been used maliciously, such as the issues involving the father and control, e.g. in ancient Assyria. There have been other times when abortion has been used as mercy, such as in the case of Sherri Finkbine. "Abortion is a universal phenomenon, occurring throughout recorded history and at all levels of societal organization" (Shain 1986 1). One may be tempted to argue that looking at the history of abortion does not help justify it, because all previous cultures may have been morally inferior to modern pro-life legislature. The fact that abortion is a natural human behavior does not automatically justify it as permissible. This idea is expounded on in chapter two. But the desire to abort is one that comes up persistently across time and culture. This serves to underline how the need for reproductive healthcare like abortions is seemingly inherent to the human condition. And because it is such a natural occurrence, this gives the practice an element of understandability.

Chapter Two

Natural Behavior, Finkbine's Rule, and the Naturalistic Fallacy

Homo sapiens are one of many forms of life on Earth. Our context as a species is particularly helpful when discussing the permissibility of abortions because many other animals engage in similar behaviors. For a thorough analysis of the ethics of abortion, it is essential to examine the natural world. In this chapter, I examine the concept of fitness as it applies to the reproductive behavior of humans as well as other animals. Part of what can make an abortion permissible is the fact that it may benefit that organism's odds of survival. Having control over the size of one's brood is a critical component to staying alive for many organisms. The desire for an abortion is completely understandable because it relates to the desire to survive. I propose what I am calling "Finkbine's rule," a formula that explains when terminating a pregnancy may be beneficial, or even a necessity, given the right context. Lastly in this chapter, I mention the Naturalistic Fallacy, and explain that abortions being a natural behavior does not automatically make it morally acceptable as well.

Natural Behavior

Fitness in biology is defined as the ability to survive and reproduce in a particular environment (Oxford Dictionaries 2019). Fitness is often misunderstood as strength or ferocity, but it is actually about which organism best fills its niche. People may think of a male lion or an alpha wolf when they think of fitness, but many of the fittest species in any given habitat are not apex predators. "Fitness is a handy concept because it lumps everything that matters to natural selection (survival, mate-finding, reproduction) into one idea. The fittest individual is not necessarily the strongest, fastest, or biggest. A

genotype's fitness includes its ability to survive, find a mate, produce offspring — and ultimately leave its genes in the next generation" (Caldwell 2019 1). The fittest organism is the one whose ongoing genetic proliferation is relentless and nearly guaranteed. The lion may be king of the African savanna, but the very grass it walks on may be far more fit.

A common tool for measuring fitness is number of offspring, but a far better metric is success of grandchildren. For genes to proliferate, you need to have kids. But more important to survival than simply having kids is having kids who are fertile and competitive. The fittest organisms produce fertile and competitive offspring. Why are people seemingly so interested in continuing the species? There is no denying that humans are sexual animals. Also, the instinct of self-preservation appears to be innate in most individuals. Humans, like all life-forms, appear to operate with the common goal of pushing their genetic material into the future. Genes are not conscious or able to converse. But if they were, the first thing they would say is "I want to see the end of time."

Humans are able to increase their fitness through greater control over their reproductive system. Changing conditions such as economic strife or simply not having the means to raise a child through adulthood are understandable and evolutionarily sound reasons to elect for an abortion. Abortion should be viewed as natural behavior of humans. This becomes clear when safe abortion services are not available to women. When abortions are illegal, all this does practically is make abortions far more unsafe; it does not remove abortion from the realm of possibility. Historically, this results in women attempting abortions through hazardous and often horrific methods, such as the

case of Gerri Santoro in 1964. It is an unfortunate truth, and as a result, many pro-choice rallies now involve women holding up clothing hangers in protest of anti-abortion legislation. This is to say that if women do not have access to safe abortions, they will be often forced to resort to unsafe means.

As National Geographic writer Virginia Morell points out: "Infanticide is found in almost every primate species, including chimpanzees, gorillas, and, as much as we would like to deny it, humans" (Morell 2014 1). While abortion and infanticide are different, the two become conflated when abortion is viewed as an act of murder. This is to suggest that a fetus is no different from a baby, a view mainly held by the pro-life community. To them, establishing a fetus as a baby justifies abortion as unacceptable.

The killing of offspring to increase fitness is not a practice limited to just primates. Bears have been observed eating deformed or unhealthy young when other sources of food are unavailable. Similar cases have been seen in felines, canids, rodents, reptiles, amphibians, fish, and insects. Siblicide is well documented in Nazca boobies, and is explained as a way of ensuring that resources like food and space are not wasted on the weakest of offspring. These examples are clearly harsh, brutal, and not practices that should be integrated into human culture any time soon. This does not change the fact that the death of offspring as a mechanism for increasing survival is a tactic employed throughout nature. Abortion of a fetus in the womb of a willing mother is the most humane and palatable of these measures. This chapter is not arguing for the permissibility of infanticide in humans, but merely pointing out that many other animals also practice behaviors that reduce the number of offspring to increase the chances of survival. The females of numerous species, including humans, are tasked with gestating the future

generation. To restrict females' power to control their own reproduction is unnatural and evolutionarily detrimental to individual fitness and species survival. In other words, deciding who does and who does not get to be born is in essence what females "do." This is not to say that giving birth is a female's primary function or anything so sexist. It is to say that telling a pregnant woman she cannot terminate her own pregnancy appears to be contrary to how nature works.

In a world of finite resources, animals need to make prudent decisions to survive. The animals that are best at resource allocation are often the best at getting their genes into the future as well. It is estimated to cost $233,610 for a middle-income family to raise a single child. (Vasel 2017). And money, like energy, carbon, space, or foraging time, is a resource certain animals must allocate strategically. To quickly understand the allocation of biological resources like energy or carbon, inspect the flow chart below:

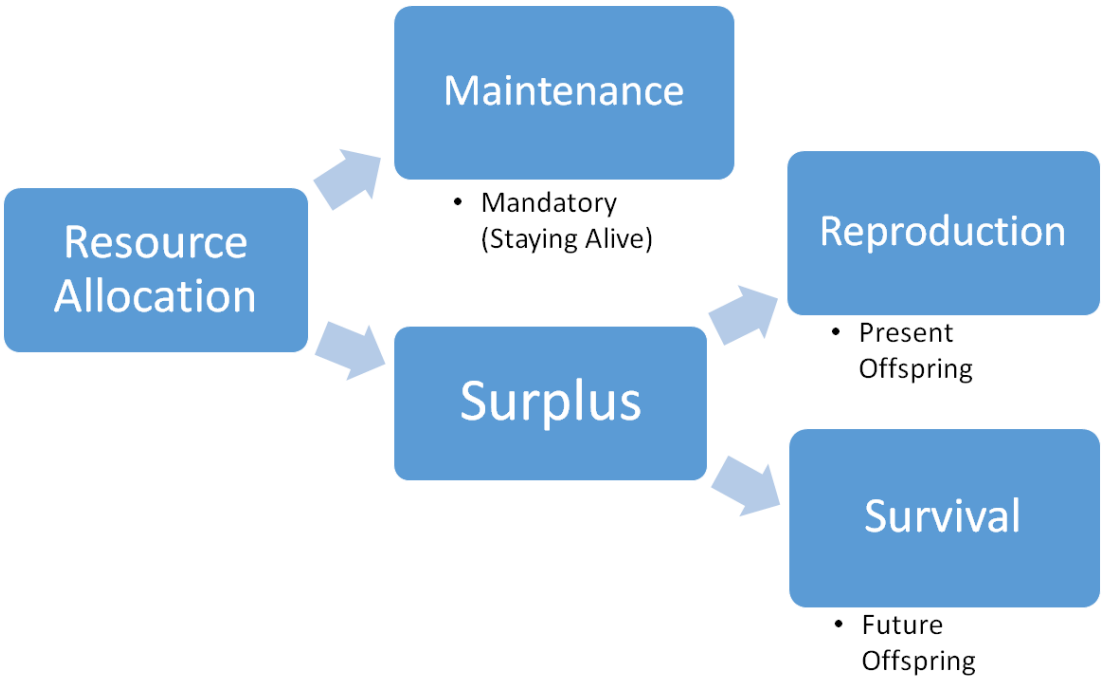


Figure 1. Resource Allocation

When it comes to reproduction and survival, most species fall into one of three categories, shown in Figure 2. On the bottom is a type III survivorship curve, also known as r-strategy. An r-selected species is usually small in size, reproduces only once, has a low cost of energy for reproduction of individuals, therefore produces many offspring, matures early, and has a short life expectancy, with few individuals reaching old age. Dandelions, flies, and oysters are all popular examples of r-strategists. The type II survivorship curve represents species, usually birds, with relatively linear statistics when it comes to reproduction and lifespan. At the top of the figure is a type I survivorship curve, also known a K-strategy. K-selected species are generally large in size, reproduce multiple times, have a high cost of energy for reproduction of individuals, therefore produce few offspring and spend a vast amount of energy on parental care, have late maturity, and a long life expectancy with most individuals growing past maturity. Humans are K-strategists, and so are elephants and polar bears. K-strategy focuses on putting as much energy into raising as competent offspring as possible, with the hopes that every child is a "safe bet" to reach adulthood. On the other hand, r-strategy relies on spreading one's seed as far and wide as possible, with the thought that "one of those seeds is going to land in a good spot and make it."

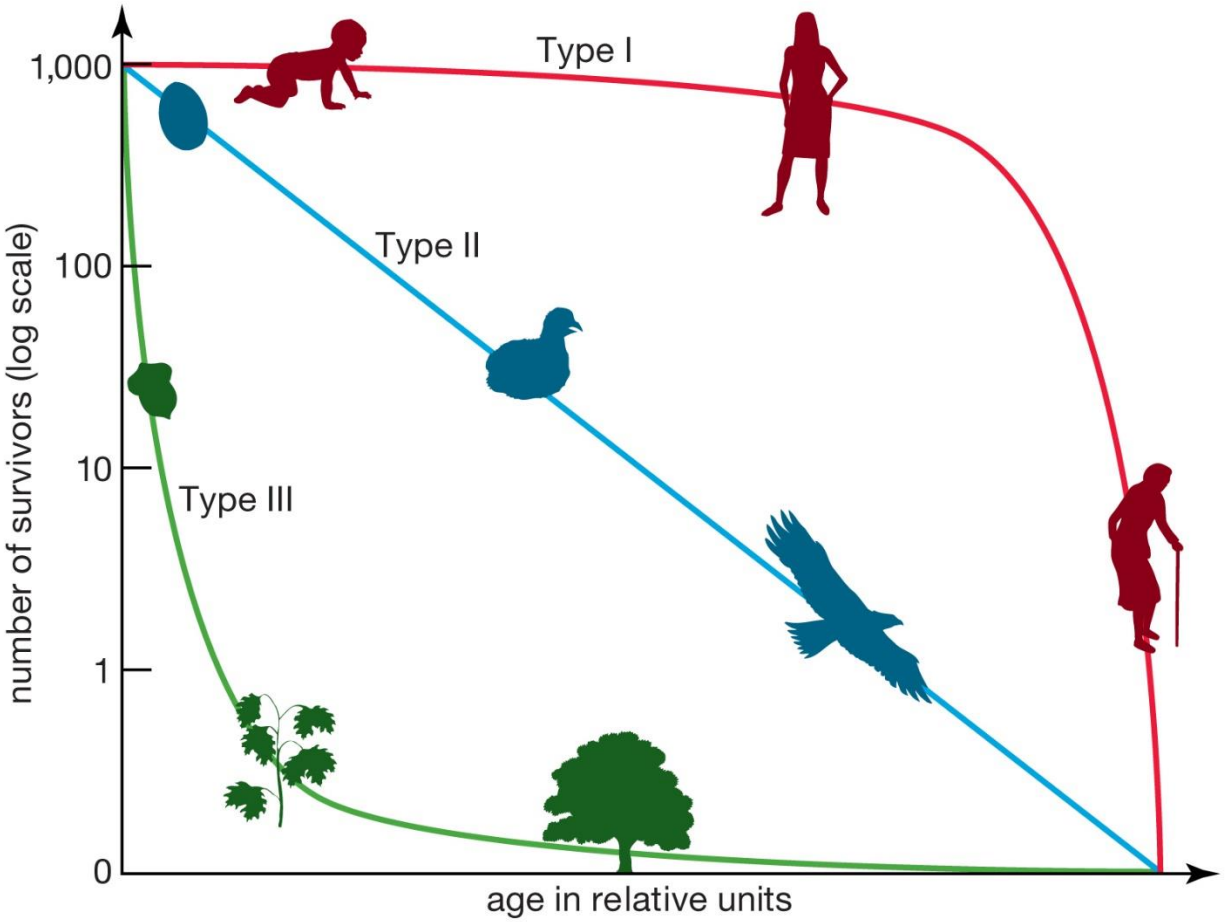


Figure 2. Survivorship Curves. (Encyclopaedia Britannica 2011).

Another important key to understand human reproduction is the biological concept of anisogamy. Humans reproduce sexually via male sperm and female egg, followed by usually nine months of gestation inside the female. For this reason, females have a far higher investment in each member of the next generation. Females also have a much lower potential reproduction rate compared to males. Males are able to have far more offspring while simultaneously investing far less in reproduction. Therefore, males are rewarded for not being picky with mate selection. Females, on the other hand, benefit from thorough vetting of potential mates. There is only so much carbon to go around, and females, more so than males, cannot afford to waste it on sub-par progeny. They simply

need to make every baby count. For this reason, female selection of male mates is often far more rigorous than the opposite. Females cannot afford to waste nine months gestating the baby of a below-average male. It is important to note that the offspring of choice females are much more competitive than offspring of non-choice females. That is to say, the pickier the female, the better its offspring's chances are of reproducing in the future. This is how females are able to maximize their survival. As esteemed author Christopher Hitchens puts it, "you can't be having a brood of sickly half-baked children and get away from the predators. So nature is the great abortifacient" (Hitchens 2008).

Nine months of gestation, birth, and a presumed eighteen years of child-rearing can take a heavy toll on a woman. Childbirth is known to be painful. Clearly the costs to rear a human child present a challenge of resource management not to be taken lightly. In evolutionary medicine, biological anthropologist Wenda Trevathan hypothesizes that "miscarriages and pregnancy complications result from competition over resources between the mother, who is trying to balance her overall reproductive success, and the fetus, which is resolved to survive for its own sake" (Trevathan 2010).

Finkbine's Rule

On the surface, reducing the number of offspring sounds like it might be detrimental to an organism's fitness, as well to the survival of the species. Take by analogy altruistic behavior in meerkats. Altruistic behavior is understood as acts that risk the life of an individual, for the benefit of others, while providing the actor with few recognizable benefits. Meerkats are often used as the model organism for altruism because they exhibit what is known as "sentinel behavior." "Whenever meerkat gangs are

active, a lookout is posted. There's always at least one of these guards – called sentinels – determinedly watching the surrounding area for imminent danger" writer Josh Clark remarks (Clark 2019 2). "These threats come in the form of other gangs, martial eagles (which love to eat meerkats), or, on occasion, a bat-eared fox who has woken up a little early for a night of hunting. When danger presents itself, the sentinel calls out to the rest of the gang" (Clark 2019 2). As it turns out, recent studies have postulated that the detrimental effects of sentinel behavior are actually less about potentially getting eaten and more about sacrificing foraging time (Clutton-Brock et al. 1999). Altruistic behaviors, like serving as a meerkat sentinel, are often explained by kin selection and reciprocal altruism. Reciprocal altruism is exactly what it sounds like, scratching a friend's back with the hope that in the future, the friend returns the favor. Kin selection is slightly more complicated, but far more relevant to understanding abortion as a natural human behavior.

Kin selection explains how natural selection rewards behaviors by organisms that may decrease their individual chances of survival, but increase those of their kin, with whom they share a portion of their genes. This occurs because of inclusive fitness. Inclusive fitness is the ability of an individual organism to pass on its genes to the next generation, taking into account the shared genes passed on by the organism's relatives. Simply, an attempt to save drowning family members might be evolutionarily rewarded. Although the survival odds of the individual rescuer go down, the sacrifice helps push a fraction of their genes into the future, via the survival and reproduction of their close relatives.

Why would a meerkat to do something seemingly counterintuitive to its survival, like serving as a sentinel? Because it is actually advantageous to the continuation of that organism's genes. The same may be true for a patient seeking an abortion. What would cause a female to terminate a pregnancy? Well, especially for K-strategy species like humans, it is not just about having the greatest number of offspring, it is about having the most competitive progeny. Also, because females have a high cost of reproduction, the quality of the offspring is much more important to the female. Survival is about having the most competitive grandkids possible, because as was mentioned before, success of grandchildren is a far better metric for fitness than number of offspring. Survival is also about getting your genes to the end of time. It stands to reason that one's genes actually have a greater chance of proliferating in the future if one is not sentenced to motherhood at age 14. A 14-year-old child who elects an abortion is not unlike the meerkat sentinel. Both are actually maximizing the odds that their genes make it into the future, like a brilliant chess move in the game of survival.

Hamilton's Rule states that for altruistic behavior to be adaptive, the fitness benefit of the act must be greater than the fitness cost to performer; it is expressed as follows:

$$rB - C > 0$$

r = how probable it is that the actor has an allele in common with the recipient of the act (how closely are they related)

B = benefit to the recipient

C = cost to the actor

Figure 3. Hamilton's Rule. (Encyclopaedia Britannica 2019).

This equation helps us understand when serving as a sentinel is in a meerkat's own best interest. It also allows one to calculate if diving into an ocean to save drowning relatives is really worth it. The factors that align to cause sentinel service to become an advantageous behavior may be similar to the factors that cause a mother to elect an abortion. If this were the case, one could also predict that when a patient elects an abortion, an equation can prove such an act to be favorable to fitness and survival. I postulate that such an equation may look like the one below, an equation I am calling "Finkbine's Rule":

$$mP + W > S$$

m = how probable is it that the female has other offspring, current and/or future

P = benefit to the female by increasing the fitness of other offspring by having abortion

W = benefit to the female's own fitness by having an abortion

S = benefit to all parties by not having an abortion

Figure 4. "Finkbine's Rule"

In Sherri Finkbine's case, already having four children at the time of her abortion, *m* is equal to 1. *P* represents how much her four children's quality of life would improve by not gaining a fifth sibling with severe health problems. *W* is the benefit to Sherri's life from having an abortion. And *S* is the benefit to everyone, including the fetus, if an abortion is not performed. It should be noticed that *W* may be great enough to outweigh *S* even if a female *Homo sapiens* has no current offspring and no prospect of reproducing in the future. The benefit to the female alone can be greater than the benefit of allowing the fetus to be born. This is for many reasons, such as the preservation of the female's autonomy, as well as the fact that abortion is actually a much safer undertaking than

giving birth. The results of a 2012 study on the mortality rates associated with birth versus the mortality rates following an abortion leave little room for interpretation or disagreement. "The pregnancy-associated mortality rate among women who delivered live neonates was 8.8 deaths per 100,000 live births. The mortality rate related to induced abortions was 0.6 deaths per 100,000 abortions. In the one recent comparative study of pregnancy morbidity in the United States, pregnancy-related complications were more common with childbirth than with abortion" (Raymond and Grimes 2012 215).

Furthermore, remember that a suitable metric for fitness is success of grandchildren. Pro-life advocates often use language to suggest that people choose to abort for selfish reasons. For example, demonstrators at a Boston Planned Parenthood clinic asserted that "the culture needs to revert to a time when women were less selfish and prioritized having a family" (Filipovic 2014 5). But biologically, it appears the cessation of fetal development may not only improve not only the future life of the fetus's mother, but the lives of the fetus's future nieces and nephews as well.

The correlation between lower fertility rates and higher levels of female achievement cannot be overlooked. When women have access to education and economic opportunity, they choose to have smaller families. The world's average mother to child ratio is now 2.5, with most developed countries coming in under 2, below the replacement rate. By comparison, the average mother to child ratio in the sub-Saharan country of Niger is 7.6 (World Bank Group 2018). In fact, 20 out of 20 of the world's highest fertility rates are found in Africa. "African women with no education have 5.4 children, women who have completed secondary school have 2.7, and those who have a college education have 2.2" (Engelman 2016 121). Over 200 million women around the

world have an unmet need for contraception (Katz 2019). “Ensuring equal contraceptive access can quite literally be a matter of life and death: everyday, approximately 800 women die from causes related to pregnancy and childbirth” (Katz 2015 1). Also, it is calculated that every one dollar spent on family planning in a developing country can be as helpful over the long term as 120 dollars of other aid (Gribble 2017). In general, contraceptive access is shown to increase female educational attainment and labor force participation, and reduces the probability that a woman is living in poverty (Bernstein and Jones 2019).

These statistics result from a combination of hundreds of different factors. It is a well-researched fact that once a nation’s child survival rate reaches the threshold of 90%, family size begins to drop (Rosling 2010). This is because in the most impoverished areas, child mortality is very high. To compensate for this fact, mothers have many more children than the world average. More children means more workers in the family. Family planning methods like contraception or the later-longer-fewer method have only been seen to work once more than nine out of every ten children survive past the age of five. Added to the hardships of raising a family in an underdeveloped nation is the fact that many of the world’s most popular religions, such as Islam and Catholicism, promote large family size while simultaneously condemning those who practice family planning with contraception or abortion (Atay 2019, Atighetchi 1994, Miller 2018, Smith 1984). It appears that many pro-life arguments promote humans acting more like r-strategists than K-strategists, playing the odds that large families will probably produce at least one competitive individual, rather than maximizing the chances that every child has the resources to grow and develop healthily.

Understanding the fact that an abortion can be beneficial to the life and survival of a mother is vital to realizing the benefits of an abortion. Yet this truth, that females increase their fitness through greater reproductive control, is resisted by many pro-life individuals. One such individual is Barbara Beavers, the director of the Center for Pregnancy Choices. This establishment is a Christian pro-life Crisis Pregnancy Center located in Jackson, Mississippi. As she claims: "You're deceiving yourself if you say you can kill your baby and it be good for you…That's not true. It doesn't register with reality. Mommas… women are not made that way. Women are made to protect and to guard and to die for their babies, not their babies to die for them" (Oliver 2018). Evidence suggests that abortion is a natural behavior. For this reason, a discussion of the permissibility of abortion must consider that such a behavior is probably a result of years and years of natural selection for the purpose of keeping the species extant. As such, the goal of pregnancy termination in some females may be akin to the need for food, water, and shelter.

The Naturalistic Fallacy

Let me be clear about what I am not arguing. I am not contending that just because abortion is a natural behavior in humans, this automatically makes it a good or ethical behavior as well. Abortion's being a natural behavior helps explain why it is so pervasive across time and culture, and provides more context as to why humans seem to practice it so often and on such a large scale. There are evolutionary benefits to be gained by having greater control over one's own reproduction. This fact helps us understand why certain circumstances may make abortion the best action a person can take.

Understanding why one may want an abortion starts the conversation about when abortion is morally permissible.

The idea that everything that is "natural" is inherently better than anything "unnatural" is known as the Appeal to Nature Fallacy. Imagine one visits a Starbucks and notices the barista has dyed purple hair. The appeal to nature fallacy would hold that the barista's hair is inferior to natural colored hair. However, although purple hair is unnatural, this unnatural quality does not correlate with any sort of inferiority to black, brown, or blond hair. Related to the Appeal to Nature Fallacy is the Naturalistic Fallacy, also known as the "is-ought problem," "the fact-value gap," or "Hume's Guillotine." The Naturalistic Fallacy is when a conclusion expresses what o*ught* to be, based only on what *is*, or what *ought* not to be, based on what *is* not (Ridge 2019). In other words, the Naturalistic Fallacy describes deriving moral conclusions from factual information alone. It is probable that my arguments presented in this chapter might be mistaken for the Naturalistic Fallacy. However, when I use the "naturalness" of abortion to start the conversation about its permissibility, I am not saying that every natural behavior is therefore "good" as well. Not every natural behavior is also a good behavior, and many are just the opposite. Take, for example, sexual selection in Cane toads. Cane toads, *Bufo marinus* (also known as *Rhinella marina*), are often considered a model organism for sexual selection. This is because of the previously mentioned biological concept of anisogamy. Female Cane toads benefit tremendously from mating with only the fittest of males. But the least competitive males still want to push their genes in to the future. What happens to all the other male Cane toads that cannot compete for prime breeding spots? The sub-par male Cane toad solution is to essentially ambush a female and engage in

amplexus. Amplexus is when a male Cane toad jumps onto the back of a female, buries its arms in the female's armpits, and quite literally holds on for dear life. This amphibious take on a piggy-back ride is strategic for the male because it creates a physical barrier, preventing any other males from inseminating the female. Female Cane toads hate this. This compromises the female's ability to maximize its own fitness as well as the fitness of its offspring. The female Cane toad's response is to inflate its body like a balloon to try and shake off undesirable males. When a female Cane toads inflates its body, it gains reproductive power, as well as more influence over the male-male competition (Bruning et al. 2010). Cane toad sexual selection is a perfect example of a natural behavior that would be considered morally reprehensible in humans. If a human male were to replicate this Cane toad behavior, it would be classified as a felony assault.

Cane toads are not alone when it comes to ethically atrocious behavior. Male bottlenose dolphins, for instance, remember which females they've mated with. When a male dolphin encounters a strange female with a young calf, he will do his best to separate the pair and then severely injure or kill the calf. Male lions also kill the offspring of rival males if able. The same can be said for many species of primates, as well as many birds.

When I was conducting my research, it occurred to me that while abortion appears to be ethically sound, perhaps humans also have a natural behavior that is morally indefensible. This proposition was hinted on in chapter one. Evidence suggests that male *Homo sapiens* demonstrate a constant effort to gain reproductive power by attempting to control the behavior of females. This behavior was seen in ancient Assyria, when women who got abortions against the will of their husbands received the death penalty. It was

seen in ancient India, when women were punished for destroying the "seed" of upper caste males. It was seen in Athens, when an abortion was a crime against a woman's late husband. It was seen in Rome, when, like lions or dolphins, offspring were killed for the crime of parental adultery. It was seen in the infancy of Christianity, when wives who became pregnant outside of their marriage were forcibly given abortifacients. All of this occurred for the same reason that male lions slaughter a rival male's young. It is seen in the Hanbali school of Islam, where the decision to abort rests solely with the father. It was seen in the Middle Ages, when women were persecuted for providing healthcare to other women. It was seen in Ceausescu's Romania, when abortion was criminalized and subsequently, the female mortality rate skyrocketed. It was seen in Stalin's Russia, as well as Mao's China, when the interest in population growth trumped the interest in preserving female autonomy. And it is seen in America today.

Organisms do whatever they can to increase their fitness. If the cessation of fetal development in a female's womb increases that female's fitness, it makes sense that such an action would occur. As shown by Finkbine's rule, it is possible for environmental conditions to align in a way that makes an abortion the best thing an organism can do to survive. The Naturalistic Fallacy states that just because such an act may be natural, that is sufficient to show that it is ethical. It *is*, therefore it *ought.* However, in the case of abortion, this is not what I am arguing. Seeing how advantageous control over one's own reproductive system can be to one's survival *does* shed light on how this control can be exercised ethically, but it is only one part of such an argument – the beginning of the conversation. Finally, consider once again the tragic fact that so many people choose to subject themselves to unsafe and dangerous methods of abortion when quality healthcare

is unavailable. This illustrates both how necessary and consequential an abortion can be to the health and wellbeing of that organism, but it does not by itself prove the moral value of an abortion. The upcoming chapters take the next steps in the argument.

Chapter Three

Moral Status and the Tied-Vote Fallacy

How many cell divisions does it take to make a baby? The world may never know. Certainly, having ethical concern for a small group of cells is not of the same magnitude as is having ethical concern for a living, breathing person. But questions of how to understand prenatal development and their potential answers are integral to many individuals' opinions on the issue of abortion. This query about how to evaluate the moral status of a pre-birth human presents possibly the most problematic gray area in modern society.

While many are caught up with the question "What is a fetus?" this is not the most important question of the abortion debate. The most important question is actually "what is the moral status of a fetus?" or in other words, "how much should people care about fetuses?" Sentience is the capacity to feel, perceive, or experience subjectively (Oxford English Dictionary 2019). Simply put, sentience is the ability to experience pleasure or suffering. The fully developed mother has clear and obvious sentience. The same cannot be said for a fetus. The fetus may attain greater and greater sentience as it continues to develop. But fetal sentience is difficult to measure and hardly on par with maternal sentience. Because of this difference in sentience, the amount of concern for a fetus should be less than the amount of concern for an adult.

Sentience differs from consciousness because consciousness deals with the state of self-awareness and the ability to recognize oneself. Humans can experience differing degrees of consciousness, or lose it altogether, while still remaining sentient. For instance, when someone falls asleep, they are no longer conscious. They are still able to

respond to stimuli and experience fear or pain. Two other important terms for this chapter are autonomy and decisional capacity. Autonomy in a medical context refers to patients' right to make their own healthcare choices. Decisional capacity is patients' cognitive ability to exercise their autonomy. Patients may be evaluated as lacking decision making capacity for a number of reasons. These include being in a coma or being unable to appropriately comprehend their choices due to dementia, for example.

When these four factors are all considered -- sentience, consciousness, autonomy, and decisional capacity -- it becomes evident that in the situation of pregnancy, the mother should be the shot caller. (Moreover, along with its relative lack of sentience, the fetus is not conscious, has no ability to exercise autonomy, and lacks decision making capacity.) Provided that the mother has decision making capacity, her decision to abort should be honored.

These distinctions between a mother's and a fetus's capabilities are not muddied by other variables such as fetal potential or taxonomic classification. Just as an acorn is not an oak tree, a fetus is not an adult human, and should not be treated as such. The species a certain cell belongs to is also unimportant to its moral status because "species" is a vague, contentious, and often somewhat arbitrary label. These considerations are often used to elevate the ethical concern for fetuses to equal that of the ethical concern for adults. I refer to this mistaken equalization of moral value as the "Tied-Vote Fallacy" – that is, the mistake of viewing pregnancy and its continuation as a stalemate between mother and fetus, with the will of each directly opposing the other, resulting in a deadlock.

Moral Status

Why is it that people are seemingly more concerned about the experiences of chimpanzees than they are about ants, and more about ants than they are about rocks? It is because it is believed that more than ants or rocks, chimpanzees are exposed to a greater range of happiness and suffering (Harris 2010). In my opinion, the ethics surrounding abortion are concerned with the experiences of living creatures. I believe that if humans are going to prioritize the treatment of chimps over ants, and ants over rocks, humans must also prioritize the treatment of fully sentient adults over the treatment of quasi-sentient fetuses. The abortion debate often gets hung up with terminology, such as discussing the difference between a "fetus" and an "embryo," or a "human" versus a "person." Many evaluations of moral status are strictly concerned with differentiating these terms, and do not consider capacity to experience. When considering moral status, the question to be answered is "Can this feel pain?" not, "is this a *Homo sapiens*?"

Consider the areas of agreement between two prominent abortion arguments, one on either side of the debate. One of the most compelling pro-life arguments is made by Patrick Lee and Robert P. George in their article "The Wrong of Abortion." They take a physicalist approach, reasoning that because human life starts at conception, so does full moral status. This is enough for them to conclude that the termination of a pregnancy is not ethically defensible. On the opposite side of the argument, Mary Anne Warren's paper "Abortion" offers the pro-choice argument. She has a greater interest in the likelihood of sentience of the fetus, particularly its ability to possibly feel pain, and not merely the fact that it is alive. While the current political landscape would suggest that pro-life and the pro-choice arguments can find no common ground, there are many points

at which Warren's argument and Lee and George's argument concur. These are outlined in Dr. John C. Moskop's book *Ethics and Heath Care.* Moskop states that both positions agree about the following characteristics of a fetus:

1. It is a distinct organism, initially dependent on but not a part of the woman's body.
2. It is alive.
3. It is a human organism, and not a member or any other biological species.
4. It has a complete human genome that is inherited from its genetic parents but is distinct from the genome of either parent.
5. It has the potential, in the normal course of gestation, to develop into a viable human infant at birth, and thereafter into a mature human being (Moskop 2016 185).

Moskop also points out several key areas of disagreement between the two papers. On the question of what kind of entity a person is, Warren argues that the current capacity for conscious experience is necessary to be considered a person. In contrast, Lee and George say that simply being a human organism is enough to also be considered a person. Lee and George argue that morally significant life begins at conception, but Warren claims it happens later in gestation. When it comes to the question of when a fetus becomes conscious, Lee and George claim that at eight to ten weeks, the fetus has a "complete brain" and can feel pain (Moskop 2016). Warren disagrees, claiming that the fetus is not conscious until much later in gestation. This disagreement over fetal consciousness is seemingly empirical, and should have a correct answer, so either Lee and George, or Warren, or both are incorrect. As for the moral status of a fetus, Warren is

particularly interested in a fetus's ability, or lack thereof, to feel pain. Warren's argument seems to conflate consciousness with pain perception, and does not account for the ability of unconscious individuals to respond to pain, which is indeed possible. Lee and George's position is not influenced by the degree of fetal development, and does not concern the possibility of fetal pain. Both of these disagreements are really concerned with the same question: does a fetus matter as much as a full-grown person? It is also important to note that when Lee and George argue that pain can be felt around eight to ten weeks, they refer to this as "consciousness" when they really mean "sentience." Currently, the uncertainty of how to relate to fetuses, how sentient or conscious they are, and what kind of rights they should have is where the topic of abortion gets so messy.

A zygote is a fertilized egg. Within a few days the zygote becomes a morula, and then a blastocyst, and then it implants and becomes an embryo. The earliest stage of development of the fertilized egg is known as the embryonic period. Around eight weeks after conception, the fertilized egg enters the fetal period, characterized by increased growth and the full development of organ systems. The term "fetus" describes any unborn vertebrate animal, particularly a mammal, from approximately the eighth week of gestation until birth (The Editors of Encyclopaedia Britannica 2019 1). The word choice of "approximately" is exactly right. The fetal period is somewhat arbitrary because it demands that a line in the sand be drawn on a gradual and continuous process.

A common method for contextualizing the relationship between a fetus and an adult human is the acorn and oak tree analogy. As doctor of neurophysiology and former Senior White House Policy Analyst, Dr. Jeff Schweitzer explains: "A fetus is to a person as an acorn is to an oak. Sure, one has the *potential* to become the other, but is not that

other in its current state. The rules governing the cutting of mature trees are not the same for gathering acorns for good reason; the potential to become something does not make you that thing" (Schweitzer 2012 1).

In contrast, Dr. Hendrik van der Breggen, philosophy faculty at Providence College in Canada, argues:

> To compare an acorn to a fetus and an oak tree to a human being and then conclude that a fetus is not a human being is to draw a false conclusion from a faulty analogy. The unstated premise consists of the following comparison: acorns are to oak trees as fetuses are to human beings. But this is problematic. To call an acorn an oak tree is, on a more accurately construed analogy, like calling a fetus an adult. Consequently, to say that a fetus is not a human being on the basis of an acorn not being an oak tree is to say a fetus is not a human being on the basis of a fetus not being an adult. This, of course, is absurd. In other words, the acorn-oak tree analogy confuses the concepts of *kind* and *developmental stage*. Yes, an acorn isn't an oak tree, that is, a seed isn't a grown tree. But we need to ask: What *kind* of seed is the acorn? Answer: Oak. The acorn is the first developmental stage of the oak. Subsequent developmental stages include sprout, sapling, and tree. Significantly, all the stages are oaks—i.e., oak entities, oak beings. Now consider the fetus. What *kind* of fetus are we talking about? Answer: Human (van der Breggen 2008 1).

Van der Breggen seems to assign moral status strictly based on species membership. If a cell is a human cell and not a cell of any other species, this is enough

for van der Breggen to assign it moral status. This logic is troublesome for numerous reasons, as Dr. Schweitzer points out:

> Abortion foes claim that the procedure is murder, based on the notion that a fertilized egg has the same suite of rights enjoyed by all humans. The belief that a few cells derived from a fertilized egg is a human being is a sad example of good intentions based on misguided notions of biology. The small ball of cells is *potentially* a human being, but so are eggs and sperm, even if to an unequal degree. All require certain conditions to realize the potential to become human. Ovulation and male masturbation would be acts of murder by the same logic that confers the status of humanness on a fertilized egg or early-stage embryo… A fertilized egg has no special status compared to an egg not fertilized. Both have the potential to become human given the right set of circumstances. The moment of fertilization is nothing but one action in a series of millions that take us from a single cell to an independently living being. Granting that moment special status is completely arbitrary and meaningless biologically (Schweitzer 2012 2).

The acorn and oak tree analogy helps one understand that just because something has *potential* to become a thing, it is not already that thing. Just because a cell *may* have the same moral status as an adult human in the future, does not mean that the cell *already* has such moral status. On this issue of potential, neuroscientist Sam Harris contends, “It is not enough to say they [embryos] are potential human beings. Given the advances in genetic engineering, every cell in the human body with a nucleus is a potential human

being given the right manipulation. Every time the President scratches his nose, he is engaged in a holocaust of potential human beings" (Harris 2005). Of course, much more manipulation would be required to turn a sample of skin cells into an adult than would be needed to develop an adult from a zygote. But the fact remains that just because a cell or collection of cells might have the moral status of an adult human in the future, this does not mean that cell, or zygote, or fetus *already* has that moral status.

Lee and George argue against the notion that "fertilization" is "meaningless biologically." They argue that the formation of a new genome marks the beginning of a new human organism, and that this is the only major break in an otherwise gradual process of development. This is accurate, but I contend irrelevant to moral status. A new genome is formed because humans happen to reproduce sexually, as opposed to asexually. One could imagine a lifeform whose biological development never includes the formation of a new and distinct genome, but is fully sentient. This organism reproduces asexually, and is able to experience pleasure and pain. This example is used to show that sentience, and not simply changes to the shape and sequence of DNA, must be considered when discussing moral status.

Remember Alabama's "Human Life Protection Act" and the language used by Alabama Representative Terri Collins. "This bill is focused on that baby that's in the womb that is a person," Representative Collins said. "That baby, I believe, would choose life" (Smith 2019). This is a personification. Collins' deployment of substituted judgement is as if a research scientist said "I believe my lab mice would choose to be born all over again if given the option."

As the fetus grows, the likelihood that it is sentient increases, yet this likelihood remains dwarfed by its mother's clear demonstration of sentient behavior. The mother's sentience is greater than that of the fetus; this is obvious. Nonetheless, one could argue that fetuses can still have interests, regardless of their capacity to experience. In other words, some things can be better or worse for a fetus, even if the fetus is completely unaware. But this is the case for any form of matter. The same point could be made for rocks. Some things are better or worse for rocks, because of our own interpretation of their existence. But if we are taking about moral status, then we should be talking about suffering or the lack thereof. I can assure you that acid rain and erosion are not in the best interest of rocks, but I am also sure that the rocks really do not mind.

Returning to van der Breggen's argument about the importance of "kind" – that is, species membership, it is noteworthy that, like the term "fetus," the term "species" is also quite vague. There are currently seven recognized definitions of what a species is; they are as follows: Agamospecies concept, Biospecies concept, Ecospecies concept, Evolutionary species concept, Genetic species concept, Morphospecies concept, and Taxonomic species concept (Wilkins 2010). Taxonomy is another instance of drawing lines in the sand, this time across the gradient of genetic variation. Every extant life form on Earth stems from the same common ancestor. The idea that one's allegiance is to the cells in the petri dish that are human and not the cells that are of any other variety is absurd. On this issue, evolutionary biologist Richard Dawkins considers questions such as:

> At what point during the development of an embryo does the nervous system come into being? Presumably before the nervous system comes into existence,

there is no ability to feel pain or to suffer, so maybe something important happens at the moment when the nervous system comes into being. On the other hand, you might say when a human embryo develops a nervous system and the capacity to perhaps suffer, it's still a much smaller nervous system than that of an adult cow. So what about balancing the suffering of a human embryo against the suffering of an adult cow when it's being slaughtered for meat? An absolutist moralist would say "well humans are just plain special, and cows are not human so they don't deserve the same moral consideration." But a scientist might come along and say "well what do you mean by that?" We are, after all, all evolved. We are all cousins. At what point in the evolution of humans would you suddenly draw the line and say "right from now on, they're all human, and before that they're not?" In the evolutionary progression from the common ancestor with chimpanzees that lived about six or seven million years ago to modern humans, going through creatures that might have looked a bit like Lucy, or might have looked like the newly discovered fossil Ardi, would you have given special human moral ethical consideration to Lucy? Or would you count Lucy as though she were a chimpanzee? Does this perhaps suggest to you that we shouldn't be in the business of drawing lines between species in this kind of way? Maybe these lines should be regarded as more fuzzy and less clear-cut. To our absolutist moralists that do draw hard and fast lines between humans all other species, even taking a human fetus and calling that human, whereas an adult chimpanzee is not and doesn't deserve the same moral consideration, is that consistent with science? (Dawkins 2009).

This idea that "humans are just plain special" is known as speciesism. Speciesism, like racism and sexism, is a form of prejudice based solely on group membership. Moral philosopher Peter Singer argues that sentience is the best metric for moral status. He explains: "The capacity for suffering and enjoying things is a prerequisite for having interests at all, a condition that must be satisfied before we can speak of interests in any meaningful way. It would be nonsense to say that it was not in the interests of a stone to be kicked along the road by a schoolboy. A stone does not have interests because it cannot suffer. Nothing that we can do to it could possibly make any difference to its welfare. A mouse, on the other hand, does have an interest in not being tormented, because it will suffer if it is. (Singer 1979 1).

Consider this: one person accidentally steps on a petri dish containing a human cell. The next person accidentally cuts off a dog's tail. Who has made a larger mistake? The latter individual surely more than the former. One should conclude that the accidental animal abuser has committed a far worse action, provided that one has a concern for the experience of sentient creatures. A notion of ethics that is strictly concerned with which species a cell belongs to and fails to consider other factors like the capacity to experience is faulty.

Notice the similarities between van der Breggen's argument and that of Lee and George. Both protest that a fertilized egg should count as a full person. Warren's argument, as well as the one asserted in this thesis, is that consciousness and ability to experience subjectively are far more important to a lifeform's moral status. As to Mary Ann Warren's disagreement with Patrick Lee and Robert P. George regarding the brain development of a fetus, Dr. Schweitzer has some insight:

> In the absence of a central nervous system, the embryo is incapable of any sensation. Until a brain is formed with a functioning cortex, the embryo has no ability to form any conscious thought. Neural development begins early, but the process is slow relative to other organ systems. We know from Biology 101 that the three main lobes that will become the brain form by the 29th day. About six to eight weeks after fertilization, the first detectable brain waves can be recorded, but the brain is not nearly fully formed, and the cortex is little distinguished. Before eight weeks, in the absence of any brain function, the growing embryo is little different in its human potential from a fertilized egg. Abortion at this stage is as fully acceptable as menstruation. Biologically, the distinction is trivial (Schweitzer 2012).

Representative Chris Fugate, who introduced Kentucky's "heartbeat law," claims "The heartbeat is the first sign of life and it is the last thing you will hear when a person dies" (Stanglin 2019 3). This is untrue for many reasons. Many lifeforms do not develop anything resembling a heart over the course of their entire lives. And humans, according to many pro-life arguments, are alive before their hearts develop, if, as they proclaim, life starts the instant a sperm fertilizes an egg. Saying that a "heartbeat is the first sign of life" is like saying a torrential monsoon is the first sign of rain. Second, that a heartbeat is "the last thing you hear when a person dies" is also quite clearly untrue. One reason is that we now know that brain death is an appropriate standard for death. Also, hearts are able to beat artificially without even being inside a person. You can rig a heart to beat on

a lab bench. Using the heartbeat as the only metric for evaluating if something is alive or not is archaic. In conclusion, knowing that a fetus is in fact alive, or has a heartbeat, does not allow one to draw any concrete conclusions about that fetus's moral status.

The Tied-Vote Fallacy

The statement by Representative Collins, that a fetus would choose to exist, is problematic because no one chooses to exist. It is very much not an option. Existence, or more importantly for this topic, sentience, is not applied for or selected, but thrust upon those who are inherently unable to elect for it. Representative Collins phrases her statement as a hypothetical, stating that babies "would" choose life. This is an unacceptable proxy vote. With current science, there exists no way to determine if a fetus is able to have wants or desires, let alone what they might be. It is often argued that all fetuses want to live, grow, and develop. But this is an assumption imposed on a person clearly not developed enough to have decision making capacity. If the fetus "wants" to live, and the mother wants it to die, this may appear to some like a tie. This is what I call the "Tied-Vote Fallacy." The Tied-Vote Fallacy is when one argues that a pregnant person's moral status and a fetus's moral status are equal, and that the will of the fetus is correctly assumed to be continued development. Therefore, when a patient elects for an abortion, the patient and the fetus are now locked in a stalemate. I argue that the moral status of a pregnant individual is greater than that of a fetus. Furthermore, the fetus's wishes are actually unknown. It is a mistake to value the hypothetical will of a fetus to grow and develop over the known will of its fully conscious adult mother for the contrary to occur.

Representative Collins and those who agree with her may assert that because a fetus *is* developing, this essentially counts as the fetus's *wanting* to develop. This is not true, and is actually a perfect example of the Naturalistic Fallacy. Collins seems to be arguing that because a fetus *is* developing, the fetus *should* continue to develop. Just because fetal development may be the natural course of action does not mean that fetal development is therefore "good" or "moral" by any means.

My arguments that sentience is the crucial consideration to the permissibility of abortion were designed specifically with a pregnant person in mind. I am not making any arguments about the value of patients in persistent vegetative states (PVS), or persons with diminished cognitive capacity, for example. I imagine that on a continuum of moral status, a mother is at a point of much greater magnitude than that of an eight-week-old fetus. As the fetus develops and its nervous system forms, it stands to reason that the fetus's capacity for sentience also increases. This may move the fetus further up the line of moral significance. But I maintain that at no point of gestation could a fetus's moral status surpass or even match that of its mother. It is for this reason that the confirmable will of a mother should trump the hypothetical will of a fetus when abortion is considered. This argument is not designed to apply to conditions other than a conscious mother electing for an abortion.

Lastly, ponder these ethical questions: Which is more morally defensible: Immediately removing a person's autonomy or removing a fetus's capacity to develop autonomy in the future? If one favors utilitarianism, what does society needs more: A sense of autonomy for individuals, or extra unwanted births? Finally, which is crueler: the forcing of sentient humans to give birth against their will, or the cessation of the

growth and metabolism of a bundle of human cells? The main question in this chapter is "does a fetus matter more than its mother's autonomy?" I argue no. Whatever a fetus is, it matters less than its mother. Forcing someone to give birth against their will seems far worse than terminating a pregnancy. And the difference is sentience.

The capacity of a fetus to experience is unclear and may stay unclear forever, but it is certainly less than that of a full adult person. For this reason, the moral status of a fetus is unequal to its mother's. The difference in moral status between a mother and a fetus is not changed by other considerations such as fetal potential. And speciesism, the idea that a cell gets its moral status from its taxonomic classification, is unsupported by science. For these reasons, a vote for a safe abortion by a mother simply has to count for more than the "vote" for continued gestation by the fetus.

Chapter Four

Self-Defense

As mentioned in chapter two, giving birth is around 15 times more dangerous than choosing abortion (Raymond and Grimes 2012 215). This simple fact should be enough to justify why any person might choose to terminate their own pregnancy. Many states afford more protections to homeowners than to pregnant females when lethal force is used in self-defense. Judith Jarvis Thomson's Violinist analogy helps illustrate why "self-defense" is a very accurate description of abortions in relation to the mother's health. There are several negative health outcomes, in fact, associated with bring a fetus to term, such as increased risk of diabetes and heart disease, as well as lowering overall life expectancy. It is for these reasons that, given the right context, describing a fetus as a parasite can be completely appropriate. Thus, aborting such a fetus is an act of self-defense. The pregnant individual is the one who decides how to view the fetus, as welcomed or parasitic. For this reason, that individual should also be the one to decide the fetus's fate.

Castle Doctrine refers to laws that free individuals from legal prosecution when defending themselves from a home intruder, including the use of lethal force. Currently, more than half of the states in the U.S. have some forms of Castle Doctrine or "stand your ground" laws. "Stand your ground" laws allow people who believe they face a reasonable threat of death or great bodily harm to "meet force with force" rather than retreat from their attacker. Similarly, "Castle Doctrine" laws allow persons who are being attacked while in their homes to use force—including deadly force—in self-defense, often without the need to retreat" (Longley 2018). "[T]he legal concept comes from the philosophy that

every person is a King or Queen of his or her "castle." As such, no king or queen is required to retreat before using force or deadly force against an intruder in his or her castle. State laws vary in the conditions they apply to justify the use of deadly force, but generally permit it when there is a threat of physical danger (Katz 2018, Shouse 2019, Dowty 2019).

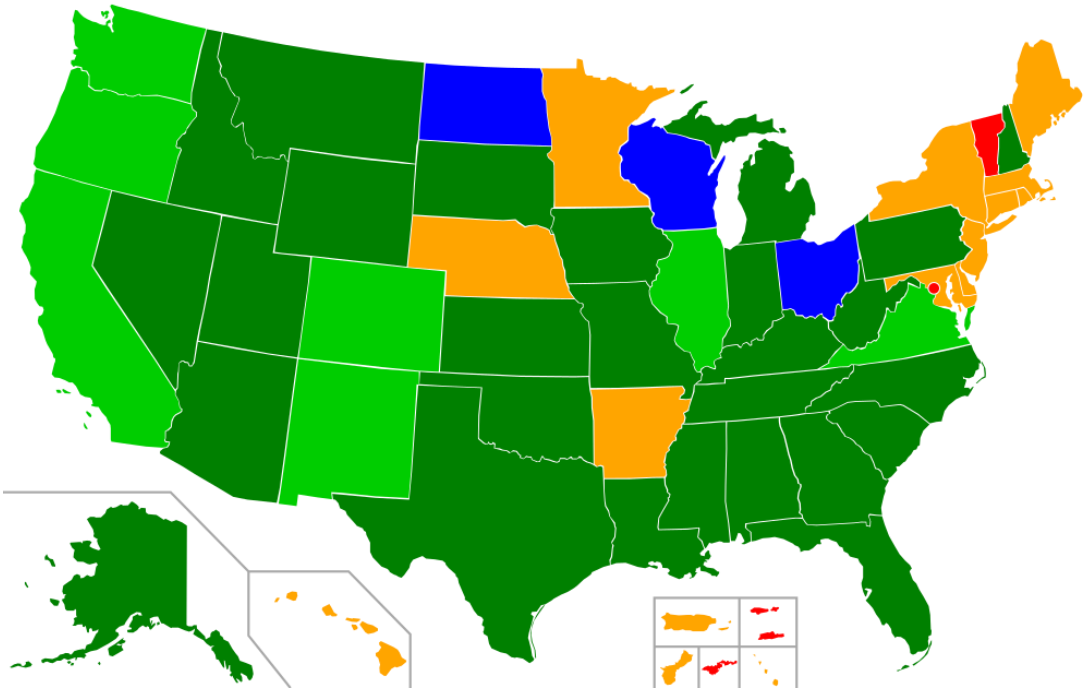


Figure 5. Castle Doctrine (Wikipedia.org 2019).

Stand-your-ground law

Stand-your-ground law

Stand-your-ground also in a vehicle

Castle doctrine only; duty to retreat in public

Duty to retreat

How is it that people can legally kill a human inside their homes but not inside their bodies? It seems that any legal system worth having should at least attempt to reconcile such an inconsistency. Since *Roe v. Wade* passed in 1973, the pro-life argument has produced rhetoric arguing that abortion is "an act of direct killing that takes the life of a tiny human being" (Pro-Life Wisconsin 2019). To which I respond "Yes. And that should remain an option for pregnant mothers." Granted, this is an imperfect analogy. The intrusion of an unwanted pregnancy is not the same as a home invasion, but the two are more similar than has been generally acknowledged. This chapter is merely presenting an argument for a person's right to end a pregnancy in the interest of preserving their own health. In her book, *Breaking the Abortion Deadlock: From Choice to Consent* (1996), Eileen McDonagh points out that if a person's liberty is threatened in any fashion, such as an attempted assault, rape, or kidnapping, state statutes generally provide protection for the use of lethal force to repel the attacker (McDonagh 1996). "Pregnancy can be a situation not unlike those mentioned previously. If a woman has the right to defend herself against a rapist, she also should be able to use deadly force to expel a fetus" (Hentoff 1997 5). "In pregnancy, a woman is being attacked by another human being - from the inside, not from the outside. Therefore, she has the moral liberty to repel her attacker by killing the intruder" (Koukl 2013 2). Koukl, a pro-life advocate, makes this point sarcastically, while coincidentally describing the position of this thesis nearly perfectly.

A person's right to an abortion should be guaranteed on the grounds of self-defense. This argument returns to the famous violinist analogy, proposed by American moral philosopher Judith Jarvis Thomson. In her paper, "A Defense of Abortion,"

Thomson analogizes an unsought pregnancy to waking up in a hospital to discover that one is now donating blood and kidney function unwillingly. In this context, an unwanted pregnancy is effectively a parasitic infection. The premise is as follows:

> You wake up in the morning and find yourself back to back in bed with an unconscious violinist. A famous unconscious violinist. He has been found to have a fatal kidney ailment, and the Society of Music Lovers has canvassed all the available medical records and found that you alone have the right blood type to help. They have therefore kidnapped you, and last night the violinist's circulatory system was plugged into yours, so that your kidneys can be used to extract poisons from his blood as well as your own. The director of the hospital now tells you, "Look, we're sorry the Society of Music Lovers did this to you–we would never have permitted it if we had known. But still, they did it, and the violinist is now plugged into you. To unplug you would be to kill him. But never mind, it's only for nine months. By then he will have recovered from his ailment, and can safely be unplugged from you." Is it morally incumbent on you to accede to this situation? No doubt it would be very nice of you if you did, a great kindness. But do you have to accede to it? What if it were not nine months, but nine years? Or longer still? What if the director of the hospital says. "Tough luck. I agree. But now you've got to stay in bed, with the violinist plugged into you, for the rest of your life. Because remember this. All persons have a right to life, and violinists are persons. Granted you have a right to decide what happens in and to your body, but a person's right to life outweighs your right to decide what happens in and to

your body. So you cannot ever be unplugged from him." I imagine you would regard this as outrageous (Thomson 1971 1-2).

This is what I mean when I argue that unwanted pregnancies are parasitic infections. Waking up to discover that one is now an unwilling host to a stranger is precisely what it must feel like to discover one is pregnant when not wanting to be. Now of course, many mothers are more than pleased with this arrangement. But if a mother is not, their right to cease this transaction should be obvious, as it is their body the fetus inhabits. The violinist is essentially stealing clean blood and kidney function from an unwilling donor. The same can be said of an unsought fetus.

Thomson then analyzes the right to life:

In some views having a right to life includes having a right to be given at least the bare minimum one needs for continued life. But suppose that what in fact IS the bare minimum a man needs for continued life is something he has no right at all to be given? If I am sick unto death, and the only thing that will save my life is the touch of Henry Fonda's cool hand on my fevered brow, then all the same, I have no right to be given the touch of Henry Fonda's cool hand on my fevered brow. It would be frightfully nice of him to fly in from the West Coast to provide it. It would be less nice, though no doubt well meant, if my friends flew out to the West coast and brought Henry Fonda back with them. But I have no right at all against anybody that he should do this for me. Or again, to return to the story I told earlier, the fact that for continued life the violinist needs the continued use of your kidneys does not establish that he has a right to be given the continued use of your kidneys. He certainly has no right against you that you should give

him continued use of your kidneys. For nobody has any right to use your kidneys unless you give him this right–if you do allow him to go on using your kidneys, this is a kindness on your part, and not something he can claim from you as his due. Nor has he any right against anybody else that they should give him continued use of your kidneys. Certainly he had no right against the Society of Music Lovers that they should plug him into you in the first place (Thomson 1971 5-6).

On the right to life, Thomson later clarifies that "the right to life consists not in the right not to be killed, but rather in the right not to be killed unjustly. This runs a risk of circularity, but never mind: it would enable us to square the fact that the violinist has a right to life with the fact that you do not act unjustly toward him in unplugging yourself, thereby killing him. For if you do not kill him unjustly, you do not violate his right to life, and so it is no wonder you do him no injustice." And then later, Thomson succinctly asserts that "Nobody is morally required to make large sacrifices, of health, of all other interests and concerns, of all other duties and commitments, for nine years, or even for nine months, in order to keep another person alive." (Thomson 1971 6).

Thomson's argument applies specifically to rape victims, but can be extended further. One can make the argument that if people have sex, they understand that pregnancy is a possible repercussion. While it is true that sex can lead to pregnancy, there are now numerous methods of contraception available. Furthermore, consenting to sex is not the same as consenting to a pregnancy. "Men do not cause pregnancy. Fertilized ova do" (Scully 1996 127). Abortion can be the last line of defense, the "Plan Z" to prevent childbirth. As medicine and science have advanced, the cause-and-effect relationship of sex and pregnancy has weakened. The greater the separation between sex and

reproduction, the greater the control *Homo sapiens* have over our propagation. Being able to have sex without becoming pregnant gives humans more control over their own fate, since sex, like abortion, is a natural behavior for humans.

Consider by analogy crossing a street. It is possible that one can be hit by a car while crossing a street. Precautions can be taken such as looking both ways first (condoms, birth control, etc.). Nevertheless, the risk of being hit by a car remains. And when a pedestrian is hit by a car, no one is tempted to argue "Well you knew the risk when you decided to walk in the road." The injured pedestrian needs their bones mended, just as a patient seeking abortive services needs quality healthcare.

The risks and stressors of having a baby do not stop at the financial costs. One study has found that the rate of obesity in women goes up 11% with each successive child (Gardner 2018). "No one knows for sure why this might be. Insulin resistance, which is associated with pregnancy, can contribute to weight gain. It could have to do with hormonal changes or "baby weight" that doesn't go away. Mothers may also eat and exercise differently after pregnancy simply because they now have children to take care of" (Gardner 2018 2). On top of obesity, pregnancy can increase one's chances of developing type II diabetes. Gestational diabetes is seen in up to 9% of pregnant women, but usually the symptoms disappear within weeks of giving birth (Curry 2015 1). However, researchers are now realizing that gestational diabetes leaves a mark by increasing that the likelihood that women will develop type II diabetes later in life. "They have a three to sevenfold higher risk of developing type II within five to 10 years…We're trying to figure out why" says Dr. Frank Hu, professor of nutrition and epidemiology at Harvard's School of Public Health (Curry 2015 1).

Currently, the leading killer of adult women in the United States is heart disease (CDC 2015). And as it turns out, having a child can increase a person's risk of developing a heart disease as well. Cari Nierenberg explains:

> Heart attacks occur in one out of every 12,000 hospitalizations during or immediately following pregnancy. In addition, one out of every 20 women who had a heart attack during pregnancy died during their hospital stay…Although heart attacks in young women are rare, the time during and immediately after pregnancy is a particularly vulnerable period during which heart disease may be unmasked. This is according to Dr. Nathaniel Smilowitz, an interventional cardiologist and assistant professor medicine at NYU Langone Health" (Pratt 2018 2). This occurs because of how much pregnancy changes a mother's body. As Dr. Smilowitz explains "Indeed, there are many changes taking place in a woman's body during pregnancy that may make her more vulnerable to heart disease. For example, the amount of blood in the body increases, and substantial hormonal changes can put more stress on blood vessels. In addition, pregnancy can be a stressful time for women both emotionally and physically, and this stress can bring about heart complications (Nierenberg 2018 1).

The consequences of having children also affect a patient's overall life expectancy. This happens by shortening a patient's telomeres:

> Telomeres, discovered in the 1970s, are strings of DNA molecules at the ends of all our chromosomes that act a little like the plastic bits on the ends of shoelaces. Because of the way DNA is replicated as our cells replicate and divide and age, these caps get worn down over time. However, wearing down these caps is better

than the alternative—which would be wearing down the important genetic material of the chromosome itself. If the telomeres are completely gone, the cell wouldn't be able to replicate at all" (Sheridan 2018 1).

Anna Pollack, reproductive epidemiologist at George Mason University, explains:

"We found that women who had five or more children had even shorter telomeres compared to those who had none, and relatively shorter relative to those who had one, two, three or four, even" (Sheridan 2018 1). Pollack and her team's findings fit in with other research that has been done – and with people's personal experience. "Anecdotally, just chatting with my friends who have children, we all do feel that having kids has aged us," Pollack said. "But scientifically, this does fit with what we understand pretty well. We know that having kids is associated with a higher risk of heart disease and diabetes. And some large studies have linked telomere length to mortality risk and risks of other major diseases." (Sheridan 2018 1)

Elsewhere, Pollack's study is described in detail:

[T]he researchers analyzed information from 1,556 U.S. women ages 20 to 44 who took part in a national survey from 1999 to 2002, which involved giving blood samples. The researchers looked at the genetic material inside the women's cells, specifically the length of their telomeres. These are caps on the ends of chromosomes that protect the chromosomes from damage. Telomeres naturally shorten as people age, but the structures don't shorten at the same rate in every person. The longer a person's telomeres are, the more times their cells could hypothetically still divide, research has shown. Thus, telomeres are considered a

> marker of biological age — that is, the age of a person's cells, rather than the individual's chronological age.
>
> Women in the survey who said they'd given birth to at least one child had telomeres that were about four percent shorter, on average, than those of women who'd never given birth. The findings held even after the researchers took into account other factors that could affect telomere length, including the women's chronological age, body mass index and smoking habits. "It is possible that pregnancy, birth and child-rearing can induce chronic stress, leading to shorter telomere length perhaps through an inflammatory pathway," Pollack . . . told Live Science (Rettner 2016 2).

Thomson also gives the window analogy, which is as follows:

> If the room is stuffy, and I therefore open a window to air it, and a burglar climbs in, it would be absurd to say, "Ah, now he can stay, she's given him a right to the use of her house–for she is partially responsible for his presence there, having voluntarily done what enabled him to get in, in full knowledge that there are such things as burglars, and that burglars burgle. It would be still more absurd to say this if I had bars installed outside my windows, precisely to prevent burglars from getting in, and a burglar got in only because of a defect in the bars. It remains equally absurd if we imagine it is not a burglar who climbs in, but an innocent person who blunders or falls in (Thomson 1971 8).

A pro-life argument may state that if individuals do not want to become pregnant, they should practice abstinence. This is an outdated and ineffective method of preventing pregnancy. Recent national data from all U.S. states shows that an increased emphasis on

abstinence is positively correlated with higher teenage pregnancy and overall birth rates (Stanger-Hall and Hall 2011 1). It appears that the more heavily abstinence is promoted, the less likely its intended effects are to be realized. Furthermore, the method of preventing pregnancy through celibacy is overkill, akin to killing termites with a howitzer. The pill, condoms, IUDs and birth control implants have all proven to be effective methods of contraception. Presumably, successful abortions as a method of birth control inherently have a 100% success rate at solving the problem of an unwanted pregnancy. The ability to have sex without risking pregnancy is a monumental advantage for humans in the realm of family planning. It gives people more power over their own lives, and should be regarded as a strategic reproductive tool. Like the internet, vaccinations, and indoor plumbing, the severed link between having sex and getting pregnant is one of the great perks of existing in the modern era of humanity.

When it is mentioned that unwanted fetuses are parasitic infections, this is not hyperbole or metaphor. It is a literal interpretation of the definition of a parasite. Symbiosis in biology refers to an interaction between two different organisms living in close physical association. The four types of symbiosis can be easily understood through the chart below:

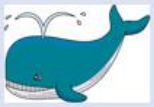
Type of Symbiosis	Organism A	Organism B	Example (A + B)
Mutualism			 + 
Commensalism			 + 
Parasitism			 + 
Predation			 + 

Figure 7. Types of Symbiosis.

Mutualism is when both organisms stand to benefit from the relationship. A popular example is a clown fish that gains shelter and protection from a sea anemone, while the sea anemone gets valuable nutrients in the form of clown fish poop. Win-win. A similar mutualistic relationship is the one between a fetus and its mother, provided that the mother's aim is to bring the fetus to term. The fetus gains oxygen via blood from the mother, and the mother gets to produce the desired offspring. However, when females realize that they have become pregnant against their wishes, describing the relationship as parasitism becomes far more apropos. A common example of parasitism is a tapeworm living inside the intestines of an unlucky host. The tapeworm benefits directly from the host's harm. The same is true for an unwanted fetus. The only difference is that one parasite belongs to the class Cestoda, while the other parasite belongs to the class Mammalia. All placental mammals engage in a mutualistic relationship through the process of gestation. And therefore, all placental mammals are susceptible to having this

mutualistic relationship become more accurately described as parasitic, given the right context.

Pro-life advocate and founder of the Christian apologetics organization "Stand to Reason" Greg Koukl, has several problems with Judith Jarvis Thomson's violinist analogy. Koukl asserts that Thomson, like McDonagh (1996), mischaracterizes a fetus as an "invader." He admits that a fetus is "a parasite living off his mother," but refers to the mother's womb as "the baby's natural habitat." He says that "one trespasses when he's not in his rightful place, but a baby developing in the womb belongs there" (Koukl 2013 1). The term "rightful place" fails to consider a person's right to autonomy .What Koukl is describing is a hostage situation where the captives have a duty to remain captive. Additionally, Koukl admits that a fetus is a parasite, but then refers to a mother's womb as "the baby's natural habitat" as if this makes some sort of argument for the preservation of parasites. A tapeworm's "natural habitat" is a person's intestines. A botfly's "natural habitat" is a hole in one's skin. The parasitic Lancet Liver Fluke's "natural habitat" is the brain of its ant host. Koukl's description of the womb as a fetus's "natural habitat" seems to argue for the preservation of parasites.

Koukl then claims that the violinist analogy is not apt because abortion is "not merely withholding treatment," but "actively taking another human being's life through poisoning or dismemberment;" he argues that "a more accurate parallel with abortion would be to crush the violinist or cut him into pieces" (Koukl 2013 1). However, I submit that there is an inconsequential difference between action and inaction under these circumstances. Imagine if one feels uncomfortable with the idea of "pulling the plug" on a patient in a persistent vegetative state. To circumnavigate this reservation, one decides

to put the patient's life support on a timer, so the positive action of "pulling the plug" is not committed. An abortion can be described as an action or an inaction based on one's perspective. This difference is irrelevant. What really matters are the outcomes of the relationship.

Finally, Koukl argues that the violinist analogy is an unfit parallel to an unsought pregnancy because "it equates a stranger/stranger relationship with a mother/child relationship" (Koukl 2013 1). Koukl believes that a mother is far more obligated to a fetus than a stranger is to another stranger. But technically, the mother/child relationship *is* a stranger/stranger relationship, which the mother has the option to change or not. Koukl later asserts that the "most primal of rules is the obligation of a mother to her helpless child" (Koukl 2013 1). But this "obligation" can be chosen or refused by the mother, just as the mother is able to decide whether to view pregnancy as a parasitic infection or not. He then claims that "the responsibility a mother has towards her child supersedes any claim she has to personal liberty." In this quote, Koukl reveals that many pro-life advocates' true goals are not to save the lives of the unborn, but to control female behavior. Koukl appears to view fully conscious people merely as gestation machines.

Some argue that when a person becomes pregnant, their doctor now has two patients rather than one. As Laurence McCullough and obstetrician Frank Chervenak assert: "Viable fetuses are patients" (Chervenak and McCullough 1990 1425). Even if the patient wants to carry the fetus to term, the fetus does not thereby become a new and individual member of the doctor's practice. When doctors agrees to take on new patients, they are not simultaneously agreeing to care those patients' offspring as well. Even if the doctor does now has two patients, one of the patients, the fetus, does not have decision

making capacity. Therefore, its healthcare decisions are to be made by a surrogate decision maker -- its own mother. I can think of no better surrogate decision maker for a fetus than its own mother.

There are two persuasive critiques of the two-patient model that McCullough and Chervenak defend. The first critique is that "such a designation may encourage a tendency to think of the fetus as separate from the pregnant woman…obscuring the physical and social relationship between pregnant woman and fetus, the ways that maternal and fetal physiologies and welfare are linked, and perhaps most problematically, the woman herself" (Lyerly and Mahowald 2003 155-165). As Ruth Faden and colleagues point out in "A Critique of the 'Fetus as Patient":

> Applied to a "patient" that is physiologically enmeshed with another—whose "environment" is the body of an autonomous agent, the designation of 'patient' may make it easier to think about the pregnant woman herself as an environment rather than a patient in her own right. . . . [P]ractitioners . . . have raised concern at the language fetal surgeons and some obstetricians use to describe the women through whom they diagnose and treat the fetus: the "uterine environment," the "recovery room," a "natural incubator" for the fetus – or worse, reduced to a holding cell that entraps the fetus, her abdominal wall "a fortress against fetal health care." (Faden et al. 2008 43, citations omitted).

The second critique is what I have previously referred to as the Tied-Vote Fallacy. "[I]nsofar as clinicians regard themselves as having two patients—even two intertwined patients—they may regard their obligations to and the value of each of their patients as equal. Yet tragically, we face circumstances in the context of pregnancy that reflect how

important it is to recognize the primacy of the clinician's duties to the pregnant woman" (Faden et al. 2008 43). "Consider the case of a woman with both a desired pregnancy and a cardiopulmonary anomaly associated with a 25 to 50% increased rate of maternal death coupled with prolonged gestation and delivery" (Weiss et al. 1998 1650). The physician would be expected to benefit the fetus, and is therefore bound to recommend continued pregnancy and aggressive medical management. "Yet as the pregnant woman's fiduciary, the physician would be bound to raise, even recommend, termination of an otherwise desired, perhaps beloved pregnancy" (Faden et al. 2008 42-44). This presents a catch-22, because the interests of the mother and the presumed interests of the fetus are deemed mutually exclusive. But as I have previously argued, when a patient elects for an abortion, this is not actually a tied-vote. The fetus's "desire" to continue development is both a presumption and a personification. The duties a physician has towards a pregnant mother far exceed the duties the same physician has toward the patient's fetus.

Others may argue that if abortion is completely permissible, this should make infanticide permissible as well. The difference in sentience between a fetus the day before its birth and a newborn the day after its birth is probably marginal. But capacity to experience is one of many considerations in the discussion of abortion. Another crucial consideration, as highlighted in this chapter, is the patient's autonomy. The vital distinction here is the obvious one. A newborn is no longer developing inside its mother's body, and therefore infanticide is a question more about parental control of post-birth offspring, and not so much a question of respecting a patient's right to self-defense. My goal is not to analyze the ethics of infanticide.

Late-term abortions and questions of fetal viability raise many sociopolitical questions. How much control should people have over their offspring? If a fetus can be removed safely and put up for adoption, is this just as good an option as an abortion. Can a person incur harms just by knowing their offspring are somewhere out in the world, possibly being raised by strangers? Would the invention of artificial wombs make abortive procedures obsolete? I am not tackling these sociopolitical problems in this thesis, and instead focus on the more biological aspects of abortion.

Critics of the argument that women should have full control over their own pregnancies may protest that because the debate about abortion is so highly contested, the safest and most moderate approach would be to "err on the side of life" and protect the fetus. This argument fails to consider the severe implications of following through with a pregnancy. It is a Band-Aid solution to simply preserve the life of the fetus without considering the long lasting ramifications of bringing another person into the world. Having a kid is perhaps one of the most expensive and stressful projects a person can undertake. It creates a new sentient lifeform that has not asked to exist. And carrying a fetus to term can have lasting health effects on a female's body. Simply "going with life" and sparing a fetus fails to consider the rest of the fetus's life, as well as the life of the mother.

Placental mammals gestate their babies internally, usually for quite some time. This fact means that all placental mammals are vulnerable to the possibility that their mutualistic relationship with their fetus can sour and turn parasitic based on environmental conditions. I am arguing that fetuses can be referred to as "persons," and yet, that patients should have their requests for a safe abortion honored. Castle Doctrine

permits the killing of home intruders. Fetuses are parasites that can severely affect one's health. Patients have the right to an abortion because they have the right to defend themselves.

Chapter Five

Autonomy, Broodmares for the State, and the Future of Abortion

Autonomy is easily understood as self-governance. People exercise their autonomy when they make decisions for themselves about their own bodies. And as I go on to show in this chapter, the decisions the most ambitious pro-life advocates are seeking to control are not simply "I choose to get an abortion." Their aims are far loftier. This is because the problem in their eyes does not end at a concern for fetal life, it extends to sexual liberation and ways to restrict it. If pro-life arguments continue to make progress on this front, the negative consequences for overall public health could be staggering.

Autonomy

First published in 1979, philosopher Tom Beauchamp and theologian James Childress' *Principles of Bioethics* gives a principle-based approach to health care ethics. Their first principle is respect for autonomy. Moskop expresses this principle in two different ways: "Honor the choices and actions of autonomous persons" and "Assist persons in making and carrying out autonomous choices" (Moskop 2016 32). As Moskop elaborates: "Respect for individual freedom of thought, association, and movement are also basic tenets of the liberal Western political tradition that were incorporated by the founding fathers into the US system of law and government" (Moskop 2016 32). Autonomy is listed first, but is not more or less important than the other three principles: Beneficence, Non-maleficence, and Justice.

Certainly, respect for autonomy is a good principle to honor if one is interested in treating others ethically. But I submit that autonomy can also be good for one's health

and may, in many circumstances, be a necessity for one to be considered "healthy." That patients have control over their own bodies is a pillar of what constitutes good healthcare. And because autonomy is a component of health, the "risk to the health of the mother" stipulation should be applied in a way that guarantees elective abortions. If the health of the mother should not be put at risk, patients should have their requests for a safe abortion honored on demand. If a mother seeks to terminate a pregnancy, the failure to respect this choice essentially does put the mother's health at risk. The act of restricting a person from obtaining an abortion seems needlessly cruel, effectively sentencing an unwilling person to motherhood. When patients want to terminate their own fetuses, citing the preservation of autonomy should be enough to validate the decision.

The most important aspect of the question whether to provide abortive services is the health of the mother. Individual autonomy is part of what makes up overall health. Twenty-four states permit abortions when the health of the mother is in jeopardy. Having control over one's own body is a fundamental principle of bioethics (Beauchamp and Childress 1979 60). Respect for autonomy is in many ways the basis for Western democracy.

Abortion is permissible when it preserves a patient's health. As mentioned in chapter one, the case of *Rex v. Bourne* in 1938 set the precedent that doctors could not be prosecuted for performing an abortion in cases where pregnancy would harm the patient's health. Dr. Bourne was a physician in England who performed an abortion on a 14-year-old victim of rape. The court ruled that continuing the pregnancy would "probably cause mental and physical wreck" (Rex v. Borne, 1938). I argue that forcing anyone to give birth against their will may also turn them into such a wreck. Aside from rare instances

where, in the physician's judgment, an abortion is not in the patient's best medical interest, no limitations should be imposed on women seeking abortive services, regardless of the gestational age of the fetus. Patient autonomy and health should be a higher priority than preserving fetal life, regardless of context. This is why elective abortions should be allowed to the women who request them.

I have previously argued that a pregnant woman has decision making capacity while a fetus presumably does not. Interestingly, the typical method of viewing a pregnant person as a two-lifeform entity many not be the best approach. Chikako Takeshita, professor of gender and sexuality studies at UC Riverside, has another, more comprehensive view of pregnancy. In her article "From Mother/Fetus to Holobiont(s): A Material Feminist Ontology of the Pregnant Body," she describes the symbiosis between maternal and fetal organisms not as the traditional "binary-laden *mother/fetus*" but as "a nondualist *motherfetus"* (Takeshita 2017 2). She explains: "The realization that the human body relies on millions of microbes to cofunction supports the conceptualization of the pregnant body as a *holobiont,* or an integrative symbiotic system… pregnancy can be viewed not as a bidirectional exchange between the Mother and the Fetus, but instead as a process integrated in a larger symbiotic circulation of matter." (Takeshita 2017 2).

A holobiont is when many different species assemble to form an ecological unit. "What had been previously described as "individual organisms" are, in fact, multi-species/multi-lineage "holobionts," composite organisms, whose physiology is a co-metabolism between the host and its microbiome, whose development is predicated upon signals derived from these commensal microorganisms, whose phenotype is predicated

on microbial as well as host genes, and whose immune system recognizes these particular microbes as part of its "self"" (Takeshita 2017 4). In this sense, because so much human life is dependent on the interaction with microbial life, for example in the gut, we are all walking ecosystems.

As Takeshita explains:

> More than half of the cells that comprise the human body belong to bacterial symbionts inhabiting the airways, skin, mouth, gut, and reproductive cavities. Human lives are supported by multiple species and genomes with which reciprocities are common. Trillions of bacteria find their habitats on the human body and many feed on the food eaten by the host. These include more than 150 species of resident microbes in the gut that participate in metabolic functions, trigger various gene expressions, destroy organisms that might become an irritant or pathogen for the human, and provide yet unknown services. Microbes also help modulate immune-system reactions and prevent undesired inflammatory responses (Takeshita 2017 4).

As to how a person's immune system recognizes microbial or fetal cells as "self," consider fetomaternal microchimerism: "Fetomaternal microchimerism, which is common during pregnancy, refers to the presence of the fetus's DNA in the gestational parent's body and vice versa. Microchimerism can last for decades, which means that the cells belonging to the "other" multiply and live on in the "wrong" body long after the pregnancy has ended. Cells containing the offspring's DNA, some suppressing diseases and others contributing to ill health, have been discovered in parents' organs decades after pregnancy" (Boddy et al. 2015 1106). As this example makes clear, the lines

between mother and fetus can often be much blurrier than many realize. This is part of the reason why it makes more sense to view a pregnant person as a holobiont, or *motherfetus,* rather than two very distinct organisms, written as *mother/fetus.* The symbiosis seen throughout Earth's phylum is "fundamentally transforming the classical conception of an insular individuality into one in which interactive relationships blurs the boundaries of the organism and obscures the notion of essential identity" (Gilbert et al. 2012 326).

The fact that such a *motherfetus* situation even exists at all is another puzzle. Immunologists have puzzled over how an embryo carrying different human DNA, like a transplanted organ, can attach itself to the uterine wall and grow without prompting rejection from the host's immune defense system (E. Martin, 1998). A 2012 *Slate* article titled "Your Fetus Is an Alien: So Why Doesn't a Pregnant Woman's Body Attack It?" cites Yale School of Medicine's Harvey Kliman, who uses marriage as a metaphor for a successful pregnancy. According to him, "Each side has its own agenda. Yet, the key to a successful union —whether it be mother and fetus, or husband and wife—is compromise" (Epstein, 2012). A scientific understanding of pregnancy describes a "circulation of matter" as Takeshita puts it. One organism produces another via cell division. However, a pro-life argument does not see pregnancy the same way. In the words of George Carlin, "People say life begins at conception. I say life began about a billion years ago and it's a continuous process" (Carlin 1996).

In this continuous process, matter is constantly circulating. Most pro-life arguments give special, unwarranted protections to fetuses. But a pregnant person is actually a collection billions of cells constantly growing, dividing, and dying, comprising

countless interrelated lifeforms. Only one of these lifeforms has a nervous system developed enough to express opinions and make decisions, and only one of these lifeforms has a primary care physician. This is the mother. The fetus is reliant on the mother to survive, but so are billions of gut bacteria. It is for this reason, among others, that the female should have full autonomy when it comes to medical decisions that affect the entire holobiont.

Broodmares for the State

Autonomy is the foundation of democracy. When the bodies of individuals are controlled by the state, those individuals are now living in a fascist autocracy. The idea that North Carolina, or any state, has a vested interest in seeing a person carry a fetus to term is intrusive, totalitarian, and a violation of an individual's right to privacy. "Underneath the pro-life and pro-choice monikers are two sets of beliefs not just about abortion or even when life begins, but about how a society should function" (Filipovic 2014 2). Democracy is simply incompatible with governments forcing people to give birth against their will.

The choice to name the opposition to abortion "pro-life" is perhaps one of the wisest false advertisements of the last 50 years. The most extreme of pro-life agendas are seeking to control personal autonomy, while simultaneously advertising their goal as something much more marketable, saving babies. And they are surprisingly and unapologetically open about their true intentions.

Many American pro-life arguments, largely informed by the Christian right, hold that modern abortion rates constitute a genocide. The irony here is that around 50% of all fertilized eggs do not survive anyway, coming away with a normal menstrual period. This

is what is known as a chemical pregnancy. “It has been estimated that 50% of all human conceptions end in spontaneous abortion, usually without a woman even realizing that she was pregnant. In fact, 20% of all recognized pregnancies end in miscarriage. There is an obvious truth here that cries out for acknowledgment: if God exists, He is the most prolific abortionist of all” (Harris 2007 38). If one’s claim is that providing an abortion should be impermissible, one should consider that roughly half of pregnancies end in termination anyway.

“Pro-Life” in practice actually means “Anti-Woman.” The goal is seemingly less about ethical consistency and more about the domination of individual liberty, particularly when it comes to female sex and sexuality. This becomes clear when pro-life crusaders spend their time attacking forms of healthcare like contraception, rather than scheduling protests at frozen embryo storage facilities. “There are an estimated one million frozen embryos in the United States right now” (Strauss 2017 1). If pro-life advocates were consistent about their concern for human life, they would be protesting frozen embryo warehouses, demanding all those embryos be allowed to develop and be born. They would be offering to facilitate assisted reproductive technology (ART), as well as ensuring that these embryos would have food and shelter following their growth and development. Pro-life arguments should see embryo screening, such as the kind involved in IVF treatments, as another form of genocide. But pro-life protesters seemingly have little interest in frozen embryos. This is because exercising control over a warehouse of embryos does not grant any power over female behavior. Pro-life advocates may claim to be anti-embryo storage on paper, but is it not where they seem to be spending their time and energy. Instead, pro-life zealots like Randall Terry, founder of

Operation Rescue, say things like “Any contraceptive that is an abortifacient, such as the IUD, or the pill, I believe should be banned” (Stern and Sundberg 2018). As mentioned earlier, many pro-life activists apparently see walking and talking female humans as unnecessarily complicated and overly opinionated wombs. Comedian George Carlin verbalizes this truth succinctly, stating that the pro-life movement “believes a woman’s primary role is to function as a broodmare for the state” (Carlin 1996).

So why do fetuses get special treatment? Why are many people seemingly more concerned about the experiences of fetuses than they are about the experiences of women? The answer is fetal vulnerability. Fetuses are quite literally the smallest and weakest of our species. Perhaps many pro-life advocates have a savior complex -- a compulsive need to help others. People with a savior complex will do anything to benefit their cause, often resulting in inconsistencies in their reasoning, and a failure to carefully analyze all of the important factors in an ethical decision. This is because they believe their mission is so obviously righteous that anyone standing in their way is morally wrong. “There is a rescue fantasy in the pro-life community,” asserts Mary Faith Marshall, Director of the Center for Biomedical Ethics and Humanities at the University of Virginia School of Medicine (Marshall 2019). Governor of Georgia Brian Kemp modeled this rescue fantasy when he tweeted “We stand up for the innocent and speak for those who cannot speak for themselves” (Ellis 2019).

Many pro-life individuals see themselves as “white knights” who will go to any length for the cause they champion. “And of course, they think they have right answers to moral questions because they got these answers from a voice in a whirlwind, not because they made an intelligent analysis of the causes and conditions of human and animal well-

being" (Harris 2010). This savior complex is how some pro-life individuals are able to rationalize extreme acts of violence as morally just, such as bombing an abortion clinic, because anything they do in the name of saving the unborn babies is inherently good. "From 1977 to 1988, an epidemic of antiabortion violence took place in the United States, involving 110 cases of arson, firebombing, or bombing. The epidemic peaked in 1984, when there were 29 attacks. Nearly all sites (98%) were clinics that provided abortions. During the study period 1977-88, the National Abortion Federation reported the following violent acts against clinics: 222 clinic invasions, 220 acts of clinic vandalism, 216 bomb threats, 65 death threats, 46 assault and batteries, 20 burglaries, and 2 kidnappings" (Grimes et al. 1991 1263). Pro-life extremists who resort to murder to save fetuses are so caught up in the rescue fantasy that they fail to see a problem, ethical or logical, with their acts of violence. This is why they are either not bothered or are unaware that their actions are essentially conveying the message "Don't kill anyone, or we'll kill you."

To stave off these attacks, President Clinton signed the Free Access to Clinic Entrances (FACE) Act in 1994, which prohibited anyone from threatening or forcibly interfering with people entering a reproductive health care facility or intentionally damaging a clinic. Several states, including Massachusetts, also passed buffer zone laws, which created zones around clinic entrances in which no demonstrator, pro-life or pro-choice, was allowed to stand. (Filipovic 2014 2).

The reasoning behind most pro-life arguments is explicitly religious. Dr. Schweitzer contends: "This is not a political issue, but a religious one masquerading as politics. Proposition 26 in Mississippi (rejected by voters) and its kin elsewhere are

nothing but an attempt by Christian extremists to create a theocracy, to impose their religious views on a secular state. Other than religious zeal the effort has no justification" (Schweitzer 2012 1). Proposition 26 in Mississippi was the "Life Begins at the Moment of Fertilization Amendment," which was defeated in 2011, receiving an insufficient 42% of the vote. (Seelye 2011 1). Religious rhetoric was also used in defense of Texas's House Bill 896, which proposed the death penalty as a punishment for abortion. Sonya Gonnella, self-proclaimed "follower of the lord Jesus Christ," testified before the Texas House Committee on Judiciary and Civil Jurisprudence. She stated that "God's word says, "He who sheds man's blood, by man, the civil government, his blood will be shed," as quoted from the Book of Genesis. Gonnella then asked lawmakers to "repent with us"" (Stanley-Becker 2019 2).

The FACE Act, which created buffer zones to protect patients from harassing protesters, only lasted two decades. In *McCullen v. Coakley* (2014), the Supreme Court majority agreed that demonstrators can now walk right up to the clinic doors and have more leeway to interact with patients (Leading Cases, Harvard Law Review 2014). "Petitioners are not protesters," Supreme Court Justice John Roberts wrote. "They seek not merely to express their opposition to abortion, but to inform women of various alternatives and to provide help in pursuing them. Petitioners believe that they can accomplish this objective only through personal, caring, consensual conversations" (McCullen v. Coakley 2014 2537).

More recent data show that the problem of violence toward abortion clinics is worsening. The National Abortion Federation (NAF), which compiles statistics on violence and harassment against abortion providers, reports, from 2017 to 2018,

increased rates of picketing (78,114 to 99,409), obstruction (1,704 to 3,038), internet harassment (15,773 to 21,252), and hate mail (1,156 to 1,388) (NAF Violence and Disruption Statistics 2018 1-5). In total, from 1977 to 2018, the NAF has recorded the following statistics: 11 murders, 26 attempted murders, 42 bombings, 188 arsons, 100 attempted bombings or arsons, 430 invasions, 1,860 acts of vandalism, 4,883 acts of trespassing, 100 attacks using Butyric acid, 663 threats of anthrax or bioterrorism, 290 counts of assault and battery, 664 death threats, 4 kidnappings, 302 burglaries, and 618 counts of stalking (NAF Violence and Disruption Statistics 2018 7). The pro-life language in internet comments recorded by the NAF is often extremely violent and thus perhaps just as damning as the crime statistics. (NAF Violence and Disruption Statistics 2018 3-6).

One of the best pieces of investigative journalism into pro-life attitudes in recent years actually comes from *Cosmopolitan* magazine. In this chapter, I attempt to argue that pro-life arguments are more accurately described as anti-woman and their true interests lie in controlling people's behavior. *Cosmopolitan* magazine's 2014 investigation into one Boston Planned Parenthood clinic and the protesters outside reveals some convincing evidence.

"The fullness of being a woman is being a mother," says Andrew Beauregard, a Franciscan monk who comes to pray outside the Boston Planned Parenthood. Beauregard elaborates, "Men and women are made differently. Women, as the church teaches, reach the fullness of their potential in motherhood" (Filipovic 2014). This statement is consistent with my assessment that pro-life protesters view women as "broodmares for the state." The "state" in this case is not necessarily the United States

government, but the "church" to which Beauregard refers. This is unsurprising as Christianity is seldom a champion of personal autonomy.

Interviewed protester "Chris," an 80-year-old woman with a sign bearing an image of the Virgin Mary, offers a different opinion on Christianity. She says, "Jesus Christ was an advocate for women, and women gained more and more dignity as Christianity spread. But we're at a point now where women are objects, really" (Filipovic 2014 6).

Protester "Ruth" asked "if women want careers, and education, and everything, and they don't want children, then what are they doing having sex?" (Filipovic 2014). This comment is promoting the colloquial "1950's housewife" model of female achievement, and is inconsistent with 21st century conceptions of equality.

"Evelyn" declared, "I don't believe in access to birth control. It's very harmful to a woman, and a lot of them don't realize that" (Filipovic 2014). It is unclear what sort of "harms" Evelyn was referring to, but I do not believe she was talking about when the pill causes weight gain or nausea. It is my interpretation that Evelyn was referring to birth controls intended consequence, that is, simply allowing people better control over when they give birth. I believe she was also was referring to the notion that promiscuity is in some way inherently damaging to a person. I disagree with Evelyn that these things can be appropriately described as "harms."

Nancy Clark, a 52-year-old mother of nine, says that abortion "lets men treat women as disposable objects, getting what they want sexually without committing to marriage and procreation;" in addition, "in this increasingly sexually permissive culture, including reliance on abortion and birth control means men are winning because of the

way women are giving themselves away" (Filipovic 2014 4). "Just so she can get on with her selfish life," Clark adds (Filipovic 2014 4).

“Fred,” who is in his 80’s and has been protesting abortion for more than 30 years, wears a sandwich board sign with a bloodied fetal head and the words "STOP ABORTION" on the front. He also points to social change as destructive. (Filipovic 2014). "Society was great before they had abortions," he says. "Because there wasn't as much evil in the world. They weren't murdering God's babies, which is the most important thing” (Filipovic 2014 5). Remember that, as mentioned in chapter one, the first recorded abortion took place in 1550 BCE (Potts and Campbell 2002).

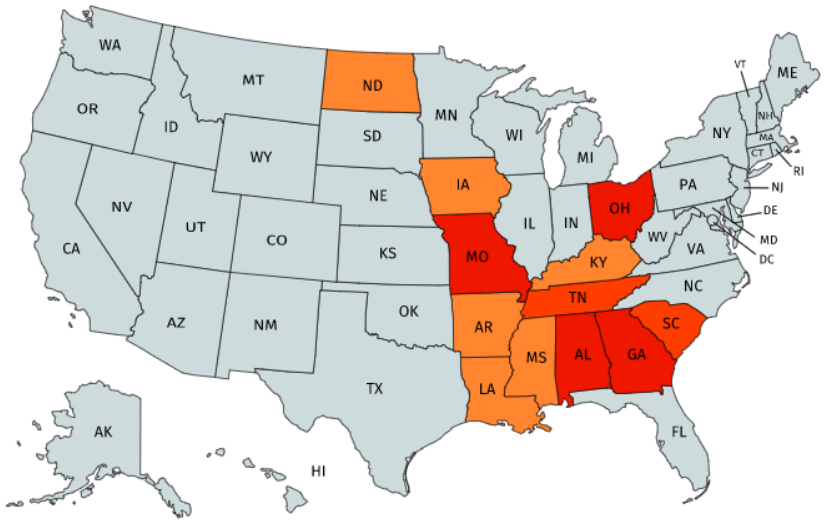
Fred then mentioned how he also believes the birth control pill is murder (Filipovic 2014). "[Women] had equality," Fred says about the 1950s, before Supreme Court cases legalized contraception and abortion. "But they had to be obedient to their husbands. That's where equality comes: where the mother stayed home and raised the children in God's light, and the husband worked, and everything was great. When I grew up, there were no problems" (Filipovic 2014 6).

Pro-life activists like Clark and Fred say that promoting birth control is part of the same cultural problem that leads to abortion. They believe the best way to lower the abortion rate is to teach young women to save sex for marriage. (Filipovic 2014 6). "Abstinence," Clark says. "It's possible. I taught my daughters abstinence. It doesn't mean I've been successful with my first two, but I have three more to go. You hold your breath" (Filipovic 2014 6).

The quote from this report which excites me the most is from Ruth: “The way to control it is not to hop into bed with every Tom, Dick, and Harry. That’s what we are

controlling," Ruth states (Filipovic 2014). By "it" Ruth means female promiscuity. She is essentially arguing for abstinence-based birth control. However, when Ruth elaborates with "That's what we are controlling," she shows her hand, essentially saying "we are controlling female fertility and behavior." Ruth and those like her do not want others to have the individual freedom of controlling their own bodies. They would like far more control over females and how they behave. Specifically, they are looking to lower female promiscuity. They want to govern women's autonomy during a pregnancy, and they even want to oversee women's autonomy before a pregnancy.

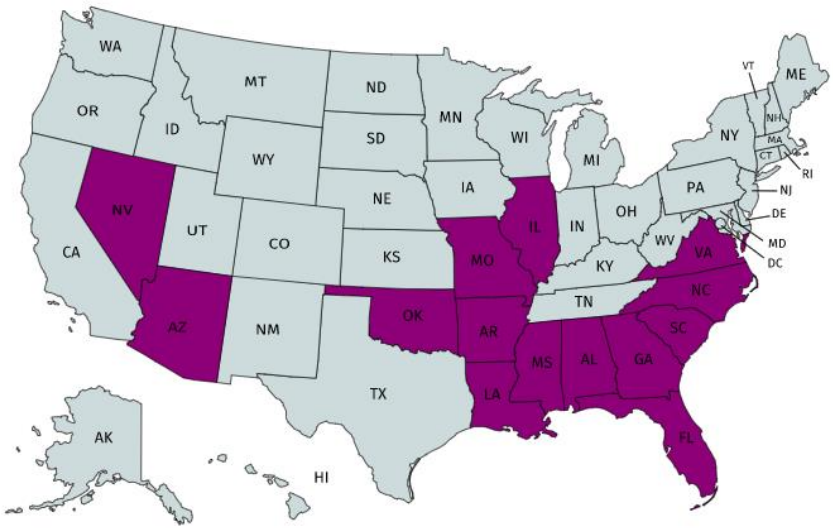
Below are two maps of the United States. The first shows states that have recently considered bills to outlaw abortions after six weeks or a fetal heartbeat is detected, as well Alabama's statute that criminates pregnancy termination as soon as an egg is fertilized.



Bill has passed (OH, MO, AL, GA)
Bill has partially passed (TN, SC)
Bill proposed, did not pass (ND, IA, AR, LA, KY)

Figure 7. States with Heartbeat Bills.

The second map shows States that have not ratified the Equal Rights Amendment (Kurtzleben 2020). The Equal Rights Amendment *should* be as controverial as an an ice cream cone. All it states is that “Equality of rights under the law shall not be denied or abridged by the United States or by any state on account of sex" (Prasad 2019). This should not be a highly contested statement in the 21st century.



- States that have not ratified the ERA

Figure 8. Status of the Equal Rights Amendment.

It does not take a topographer to notice that many of the states opposing abortion at early stages also find the prospect of sexual equality immaterial, or perhaps even a detriment.

The Future of Abortion

There has been an ongoing chess match between the pro-life and pro-choice movements. And in this chess match, the piece that really matters, the king, is a Supreme Court Justice nomination. Following the death of Justice Antonin Scalia in 2016, President Barack Obama

named Merrick Garland to fill the seat. “Garland had long been considered a prime prospect for the high court, serving as chief judge on the U.S. Court of Appeals for the District of Columbia Circuit — a frequent source of justices that is sometimes called the “little Supreme Court”” (Elving 2018 1). But even before Obama had named Garland, in fact only hours after Scalia's death was announced, Senate Majority Leader Mitch McConnell declared any appointment by the sitting president to be null and void. He said the next Supreme Court justice should be chosen by the next president, elected later that year. In 2016, Mitch McConnell stated "One of my proudest moments was when I told Obama, 'You will not fill this Supreme Court vacancy” (Emery 2017). “The vacancy became a powerful motivator for conservative voters in the fall. Many saw a vote for Trump as a means to keep Scalia's seat away from the liberals and give the appointment to someone who promised to name anti-abortion justices…polling has shown the court vacancy did mean a great deal to Trump voters, especially those religious conservatives who had personal misgivings about him.” (Elving 2018 3).

President Trump filled the empty Supreme Court seat with Neil Gorsuch. “Despite Gorsuch’s silence (on abortion), little doubt exists about where the ultra-conservative justice stands on the issue. He’s considered a clone of the late Justice Antonin Scalia, who repeatedly ruled in favor of abortion restrictions. Gorsuch also wrote a book opposing assisted suicide and euthanasia — an issue that frequently goes hand-in-glove with opposition to abortion because anti-abortion activists campaign for protecting life “from conception till natural death”” (Sherman 2018 2). Then, following the retirement of Justice Anthony Kennedy, President Trump nominated conservative Brett Kavanaugh, despite a myriad of concerns regarding Kavanaugh’s past. Kavanaugh has

played it close to the chest when it comes to revealing his true feelings on abortion, declining to comment beyond stating that reversing *Roe* would "violate judicial norms" (Foran and Biskupic 2018). However, before he was appointed to the Supreme Court he dissented when the DC Circuit Court allowed a 17-year-old to end her pregnancy. Kavanaugh writes, "The government has permissible interests in favoring fetal life, protecting the best interests of a minor, and refraining from facilitating abortion. The high court has held that the government may further those interests so long as it does not impose an undue burden on a woman seeking an abortion" (Garza v. Hargan 2017, Kavanaugh, dissenting). This is a smart move, as it does not provoke liberals with any concrete language, yet subtly assures conservatives that he will help make abortions harder and harder for females to access.

The Supreme Court now sits five to four conservative, which as mentioned earlier, is exactly why so many traditionally red states are now pushing for stricter and stricter abortion laws. As the Guttmacher Institute proclaims: "Conservatives now have a clear majority on the U.S. Supreme Court and *Roe v. Wade* is in jeopardy of being hollowed out or overturned;" moreover: "Cases from previous years challenging the fundamental right to abortion are already on the Supreme Court's doorstep" (Nash et al. 2018 1).

What will the future of abortion rights in America look like? Recent news stories could be an indication. In early June of 2019, a newborn was found abandoned and alive, inside a plastic bag, in a wooded area 40 miles northeast of Atlanta (Darrah 2019). In May of 2019, a newborn in Chicago was found in an alley atop a garbage can (Stimson 2019). Cases like these involving child abandonment should remind one of Ceauşescu's

Romania, where orphanage populations multiplied as many parents did not have the means to support their children. Will America see female and child mortality rates skyrocket as they did in Romania under Ceauşescu? It stands to reason that as abortions get harder and harder to access, news stories like these out of Georgia and Illinois will only become more numerous.

Because abortions can be so difficult to access for so many women, many states have been forced to enact "Safe Haven" laws. "A Safe Haven law, also known as a Baby Moses law or a safe surrender law, allows a parent to surrender their baby to someone at a designated location without fear of being charged with abandonment. Approved safe haven locations usually include hospitals, EMS agencies, fire or police stations and other public health organizations, as well as worship centers, but laws differ from state to state" (Engel 2019 121). As abortions become harder to access, greater numbers of babies will be surrendered under the protection of "Safe Haven" laws.

Another problem that would seemingly become more and more prevalent as abortions become harder to access is futile births, or births of babies with no prospect of survival. In an essay entitled "The Myth of Choice," published in the journal *Annals of Internal Medicine*, an anonymous doctor wrote of a patient whose fetus had no brain or skull, but only a brain stem. "This condition has no survivors. None," the doctor wrote. However, because of the abortion laws in place, the patient was forced to give birth to a baby she knew would die (Gander 2019).

On Saturday, April 4th, 2020, police outside a Charlotte abortion clinic broke up a gathering of about 50 protesters. "Eight people who refused to leave the premise at the Preferred Women's Health Center on Latrobe Drive were arrested. Police said the

gathering of 50 people violated the mass gatherings in the North Carolina Stay at Home Order (WBTV Web Staff 2020 1). In the midst of the COVID-19 pandemic, "Texas and Ohio have ordered a stop to abortions, saying they're not essential medical services, while state officials in Mississippi and Maryland are edging that direction. Their coronavirus prevention program is "Stay home and have the baby"" (Brown 2020 1). And as to why a gynecologist or general practitioner cannot simply call in a prescription for abortion pills to your pharmacy – there is no safety reason. "When the abortion pill was finally approved for use in the United States in 2000, the FDA bound it up with restrictions designed for the most dangerous drugs. These served to make pill abortions just as expensive and inconvenient as surgical abortions" (Brown 2020 1).

Looking forward, so much of the future of abortion rides on the 2020 election. If President Trump is given another four years to select Supreme Court Justice nominees, it is possible that *Roe v. Wade* will be overturned or effectively dismantled. "Trump reportedly has suggested he hopes to remake nearly half of the US's highest courts in his image by making four separate appointments during his first term" (Lockie 2018 1). Justice Ruth Bader Ginsburg has defended the right to abortion for years, and has even publically criticized the decision in *Roe v. Wade*, wishing the case had simply legalized abortion outright (Waxman 2018). "It is essential to woman's equality with man that she be the decision maker, that her choice be controlling. If you impose restraints that impede her choice, you are disadvantaging her because of her sex," Ginsburg told senators during her confirmation hearing in 1993 (Waxman 2018 1). Unfortunately for the future of safe and legal abortions in America, Ginsburg is now 85 years old, had recent bouts with both lung and pancreatic cancer, and will probably be the next Justice to leave the Supreme

Court. If President Trump is able to replace her with another pro-life appointee, the chances that *Roe v. Wade* will go by the wayside only increase. And with it will go many people's hopes of receiving crucial healthcare.

What I have tried to show in this thesis is that taking a provocative position may be a productive way of stimulating conversation about a highly polarizing topic. The decision to abort is not likely to be an easy one for most mothers. But because the mother has a greater moral status than the fetus, abortion is a natural behavior seen in humans, and the mother can reasonably argue that an abortion is an act of self-defense, no third parties should step in to prevent the patient from receiving such healthcare. Lastly, I propose that a life is not saved just because it is born. Many pro-lifers seem to believe that every pregnancy is a cause for celebration, a gift from the creator of the universe. But we know where babies actually come from. We need to admit that we also know that making one is not always a good thing to do.

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Curriculum Vitae

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EDUCATION

Master of Arts in Bioethics, Wake Forest University, Winston-Salem, NC *May 2020*
GPA: 3.56**; CITI Certification,** Wake Forest School of Medicine- completed certification for biomedical investigators *May 2019*
Bachelor of Science in Biology, Minors: Chemistry, Environmental Science Wake Forest University, Winston-Salem, NC *May 2018*
GPA: 3.48; **Deans List** 2016, 2018; **Sullivan Scholarship -** to research ecology in Cocha Cashu Biological Station, Peru *June 2015*
Relevant Coursework: Clinical Ethics, Ethics of Health Communication, Virology, Microbiology, Biomedical Research Ethics, Neuroethics, Sociology of Deviant Behavior, Justice in Medicine and Public Policy

RESEARCH EXPERIENCE

Independent Research, Wake Forest Biology Department *2016 - 2017*
Investigated the relatively unknown fungi that live within all plants called endophytes with Dr. Brian Tague
Searched for possible mutualistic relationships, as well as correlations between endophytic activity and climate change

PROFESSIONAL EXPERIENCE

Panini Chef, Dioli's Italian Market *2018 - 2019*
Worked at an Italian style deli, crafted custom sandwiches, salads, other menu items
Provided quality customer service to as many as 100 patrons a day, usually 5 to 6 days a week
Tutor, Wake Forest Biology Department *2018 - 2019*
Assisted all walk-in students with their questions from Biology classes, once a week for 5 hours at a time
Solved problems regarding test preparation, laboratory projects, and offered any other help possible
Sports Contributor, Old Gold and Black *2017 - 2018*
Published monthly opinion articles for the Wake Forest University newspaper
Focused on topics such as player profiles and NFL Draft coverage
Tour Guide, Wake Forest Admissions Office *2017*
Gave one hour or longer tours, usually once a day, with the goal of presenting prospective students and families with an honest introduction to Wake Forest
Answered questions of any variety from prospective students and families

LEADERSHIP AND COMMUNITY OUTREACH

Mentor, Big Brother Big Sister Foundation *2016 - 2018*
Volunteered to coordinate weekly activities with a local teenage student with developmental disabilities
Lambda Chi Alpha Fraternity, Wake Forest University *2015 - 2018*
Collaborated with a philanthropy which donated up to $2000 per semester for Feeding America, the Juvenile Diabetes Research Foundation, and other charitable organizations
Served as Representative to the Interfraternity Council and voted in bimonthly meetings on campus wide issues on behalf of up to 80 members
Wake'N Shake Morale Committee, Wake Forest University *2015, 2016*
Contributed to organization of Wake'N Shake dance marathon which annually raises over $300,000 for cancer research
Men's Club Volleyball Team, Wake Forest University *2014 - 2016*
Maintained a high GPA exhibiting disciplined time and resource management while participating in biweekly 2-hour practices and monthly tournaments against ACC club teams, including 10 hours of travel and planning per month