WORDS OF CHOICE
Countering Anti-Choice Rhetoric

The Power of Language

Language is a powerful tool for advocacy. It shapes how people think about issues and creates the context in which public policy is defined. A single word, slogan, or phrase can symbolize an entire movement and influence more people than thousands of background papers and appeals. Nowhere has this been truer than in the often-contentious debate about reproductive choice. Women's reproductive health and freedom are being damaged through choice of topics, choice of words, and choice of positioning. Anti-choice language has become so entrenched that the media, legislators, and even many pro-choice people accept and use it.

Opponents of choice employ false, misleading, and inflammatory language as a key tool in their campaign to erode all reproductive options—including family planning and sexuality education. Anti-choice language, whether on Capitol Hill or in pulpits, stigmatizes women who have abortions and dehumanizes health care professionals who provide abortion. Inflammatory rhetoric has been a barely concealed invitation to violence. Those who commit acts of violence are responsible for their own actions, but anti-abortion leaders know the power of their words to make violence thinkable to their followers.

The notion that human life or personhood begins at the moment of conception is the foundation of anti-choice language. Although theologians have addressed the question of the beginning of life for centuries without reaching agreement on the answer, opponents of choice promote their belief as the one and only truth.

To opponents of reproductive choice, the word "baby" is a synonym for fetus and women who choose abortion are "baby killers." While women who terminate late-term pregnancies may also refer to their fetus as a baby, opponents of choice often add emotional modifiers such as "innocent baby" and "unborn baby" or "unborn child." Terms such as "abortion as birth control," "abortion for convenience," and "abortion on demand" imply that abortion is a casual choice. Anti-choice images trivialize and devalue women. Gory pictures of late-term fetuses foster the misconception that late-term abortion is common, when in reality less than 1 percent of abortions are performed after 21 weeks of gestation. Despite the claims of some anti-abortion activists, abortions are extremely rare in the third trimester and they are generally provided only in cases of severe fetal abnormalities or situations when the life or health of the pregnant woman is seriously threatened. (A full term pregnancy lasts about 40 weeks. Pregnancy is divided into three trimesters, each approximately 12-14 weeks long.)

The political process and the press have been used to introduce anti-choice terms into the mainstream. The term “partial-birth abortion” is a striking example of how language can be manipulated to suit a particular need. As health professionals know, there is no such thing as “partial-birth abortion” and the term will not be found in any medical text. The term was introduced by anti-choice groups to push their agenda. The groups worked with anti-choice legislators to write legislation using this term—a political term created to incite and confuse. The Christian Coalition has acknowledged that use of the term “partial-birth abortion” was an explicit strategy to undercut the primacy of the woman and make her secondary to the fetus. The media—who assume legislative language is neutral—picked it up immediately as a good sound byte and headline word. Through cagey political maneuvers and the seemingly automatic response of the press, half-truths, distortions, and deceptions are perceived as truth and shape what millions of Americans think.

Newspapers carry such misleading headlines as "Mother's Right Upheld Over Fetus's" and "Bill Would Ban Use of Abortion as Birth Control." A woman is labeled a "mother" whether she has—or wants—children. Banning abortion as a "method of birth control" implies that women in general are irresponsible about sex and reproduction. The evening news reports that "the Supreme Court handed down a decision today on a matter of life and death,” equating abortion with death.

While the divisive issue of abortion diverts the nation’s attention, vital reproductive health care needs go unmet. The United States lags far behind many other countries in the development of new methods of contraception and has one of the highest rates of unintended pregnancies, unwanted children, infant mortality, and abortion among developed nations. Not until a woman's constitutional right to reproductive freedom is secure—facing no threats, requiring no defense—can we work solely and aggressively to solve our nation’s numerous reproductive health care problems.

Clarifying the language used to talk about reproductive choice and reproductive health will help clarify our needs. Reproductive choice is not a euphemism for abortion. Reproductive choice means women having control over their bodies, without government interference, and an equal place in all aspects of national decision-making. It means being able to consider all medical and moral options in decisions about bearing children. Reproductive choice includes accurate, complete information about and access to contraception, comprehensive sexuality education, and quality health care and child care. It means truly valuing children and families and having government policies that support family well-being. It means respecting a diversity of religious beliefs.

The Religious Coalition for Reproductive Choice hopes Words of Choice will encourage honest, respectful discourse. We must move beyond the bitter abortion debate to ensure that every child is wanted; that every pregnant woman has quality, affordable health care; that all parents—male and female—understand their responsibilities and have the support they need; that children are educated about sexuality so they can make responsible choices; and that freedom of choice—basic to our way of life—is preserved.

Countering Anti-Choice Rhetoric

Abortifacient
The term "abortifacient" is used loosely to refer to any contraceptive method that prevents implantation of a fertilized egg, including birth control pills, emergency contraception, intrauterine devices (IUDs), and hormonal injections.

Combined oral contraceptives contain the hormones estrogen and progestin. They suppress ovulation, thicken the cervical mucus (preventing sperm penetration), change the endometrium (making implantation less likely), and reduce sperm transport in the upper genital tract (fallopian tubes). Other methods work in similar ways. They do not disrupt an existing pregnancy.

Anti-choice groups continue to spread misinformation about contraception despite the fact that contraception is a proven way to reduce abortion.

Abortion as Birth Control
Opponents of choice claim that more than 90 percent of abortions are a form of contraception. Underlying this vague, unsubstantiated claim is the notion that women are irresponsible in their sexuality. In fact, 58 percent of women having abortions in the mid-1990s used a contraceptive method during the month they became pregnant. This high rate of contraceptive failure indicates that available contraceptive methods do not meet the health, economic, and social needs of many women.

According to the National Academy of Sciences, women in the United States have less access to contraceptive methods and fewer choices of methods than women in Western Europe and some less developed countries. Pressure from anti-abortion groups has been a major obstacle to contraceptive development and approval. In stark contrast to the situation in other developed nations, where contraceptives are easily affordable under universal health insurance systems, contraceptive supplies and services are expensive in this country, and American women must rely on a variety of fragmented systems and programs to help them cover these costs.

Abortion for Convenience
Women are charged with having abortions for frivolous reasons. Anti-choice rhetoric depicts women who have an abortion as impulsive or careless.

There is nothing "convenient" about having an abortion. It is socially stigmatized and personally wrenching. Women who have abortions often do so because they care about others—they want to bring children into the world under positive circumstances. The decision to have an abortion often is made because of poverty, concern for the well-being of existing children, and lack of commitment and support by the prospective father.

Since each person's situation is unique, reasons for abortion vary. Forty-nine percent of all pregnancies are unintended; of these, half are terminated by abortion Among those who report having an abortion, three-quarters say they are not ready to have a child because of responsibilities related to work, school, family, and other demands. About two-thirds say they cannot afford to have a child. Half do not want to be a single parent or are having problems with their husband or partner. Each year, about 14,000 women have abortions because they have become pregnant as a result of rape or incest.

Abortion for Gender Selection
Opponents of choice advocate for legislation barring abortion for the purpose of gender selection.

By seeking legislation banning abortion for gender selection, opponents of choice create the impression that abortion is done for this purpose. There are no statistics or records indicating this to be the case in the United States. This claim is intended to inflame public opinion against abortion and cast doubt on the motives of all who seek to have an abortion.

Abortion on Demand
The term "abortion on demand" implies that a pregnant woman can walk into an abortion provider's office at any time in her pregnancy and have an abortion.

Pro-choice supporters have been charged with promoting "abortion on demand," without any qualification or restriction. This charge is used to insinuate that those who are pro-choice hold unreasonable views and are pushing abortion. It also obscures the wide variety of pro-choice views on when abortion should be available and whether restrictions are acceptable.

Legally, "abortion on demand" is a fiction. The Supreme Court's 1973 Roe v. Wade decision recognized a state's valid interest in potential life. The Court rejected arguments that the right to choose is absolute and always outweighs the state's interest in imposing limitation. After viability—the time at which it first becomes realistically possible for fetal life to be maintained outside the woman's body—the state may ban any abortion not necessary to preserve a woman's life or health. However, few women obtain abortions late in their pregnancies. Eighty-eight percent of all abortions occur in the first 12 weeks of pregnancy (the first trimester). Less than 1 percent of abortions are performed at the 21st week and later.

The term "abortion on demand" also suggests that abortions may be obtained anywhere, anytime. In fact, a woman's ability to terminate unplanned pregnancies has been steadily undermined since 1973. The procedure has been put out of reach for thousands of low-income women by the Hyde Amendment, which cut or severely restricted Medicaid funding for abortion.

State legislatures throughout the country, under pressure from right-wing groups, have enacted numerous obstacles to abortion. Since informed consent and mandatory parental notification and consent laws were ruled constitutional in 1992, state-mandated lectures, waiting periods, and laws that require minors to tell their parents or go to court for a special hearing have been put in force in many states. Legislatures continue to attempt to impose onerous restrictions on clinics.

Mergers of Roman Catholic hospitals with community hospitals have reduced or eliminated abortion services and other reproductive health care services in a growing number of communities. Merged hospitals must adhere to Catholic directives for health care, which forbid tubal ligation, vasectomy, in vitro fertilization, and the provision of contraceptive services in addition to abortion services.

Anti-choice violence and lack of training for physicians have also resulted in fewer providers. In 1996, 86 percent of U.S. counties, where 32 percent of women of reproductive age lived, had no identified abortion provider. The number of abortion providers declined by 14 percent from 1992-1996, with the greatest decline among hospitals and physicians' offices rather than clinics. (In the same period, the number of abortions fell from 1,529,000 to 1,366,000 a year, in part due to reduced availability although other factors, including a reduction in unintended pregnancy, may have been more important.)

Abortion Pill

RU-486 has been called the "death drug" and a "human pesticide." Opponents of choice claim that "the abortion pill" is difficult to take and has many inherent risks and dangers.

Mifepristone, formerly known as RU-486, in combination with a prostaglandin is an effective non-surgical (medical) method of early abortion that has been in use since 1981. More than 500,000 women have safely used mifepristone in Europe. U.S. clinical trials have found that mifepristone is effective and has a very high patient satisfaction rating.

The use of mifepristone requires a woman to make up to three visits to a clinic or doctor's office. Studies in France and the United States have shown that women prefer a non-surgical method of abortion because it provides greater privacy, is less invasive, and avoids anesthesia.

Adoption

To opponents of reproductive choice, there are only two options for pregnant women: keeping the child or putting the child up for adoption. Adoption is portrayed as virtually problem-free, once the mother-to-be reconciles herself to the loss of her child.

Adoption is a wise option for some women faced with unintended or problem pregnancies. However, in promoting adoption, opponents of choice ignore or minimize the emotional and social trauma of adoption and the health risks of pregnancy. It is simplistic and cruel to imply adoption is a problem-free alternative to abortion.

American Holocaust
Some fringe groups have equated abortion with the Nazi Holocaust. These extremists refer to reproductive health care clinics as "death chambers" and the health care professionals who perform abortions as "Nazi butchers."

The comparison is unconscionable; it trivializes the immensity of the Nazis' deliberate and systematic attempt to annihilate the entire Jewish population and other groups deemed "undesirable." Governmental murder of entire populations cannot—and must not—be equated with the thoughtful, individual decision of whether or not to carry a pregnancy to term.

Baby, or Unborn Child
Opponents of reproductive choice refer to a fetus as a "baby," an "unborn child," "innocent unborn life," or "pre-born." They encourage the use of humanizing terms such as "this little guy." They call abortion "infanticide."

The purpose of these terms is to manipulate the public to think of a fetus as a cute, cuddly infant. The fetus is equated with an actual human being.

The use of these terms to refer to an embryo or fetus is a propaganda device called prolepsis, which Webster's Dictionary defines as "an anticipating, especially the describing of an event as if it had already happened" when in fact it may be months away or it may never happen.

Beginning of Life
Opponents of choice assert as fact their belief that human life begins at the moment of conception. They try to enshrine this religious belief into secular law, in direct violation of the constitutional guarantee of the separation of church and state.

For centuries, theologians and scientists have argued the question of the beginning of life without reaching consensus. There is no single answer to this question.

Nevertheless, the common belief is that life begins at birth, when the baby begins to breathe on his/her own and is not dependent on oxygen from the mother. Therefore, Jewish and biblical tradition defined a human being with the word "nephesh"—the breathing one. Modern science has reminded us that the brain is the essence of our existence and no human person can exist without a brain, which does not begin to take shape until the formation of the neocortex, or no earlier than the second half of gestation.

The Supreme Court, in Roe v. Wade, stated: "We need not resolve the difficult question of when life begins. When those trained in the respective disciplines of medicine, philosophy, and theology are unable to arrive at any consensus, the judiciary, at this point in the development of man's knowledge, is not in a position to speculate as to the answer."

Clinic Rescues/Sidewalk Counseling
To "rescue the babies," anti-abortion demonstrators from groups such as Operation Rescue harass women and medical personnel entering clinics. Sometimes they call this harassment "sidewalk counseling." "Rescue" groups compare themselves to the non-violent protesters of the civil rights movement.

Better called "clinic harassment," so-called rescues have included anthrax threats, bombing of clinics, and murder of clinic personnel. (In 1998, almost one-quarter of abortion clinics faced severe anti-abortion violence, characterized as murder, death threats, stalking, bombing and arson as well as bombing and arson threats, blockades, trespassing, and chemical attacks.)

The comparison to the civil rights movement is invalid. "Rescues" are generally violent because they are intended to intimidate, unlike non-violent civil rights protests that used boycotts, peaceful marches, and demonstrations. Civil rights activists preferred to be subjected to violence rather than inflict it on others. The civil rights movement struggled to end racial discrimination and ushered in a new era of equal rights. Clinic "rescuers" try to rescind and restrict individual rights.

When brought to trial, "rescuers" use the "necessity" or "choice of evils" defense. They claim their violence is necessary to prevent the "murder of unborn children." Women exercising their constitutional right to reproductive choice are participating in an act of health care, not violence.

Conscience Clause
The term "conscience clause" is used in legislation to permit health care providers to refuse to provide reproductive health services, including family planning, because of religious or moral beliefs.

This deceptive term implies that one belief—that of those who are anti-choice—is the standard. It ignores the consciences of those who believe children should be planned and wanted and who believe abortion can be a moral choice.

Efforts in Congress and in state legislatures are underway to expand conscience clauses to health care insurers, health maintenance organizations, and pharmacists and to include contraception and information and referrals for abortion as well as services. A clause that permits an insurance company to restrain providers from offering patients information regarding the full range of medical options is qualitatively different from a clause that permits an individual to decline to perform medical services to which that person is religiously or morally opposed.

Crisis Pregnancy Counseling Centers
Centers that offer "crisis pregnancy counseling" have proliferated since the mid-1990s. These centers purport to assist women in crisis by providing free pregnancy tests, caring and confidential counseling, medical referrals, abortion and adoption information, information about medical insurance or government assistance, and temporary shelter.

Under the misleading title of "center," these privately funded, volunteer-run storefront operations or websites seek to attract women who are dealing with unintended pregnancy by offering free services, support groups, and material assistance. These "centers" are run by anti-choice, anti-abortion Christian churches and agencies whose intent is to talk women out of having an abortion. They are usually not staffed by trained health care workers, are not truthful about their particular political or religious leanings, and propagate misinformation about abortion and contraception. Many of these centers locate themselves near abortion and family planning clinics (sometimes even choosing closely similar names) in order to confuse, lure, and harass patients and employees. The centers do not offer medical assistance and all medical referrals are to anti-choice physicians.

Family Values

Abortion is abhorrent, according to opponents of reproductive choice, in part because it is an affront to family values and undermines the traditional family.

The ideal life, according to many opponents of choice, is conducted within the bounds of "the traditional family," consisting of a mother, father, and children living under the same roof, with the father as economic support and final decision-maker. The Bible is often used to justify this view and criticize any other idea of family, especially if it involves women's self-determination. To many Americans, however, there are many kinds of families, each of which is cherished just as much as the narrow idea of family promoted by opponents of choice. Many clergy and people of faith object to the misuse of the Bible to justify one particular point of view.

Fetal Personhood/Fetal Rights

By asserting that the fetus is a person, opponents of choice claim that fetuses have rights and that these rights are equal to the rights of women.

The primary theological issue in the abortion debate centers on the personhood of the fetus, an issue on which there is no unified position. The equation of "fertilized egg" with "person" equates a cluster of cells with a human being that has capacities of reflective choice, relationship, response, social experience, moral perception, and self-awareness. Both the person and the fertilized egg have life but the fertilized egg does not embody the qualities of personhood.

Fetal rights and fetal protection legislation punishes women for their behavior during pregnancy. Prosecuting women for illegal drug and alcohol use during pregnancy opens the way to prosecuting any behavior by a pregnant woman, such as smoking, drinking caffeine, jogging late in pregnancy, or failing to follow a doctor's orders.

Fetal Tissue/Human Embryo Experimentation
The claim that fetuses are being aborted for purposes of scientific "experimentation" is made by Focus on the Family and other right-wing groups. The alleged experimentation includes parthenogenesis (manipulating the woman's egg to produce a one-parent pregnancy) and chimeras (humans who would also have animal genes). These groups contend that fetal tissue and human embryo research will encourage women to become "baby machines" and have abortions for profit.

These claims demean women, clinics, scientific researchers, and government bodies that support research using fetal tissue. In making these claims, anti-choice groups are attempting to create a climate of fear and suspicion about the purposes of medical and scientific research. Anti-choice groups oppose research using fetal tissue despite its possible success in treating Parkinson's disease, spinal cord injuries, epilepsy, diabetes, and Alzheimer's disease. The research and scientific communities and organized groups of people suffering from these diseases strongly support research using fetal tissue.

Fetal Viability
Advances in reproductive technology have lowered the point of fetal viability, enabling the anti-choice movement to mount a credible public relations and legislative campaign centered on the small fraction of abortions performed around the point at which the typical fetus is capable of living outside the woman's body.

Contrary to popular opinion, the decline in the point of fetal viability has been slight, only a few weeks, since the 1973 Roe v. Wade decision. In a long line of decisions since then, the Supreme Court has repeatedly stated that determinations of when a particular fetus is viable, what constitutes a threat to the health of a particular woman, and the appropriate manner in which to perform an abortion procedure must be left to the attending physicians.

Genocide
The claim that abortion—and even family planning—is genocide of people of color has been espoused by anti-choice groups seeking to discredit reproductive health services. Some contend that medical personnel, many of whom are white, coerce people of color into obtaining abortions and using contraception against their will.

Webster's New World Dictionary defines genocide as "the systematic killing or extermination of a whole people or nation." While abhorrent abuses have been perpetrated against people of color, an individual woman's decision to have an abortion does not constitute genocide. This argument of reproductive choice opponents is intended to make a pregnant woman of color believe that if she chooses abortion, she is guilty of participating in the annihilation of her race. According to the Women of Color Partnership of the Religious Coalition for Reproductive Choice, this type of propaganda may dissuade women of color and their families from making wise, judicious, and responsible decisions.

Human Being
Opponents of reproductive choice support their position by asserting that a human being exists from the moment of conception. They back up this position by claiming that the fetus can feel pain from the earliest moments of life. If a fetus is considered a human being, abortion is murder.

The assumption that human life begins at conception implies that a human being is created at a specific moment instead of by a process that takes about nine months. We count age from the date of birth, not the date of conception. Legally, a human being is one who is born. Biblically, a human being is one who breathes.

There is no consensus among experts about the point in a pregnancy at which a fetus can feel pain. However, medical experts from the American College of Obstetricians and Gynecologists have stated that a fetus cannot perceive pain prior to the seventh month of pregnancy when the cerebral cortex is ready to function continuously.

Informed Consent
So-called "informed consent" or "women's right to know" laws require physicians to provide women with standard state-prepared anti-choice materials at least 24 hours prior to the abortion procedure, regardless of the woman's individual needs and the physician's ethical obligation to provide the best medical advice.

These laws are more appropriately called "biased counseling." They force physicians to recite false and misleading information that is intended to discourage the procedure, even if not having an abortion is ultimately harmful to a woman's health.

The standards of the medical profession, as well as state laws, ensure that health care practitioners provide women with accurate and unbiased information regarding the risks and benefits of various treatment options—in all cases, not only abortion—and obtain their informed consent. Biased counseling laws single out abortion from all other medical procedures. They imply that women do not adequately think through their abortion decision and that the state must think for them. This assumption reflects a lack of respect for women's moral decision-making. In fact, virtually all women have carefully considered their decision to have an abortion by the time they arrive for the procedure. Doctors routinely refer for additional counseling the small number of women who remain ambivalent.

Judicial Bypass
Judicial bypass provisions are often included in legislation that mandates parental notification or consent of a minor's decision to have an abortion. The term "judicial bypass" suggests a routine procedure.

Judicial bypass procedures pose formidable obstacles to young women facing crisis pregnancies, especially to the poorest, youngest and least experienced teens, who are the most likely to become teen parents or victims of unsafe, illegal abortion.

Bypass procedures often delay abortions, thus increasing the risk and sometimes the cost. Young women may not understand the complex legal system or be able to attend hearings scheduled during school hours. Others fear they will be recognized at the courthouse. Many are frightened and do not want to reveal intimate details to strangers. Some do overcome their fear and obtain a court appearance only to have their petitions denied by anti-abortion judges.

Medical Necessity
Some opponents of choice deny abortion is ever a medical necessity.

A number of health conditions are exacerbated by pregnancy. These include epilepsy, diabetes, malignant tumors, hypertension, kidney disease, sickle cell anemia, and heart disease. Pregnancy in these cases increases the severity of the disease and can lead to permanent damage or death.

Mother/Motherhood
In the anti-choice lexicon, all pregnant women are "mothers," regardless of whether they have or want children. Motherhood is considered to begin with the genetic tie between the woman and the fetus.

Calling a pregnant woman "mother" creates images of babies and suggests that abortion is murder. According to Webster's Dictionary, a "mother" is not only "a woman who has borne a child" but also one who nurtures that child. A woman can be a biological, adoptive, foster, or surrogate mother. The meaning of "mother" is being expanded by new reproductive technologies and evolving beliefs about lifestyles such as gay/lesbian partnerships. Motherhood is far more than a biological act; it is the continuing commitment to loving, supporting, and caring for a child.

Murder
Based on their position that a fetus is a human being, opponents of choice describe abortion as "murder" and "infanticide" and call women who choose to terminate their pregnancy "murderers."

If these notions were carried to a logical conclusion, then women who have an abortion would be charged with murder and could face the death penalty or life imprisonment. The partner who participates in the decision, the clergy who counsels, and the health professional who performs the abortion would be charged as accessories to the "murder."

Parental Notification/Consent
Laws mandating parental notification or consent for a minor's abortion are said to strengthen family communications and parental rights. Opponents of choice say parents should know or be involved in this important decision so they can help their daughter.

Intended supposedly to “improve communications” between parents and their daughters, notification and consent laws have in fact caused much fear and confusion among young women and made it more difficult and stressful for them to get abortions. In some states, minors whose parents are divorced or do not live together may have to notify or get the consent of a mother or father they have not seen or talked to in years. Normally honest young women must lie or forge notes to get out of school for clinic appointments or judicial bypass hearings. In some areas where judges deny all bypass requests or simply refuse to hear the cases, minors who cannot tell their parents are routinely advised to find a clinic out of state.

Parental involvement laws are largely unjust and unnecessary. Most teenagers voluntarily seek out the love, support, and guidance of their parents when faced with such a difficult decision as abortion. About 60 percent of teens tell at least one parent, and others often ask for help from another responsible adult, such as an older sister, aunt, teacher, or clergy.

Teenagers who cannot talk to their parents about having an abortion often have compelling reasons—they may be victims of emotional or physical abuse, pregnant as a result of incest, or have feelings of shame and guilt from being raped. Some do not want to disappoint or hurt their parents with the reality of sexual activity and unplanned pregnancy. Among minors who did not tell a parent of their abortion, 30 percent had experienced violence in their family or feared violence or being forced to leave home. The American Medical Association noted that minors may be driven to desperate measures to keep their pregnancies confidential. The desire to maintain secrecy has been a leading reason for deaths from illegal abortion since 1973.

Those proposing mandatory parental notification note that even ear piercing requires parental involvement. This trivializes the serious consequences of an unintended pregnancy, including the possibility of death or permanent physical damage from an illegal abortion.

Partial-Birth Abortion Bans
Abortion opponents are on a crusade to ban what they call "partial-birth abortion.”

“Partial-birth abortion” is a political term coined by anti-choice strategists who want to make all abortions illegal. This term has no meaning other than the shifting definitions given to it by anti-choice organizations intent on provoking legislators and tricking the public. Doctors do not identify any procedure by this name.

Proponents of so-called "partial-birth abortion" bans claim that the bans will prohibit only a single, rare "late-term" procedure called intact dilation and extraction, used largely in cases of severe fetal anomaly incompatible with life. In effect, however, "partial-birth abortion" bans are nothing but bans on abortion. As medical experts have testified and courts across the country have found so far, these bans could outlaw the safest and most common abortion procedures used throughout pregnancy. Such bans put women’s health and lives at risk and violate the constitutional right to reproductive choice.

Person
Opponents of choice define a fertilized egg as a person because it contains 46 chromosomes, the full genetic blueprint for a human body.

Just as a blueprint for a house is not a house, a genetic blueprint for a human body is not a person. Scientists have estimated that only one-third to one-half of all fertilized eggs develop in even the most favorable medical circumstances. A person is the collective result of a process of growth, not merely a collection of genes or a fertilized egg.

The U.S. Constitution defines a person as one who is "born." The Supreme Court ruled in Roe v. Wade that the Constitution's "use of the word (person) is such that it has application only postnatally."

Post-Abortion Syndrome
The term "post-abortion syndrome" (PAS) is used to describe what opponents of choice claim is a form of post-traumatic stress disorder that has long-term symptoms, which include nightmares, feelings of guilt, and attempted suicide. Anti-choice groups claim that "post-abortion syndrome" is widespread among women who have had an abortion as well as men and parents of minors involved in the decision.

The American Psychological Association found that severe negative psychological reactions to abortion are rare and that this "syndrome" is not scientifically or medically recognized. The association concluded that the vast majority of women experience a mixture of emotions after an abortion, with positive feelings predominating. The American Psychiatric Association also studied the psychological impact of abortion on women. A panel of six leading psychiatrists concluded that "government restrictions on abortion are more likely to cause women lasting harm than the procedure itself." A 1997 longitudinal study concurred about the effect of abortion, showing that the experience of abortion has no independent effect on the psychological well-being of a woman.

Pro-Abortion
Abortion opponents refer to supporters of reproductive choice as "pro-abortion," as if they are actively promoting abortion.

To be pro-choice is not to be "pro-abortion." Those who are pro-choice believe that abortion must remain legal and that the decision to have an abortion must remain with the woman and her physician and be based on her own beliefs, free of government interference. It is possible to consider an individual incident of abortion or even all abortion personally and religiously immoral and still be pro-choice.

The term "pro-abortion" distorts the meaning of reproductive choice: the ability to make deliberate decisions about bearing children, considering all medical and moral options.

Pro-Life
By calling themselves "pro-life," opponents of choice imply that those who support a woman's right to choose abortion are "anti-life."

The pro-life movement would be more accurately called pro-fetus. The pro-choice position is really pro-woman. Those who are pro-fetus define the woman in relation to the fetus. They assert the rights of the fetus over the right of the woman to be a moral agent or decision-maker with respect to her life, health, and family security. To be truly pro-life is to have concern and compassion for all life—the woman, her existing children, and her husband or partner.

Rape and Incest
Some opponents of choice make exceptions in cases of rape and incest. They send the message that fetal life is valuable sometimes—but not always. They imply that a woman who has an abortion is not immoral if she is a victim of violence.

Unfortunately, the rape and incest exception is moot for many victims who cannot comply with the strict reporting requirements necessary to be granted an abortion under these circumstances.

Opponents of choice walk a fine line when they condone any abortion. Based on their own definition, they are guilty of being accessories to "murder" by allowing abortion in cases of rape and incest.

Sacredness or Sanctity of Life
Opponents of choice try to claim the moral high ground by asserting the "sacredness" or "sanctity" of human life to defend their position. By implication, those who are pro-choice become immoral, irreligious, and unconcerned about human life.

The terms "sacredness of life" and "sanctity of life" do not appear in the Bible. Instead, there is an emphasis on "love of neighbor" in the sense of caring, concern, and respect for persons.

Anti-choice concern for the "sacredness of human life" typically either ignores the life of the pregnant woman and her existing family or considers these as secondary to the fetus. When Focus on the Family, for example, calls "unborn children" "the most vulnerable and victimized members of our culture today," they ignore the millions of children who live in poverty and are true victims. Those who are pro-choice support comprehensive sexuality education, family planning services and contraception, affordable childcare and health care, and adoption services as well as safe, legal, and affordable abortion services. Medical, economic, and educational resources are necessary for healthy families and communities that can nurture children in peace and love.

Unsafe Abortion/ Abortion and Breast Cancer
*Opponents of choice create fear among women with their unsubstantiated claims that abortion is unsafe and increases a woman's chance of developing breast cancer and other health risk*s.

The most important effect of the legalization of abortion on public health has been the near elimination of deaths from the procedure. By 1990, the risk of death from legal abortion was 0.3 deaths per 100,000 procedures. To put that number in perspective, the mortality rate associated with childbirth is ten times higher. Medical studies in 21 countries clearly demonstrate that: 1) abortion does not increase the risk of major pregnancy complications during future pregnancies or deliveries, 2) there is no added risk in future pregnancies or deliveries of infant mortality or having a low birth weight infant, and 3) the risk of infertility, ectopic pregnancy, and miscarriage following an abortion does not increase.

The largest and most comprehensive investigation of the potential link between abortion and breast cancer, of 1.5 million Danish women, concluded that "induced abortions have no overall effect on the risk of breast cancer." Experts from the National Cancer Institute, the U. S. Department of Health and Human Services Office of Public Health and Science, the National Breast Cancer Coalition, the American Cancer Society, and the American College of Obstetricians and Gynecologists have concluded that a link between abortion and the development of breast cancer has not been established.

Waiting Periods
Mandatory "waiting periods" prohibit a woman from obtaining an abortion until a specified period of time has passed and she has received a state-mandated lecture or materials. Many abortion-specific "informed consent" laws require that women receive state-mandated lectures and state-prepared materials on fetal development, services available to help the woman if she continues the pregnancy, and adoption.

Mandatory waiting periods imply that women will consider their decisions thoughtfully only under state mandate. These requirements impose an emotional burden on pregnant women by increasing the time, the potential health risks, and the cost involved in obtaining an abortion, especially in geographic areas with few or no providers.

The health risk to pregnant women from legal abortion rises as gestational age increases. The American Medical Association has concluded that mandatory waiting periods "increase the gestational age at which the induced pregnancy termination occurs, thereby also increasing the risk associated with the procedure." Although a first- or second-trimester abortion is far safer than childbirth, after eight weeks the risks of death or major complications significantly increase for each week of delay. Moreover, abortion after the first trimester is available at fewer than half the locations that offer first-trimester abortion services.