

Západočeská univerzita v Plzni

Fakulta filozofická

Bakalářská práce

Abortion Debate in the US

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Plzeň 2014

Západočeská univerzita v Plzni

Fakulta filozofická

Katedra politologie a mezinárodních vztahů

Studijní program Mezinárodní teritoriální studia

Studijní obor Mezinárodní vztahy – britská a americká studia

Bakalářská práce

Abortion Debate in the US

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Plzeň 2014

Prohlašuji, že jsem práci zpracoval(a) samostatně a použil(a) jen uvedených pramenů a literatury.

Plzeň, duben 2014

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ACKNOWLEDGEMENT

I would like to thank my supervisor David Franklin, B. A. for the time, help and professional advices he gave me while working on my thesis. Further, my thanks belong to Daniela Polendová, M. D. who helped me with the medical aspects of my thesis.

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1 INTRODUCTION

In this essay I will be examining the phenomenon of abortion and the debate that is held in US society. At first, it is important to state what can be understood under the term of abortion in this thesis. Abortion is used both as a term for a deliberate medical procedure performed in order to terminate woman's pregnancy and as a term for spontaneous expulsion of a human fetus. The latter process is more often called "miscarriage", which is not the main concern of further thesis.

This thesis is predominantly focused on abortion as a deliberate termination of woman's pregnancy (under medical supervision). This medical intervention is one of the most broadly discussed issues in American society. The abortion debate is held in many other countries in the world – most specifically in countries with a deeply rooted religious tradition. The main difference which makes the debate in the USA so specific and controversial is that unlike in the USA there are not numerous violent attacks connected with this phenomenon.

To examine the abortion debate in the US analytic and descriptive methods will be used. There are many ways to approach abortion and with different approaches come different results. The goal of further thesis is to introduce this topic in its complexity and to examine various approaches to it. In the first part of the thesis ethical and philosophical concerns of abortion are examined as well as the stances and arguments of feminist movements, physicians and medical workers and last but not least the stance of law and current legislative situation.

In the second part of my thesis I will examine the actual impact of the abortion issue in the United States in practice. I will examine the various approaches towards churches of the United States. Related to religious issues, there have been many violent attacks on physicians providing abortion. I will look into the number and the frequency of them. Above all, I will be examining religious groups which commit these attacks.

The final part of further thesis is focused on the political aspect of the abortion debate. I will examine the stances of political parties in the abortion issue and try to find out what impact these stances have on the results of elections. Additionally, I will examine how significant the topic is for voters and how much is it used by political parties in their agendas.

The issue has already been resolved on the legal level federally by the Supreme Court in 1973. However, there are tendencies to enact restrictive laws on abortion. The proposition of further thesis is that there is no objective solution in the abortion debate – neither on a philosophical and ethical level nor on the statistical. Each of the camps has its own beliefs which it is willing to adjust to its research and arguments and there are various surveillances showing various results. The only one who can resolve the debate on some level is the law.

2 THE DEFINITION AS A CONTROVERSY ITSELF

The controversy of abortion can be very easily seen even when we try to look up the definition in dictionaries. One would expect dictionaries to be objective in their definitions. However, even in the pure definitions we can see some indications of the authors' approaches to this topic. Before we look into the controversy of abortion among the medical community, we will explore definitions that can be found in English dictionaries.

The (below mentioned) medical definitions are more concerned about the process of abortion itself. Thus, the personal opinion of the author is not as obvious as it is in many language dictionaries. However, as we will explore later the philosophical and ethical questions are no less discussed in the medical environment.

If we look into Oxford Dictionaries, we find abortion as “The deliberate termination of a human pregnancy, most often performed during the first 28 weeks” (Oxford Dictionaries 2014). The Merriam-Webster definition explains abortion as a “medical procedure used to end a pregnancy and cause the death of the fetus” (Merriam-Webster 2014). The first definition shows more of a neutral approach. It

does not operate with terms of death, killing or even the fetus – it simply tells us that abortion is the deliberate termination of a pregnancy. On the opposite side we observe a definition based on implying that abortion means death. “Death” generally has a negative connotation among contemporary society. Therefore, “death causing” is a phrase implying abortion is something that should be perceived as wrong from the beginning, since its meaning alone is wrong and comparable to murder. From this perspective, finding a satisfactory (i.e. neutral) definition is almost impossible.

However, to see an example of a neutral definition of abortion, we can search the Oxford English Dictionary, which defines abortion as “the expulsion or removal from the womb of a developing embryo or fetus, spec. (Med.) in the period before it is capable of independent survival, occurring as a result either of natural causes (more fully spontaneous abortion) or of a deliberate act (more fully induced abortion); the early or premature termination of pregnancy with loss of the fetus; an instance of this.”

To demonstrate how significant the abortion debate and its controversy are, we do not have to go very far. If an internet user tries to find some information about pro-choice organisations, beliefs or standards, and enters “pro-choice” into a search-engine, the 1st or 2nd result they get is a website called Prochoice.com. Searching through the Abortion section we find information that indicates this website domain was not really funded by pro-choice supporters. More specifically, we get to know another definition of abortion: “Abortion is human intervention that does not allow a developing child to be born. It is the death of another less developed human being (ProChoice 2014)”.

That definition certainly cannot be viewed as a neutral one nor reflecting the beliefs of pro-choice proponents. Paying for the domain of the opposite camp and providing information based on the stance of one’s (in this case the stance of pro-life activists) shows the determination to reach one’s own values.

Even this one particular website shows us that the abortion debate in the United States is not only a philosophical dispute about a procedure that has been already legally permitted. Abortion is a topic that concerns the whole of society and activates

people throughout the country. We can see a reflection of the stance on abortion in a politician's success or failure in each region. In relation to violent attacks occurring, we can see a direct link of abortion to safety matters that need to be handled by each state. Last but not least, abortion is a hot topic among religious people and several cases of harassment or bullying have occurred in churches. There have been women who witnessed bullying after it was revealed publicly that they decided to have an abortion (Calhoun 2012: 17).

3 ABORTION IN STATISTICS

According to the Guttmacher Institute data, about 6.7 million pregnancies occur each year in the United States. About two thirds of these pregnancies result in live births. One-fifth of these pregnancies results in abortions and the rest result in miscarriages (Guttmacher Institute 2014a).

In 2011 (the most recent year with relevant resources of surveillance), 1.06 million abortions were performed. Surveillances show that more than one half of pregnancies occurring in that year were unintended. Unintended pregnancies can be both understood as mistimed and unwanted. Consequently, 4 in 10 pregnancies are legally terminated by abortion. However, the year 2011 showed the lowest rate of abortions since 1973¹ (Guttmacher Institute 2014b).

Consequently, debates about the causes of this trend emerged. Both pro-lifers and pro-choicers took credit for the decrease. Proponents of pro-choice movement maintained that the decrease of abortions is given by a better access to birth-control and increasing number of woman who use contraceptive methods (Saletan 2014).

The president of the National Right to Life Committee claims that the decrease in number of abortions is due to the efforts of NRLC (and other pro-life organisations) to enact restrictive laws on abortion and educate people of the United States about the

¹ See table 1.

immorality of abortion. The statement about education and building awareness about abortion might be correct; however, there is a strong uncertainty about the legal aspect of this assertion. From the geographical point of view, abortion rates fell nationwide. That means, not only in the states that enacted restrictive laws but also in the states that are considered supportive of abortion rights (Saletan 2014).

Moreover, as the research shows, not only the number of abortions fell rapidly. The number of pregnancies fell as well as the number of births. Thus, it cannot be claimed that the number of woman choosing life over abortion increased. Nonetheless, there is no evidence showing that other efforts of pro-life movements (such as seminars, gatherings and other ways of spreading information on their beliefs) have not been a contributing factor to the decrease in abortions. The truth about the decrease in abortion rates can simply be hidden in a combination of actions of both pro-life and pro-choice institutions (Saletan 2014).

Looking into the number of unintended pregnancies geographically, we find out that most of these pregnancies occur in the South and Southwest of the United States. The lowest rates of unintended pregnancies occurred in New Hampshire, Maine, North Dakota, Vermont and West Virginia. Another significant trend in investigating the number of unintended pregnancies can be seen in the states with a large number of urban populations, namely New York, California, New Jersey, Maryland and Delaware.

Related to the abortion issue, it is important to look into the number of unwanted pregnancies ending in live birth and the number of unwanted pregnancies ending in abortion. The lowest numbers of abortions resulting in live birth occur in New York, New Jersey, Connecticut, Maryland and Massachusetts – states that are classified as Supportive of Abortion Rights (Guttmacher Institute 2014c). The highest rates of unintended pregnancies resulting in live-births occurred in South Dakota, Louisiana, Utah, Arkansas, Kentucky and Nebraska – all of these states are referred to as Hostile to Abortion Rights.

A considerable fact is that there has been a recent trend moving towards hostility to abortion rights. In 2000, there were 13 states classified as hostile to abortion rights. In 2013, the number rose to 27 states. On the other hand, during the same period, the number of states with supportive abortion laws decreased from 17 to 13. The fact is, that during the period of 2011–2013, more restrictive laws on abortion were enacted than in the entire previous decade (Guttmacher Institute 2014c).

Related to this abortion-restrictive laws trend (often associated with the Republican Party) the name of “a war on women” emerged. The war woman is directly linked to cutting off funding for Planned Parenthood, restrictive laws on contraception or medically unnecessary ultrasounds, forced by states (American Civil Liberties Union 2014). One of the specific situations associated with the war on women is Todd Akin's statement on abortion as a result of rape.

Todd Akin is a substantial example of how abortion affects politics in the United States. In 2012 two candidates were running for the US Senate in Missouri – Todd Akin (for the Republican Party) and Claire McCaskill (as a candidate for the Democratic Party). Polls showed Akin leading in public opinion for about 5 months. Akin, as a representative of conservative Republicans, lost support in August 2012 during an interview where he tried to defend his views on abortion. When asked about abortion as a result of a rape, Akin claimed that a woman’s body has ways to somehow block getting pregnant. More specifically, Akin told a reporter: “First of all, from what I understand from doctors [pregnancy from rape] is really rare. If it’s a legitimate rape, the female body has ways to try to shut that whole thing down. But let’s assume maybe that didn’t work or something. I think there should be some punishment, but the punishment ought to be on the rapist” (Buck 2012).

After this statement, Akin’s political preferences fell rapidly by 7 percent. Voices claiming that Akin’s statements are an example of a war on women were often heard at that time, mostly from the side of proponents of the Democratic Party. Akin was not able to gain his voters back, allowing his rival McCaskill to win later in November (Real Clear Politics 2012).

4 THE ETHICAL AND PHILOSOPHICAL CONCERNS

4.1 THE TWO MAIN PARADIGMS

Let us examine the two main paradigms in the abortion debate. These are “pro-choice” and “pro-life” approaches. Supporters of both of these two “camps” use arguments based on moral standards and principles, even though their stances on what is moral and what is not are naturally absolutely different.

There have been various voices calling for the change of this general division. According to public polls many Americans stated that current labels of pro-choice and pro-life are confusing and not accurate to the situation or their beliefs. Additionally, they remind that there has been a grey area that contains people with opinions somewhere in the middle of pro-choice or pro-life. To reach a better understanding between the two camps, these people state that it is necessary to drop the misleading labels (Baker 2013). Moreover, since this stance was officially claimed by one of the most influential “pro-choice” organisations – Planned Parenthood – it can be seen as a huge step forward to getting to some kind of agreement.

However, voices calling for the change of the terminology are not often as unbiased. For instance, Meserve talks about the need to change the names of these two terms, since there are cases when even the pro-life proponents prove to be in fact anti-life (such a case is for example a high-risk pregnancy which endangers the life of the pregnant woman). Meserve argues that we cannot talk about a pro-life paradigm, since it is rather anti-abortion or anti-birth-control and it ignores the social and even medical consequences of an unwanted pregnancy (Meserve 1983: 3). Other people state that the Republican rhetoric of calling themselves pro-life is somewhat hypocritical, since at the same time they oppose gun restriction laws.

4.1.1 Pro-life paradigm

The pro-life supporters believe that abortion is analogical to homicide. The belief rests on an assumption that human life begins with its conception. Fetus is

viewed as a human being with desires, future and most importantly – with a right to life. Therefore, it is wrong to kill it. By killing the fetus we deny it its future, wellbeing and the vested right to life, which belongs to any human being. Another term often used is also “potential human being”.

Pro-life supporters also base their arguments upon suffering. It is said that the fetus is developed well enough to feel pain between 18th or 20th week from its conception. Since causing pain or suffering to any being is wrong, it is also wrong to cause pain to a fetus.

As we can see, the basis of the pro-life paradigm rests on the assumption that abortion is the same thing as killing and therefore it is not only unacceptable but also illegal. Pro-life supporters also state that by allowing abortion we reduce people’s respect for life. By reducing respect for life, people could start to see killing as an acceptable act. That could lead to numerous acts of murder and later to genocides (BBC 2014).

In opposition to these arguments there has been a very interesting study conducted by Kristin Luker, who claims that all arguments regarding the viability, non-viability or personhood of the fetus are not the only actual basis for the nationwide debate. According to Luker, there is a hidden and not as often discussed basis for the whole topic. That is the traditional gender role of women in the United States, as well as the general status of motherhood. Luker points out the fact that among pro-life female supporters we predominantly observe woman who see motherhood as an inevitable part of woman’s life. Accordingly, among pro-choice female supporters there are often women who underline a woman’s wellbeing, career and potential fulfilment (Himmelstein 1986: 468).

Many pro-life supporters (mostly Christians) oppose not only abortion but also birth control. For example the organisation of Students For Life of America describes birth control as a means of false security. According to this organisation, since condoms fail about 14 % of the time and half of abortions come from pregnancies of woman who used some kind of birth-control, access to contraception does not prevent abortions. Moreover, SFL claims that even though birth control is accessible everywhere, the abortion rate has not fallen (Students For Life of America). That

assumption is however not correct, according to the above mentioned latest studies which show the lowest rate of abortions since 1973).

The Pro-Life Action League (further as PLAL) mentions several reasons why contraception should be banned. One of the arguments takes as its foundation the fact that abortion is not 100% effective. Additionally, contraception is viewed as an indicator of a woman's stance on pregnancy and it is believed that a woman using contraception is predisposed to have an abortion. The PLAL further maintains that by distributing birth control among young people, they are encouraged to risky sexual behavior instead of being told to re-channel their sexual desires. Moreover, contraception is claimed to be distorting the cultural sexual environment even for those who do not use it. From all these reasons, contraception is actually increasing abortion. According to PLAL, unmarried couples should stay chaste until they get married. Concerning married couples, natural methods such as Billings Ovulation Method are recommended to prevent pregnancy. These methods are claimed to be as effective as chemical abortion (Pro-Life Action League 2014).

On the other hand, most of the researches finding the reason of the decline in the abortion rate point to the decrease in contraceptive use among sexually active women. One of the most helpful recent trends is the use of long-acting reversible contraceptives (LARCs), such as IUDs and implants (Sonfield 2014). Surveys researching the number of teen pregnancies showed that a higher use of contraception among teenagers (aged 15–19) is directly linked to a lower number of unintended pregnancies and abortions. At the same time, there was no evidence of an overall change in the rate of sexually active or experienced teenagers (Guttmacher Institute 2011). In most of the cases, the statements of pro-life organisations show no specific research or data proving their arguments. However, the question of whether contraception influences abortion rates is still discussed.

In general, the pro-life movements are often joined by Christians. In the USA the “leader” of pro-life debates is most significantly the Catholic Church, accompanied by the Evangelical Protestant Church. The official statement of the Catholic Church is that abortion cannot be accepted in any case. Other churches often oppose abortion but

admit that there are some cases when abortion is inevitable and therefore it can be allowed (Pew Research Center 2013).

Looking for the proponents of the pro-life movement on the political spectrum, we find out that in the majority, the Republican Party opposes abortion. The official statement of the Republican Party on abortion says: “Faithful to the self-evident truths enshrined in the Declaration of Independence, we assert the sanctity of human life and affirm that the unborn child has a fundamental individual right to life which cannot be infringed (On the Issues 2012)”.

Feminists are among the strongest contributors to the pro-choice camp. Nevertheless, there are also so-called pro-life feminists who hold a more conservative view on the issue.

4.1.2 Pro-choice paradigm

In contrast to pro-life supporters, pro-choice supporters argue that a fetus is not a conscious human being. A fetus does not have any desires and it is not correct to attribute desires to a non-desiring being. Furthermore, we cannot relate a fetus to an already born human being. Since a fetus is seen as a “cluster of cells” it cannot be given the same rights as a human being has. One of the often used pro-choice arguments therefore says that we cannot talk about violating the vested right to life.

Pro-choice supporters emphasise a woman’s right to make her own decisions concerning her body. Abortion is approached as an utterly private choice to make and no one else but the woman herself is allowed to make it. The choice is seen as a fundamental right which cannot be taken away. Furthermore, there are several factors that can make pregnancy even life-threatening for the woman. Pro-choice supporters therefore state that when a woman is obliged to continue in her pregnancy, even though it puts her in danger, we cannot talk about the right to life, since we deny the woman her right to life and put the fetus’s existence above it (Meserve, 1983: 3).

Another aspect associated with danger to a woman is the access to abortion. Pro-choice supporters state that banning abortion only leads to increasing the number of illegally performed abortions. That fact puts the lives of many women at risk, since

the methods of illegal abortion are very dangerous and often performed by non-professionals in an inadequate environment. Many pro-choice proponents therefore state that their intention is not primarily to support abortion but to protect women from harm.

In the political spectrum, the pro-choice camp is predominantly represented by the Democratic Party. The Democrats' official statement claims to unanimously support the Roe vs. Wade decision. Abortion is described as the personal decision of each woman. It is claimed that the state has no place in the debate that concerns only a pregnant woman, her doctor and her clergy. Moreover, it is claimed that efficient health care and reproductive education are helping to reduce the demand for abortions (On the Issues 2014).

Organisations such as Planned Parenthood, the National Abortion Federation and NARAL Pro-Choice America unify thousands of men and women including medical workers who believe in the pro-choice paradigm.

4.2 THE NUMBER OF SELF-INDUCED ABORTIONS

Throughout the centuries, women who found themselves in a state of unwanted pregnancy sought a way to end it. Thus, a number of methods of so-called back-alley abortion took place. These methods included inserting sharp objects such as knitting needles or wire-hangers into a woman's cervix. Moreover, women put dangerous chemical substances into their vaginas.

All these ways to end a pregnancy often ended in a serious injury to the woman. The most frequently occurring injuries were hysterectomies, hemorrhages or septic poisoning.

A very important argument of those who propose making access to abortions easier is thus the potential harm that women experience when abortion is banned or not accessible. By banning abortion, abortions do not disappear. They are just performed illegally. The same argument is used as an analogy to the current situation of imposing restrictive laws. The opponents of restrictive laws on abortion point out that by denying access to abortion, a woman is more likely to get abortion illegally. Thus, by

denying access to abortion, a woman is put into danger. Fortunately, after *Roe v. Wade* the number of deaths related to self-induced abortion fell rapidly from 200 deaths to almost zero by the year 2000 (Guttmacher Institute 2003.)²

4.3 FEMINISTS ON ABORTION

The feminist movements fighting for the reproductive rights and legalization of abortion were most active in the 1970s. In relation to feminism, the period of the 1960s–80s is often called a second wave – a time when feminist voices were heard very strongly and when they started shifting liberal democracies towards creating a more liberal environment even for women. Abortion was one of the topics that emerged in the feminist debate at that time. Even though the abortion issue posed a topic for feminist movements even in the '50s, it remained too complicated to resolve until 1976. In general, the 1970s were the era of a huge emphasis on legalizing abortion and thus reducing gender inequality (Walters 2005: 94).

In general, the feminist movement sees the right to abortion as a fundamental part of establishing gender equality. Behind that, abortion is a process or procedure exclusively related to women. Abortion therefore becomes a fundamental right for every woman, a right of bodily self-determination. Feminists claim that a woman cannot be seen just as a “container” for the fetus but as a human being as well. Abortion legislation of each state is perceived as one of the most important indicators of women’s status in society. Thus, decreasing abortion restrictions and providing access to abortion became one of the most prominent issues on feminist movements’ agendas.

Feminists argue that pregnancy may present a significant barrier in living a fulfilled life and in using all of the potential of a (pregnant) woman. There are also voices pointing out that the main concern of the abortion debate is not actually the moral or ethical issue but it is predominantly a matter of “woman’s life meaning” in society (Driedger, Hali 1997: 129).

² See table 2.

The most often heard terms and arguments in feminist rhetoric are “reproductive rights” and the “right to bodily self-determination”. Easy access to abortion is thus seen as a way to reduce gender inequality. It allows a woman to make her own decision concerning motherhood – not according to traditional gender roles and power division but according to her independent consideration. In general, abortion is not seen only as a matter of moral and ethical concerns. It is viewed as a matter of traditional gender-based division of roles and power. Therefore, in order to liberate women and establish an equal environment for both sides, reproductive rights need to be permitted.

Talking about feminist approaches to the abortion debate we cannot forget to mention the feminist pro-life movements. The pro-life feminists also emerged in the 1970s. Contrary to the pro-choice feminists, the pro-life feminists advocated restrictions on abortion, frequently on the grounds of the physical psychological effects of abortion. The fundamental argument was based on the negative impact of abortion on woman’s health and well-being.

One of the targeted topics of pro-life feminists is also sex-selective abortion – an abortion based upon the sex of the baby. In some cases there were even voices claiming that abortion is another way of sexual exploitation or even enslaving woman (Feminists For Life 2014).

5 LEGAL ASPECTS

5.1 ROE VS. WADE

By 1973 abortion was federally prohibited in the United States. Movements trying to open the issue of abortion and create a more liberal environment than existed even before; however, they gained greater strength in the 1960s and 1970s. With the onset of the 1960s and 1970s, movements fighting for women's rights (abortion included) were joined by thousands of new participants and supporters. By that time, the issue of abortion as a right of choice and bodily self-determination emerged. The milestone of the legal development came in 1973 with the decision of the Supreme Court in the case of Roe vs. Wade.

On June 1969 a young pregnant woman Norma L. McCorvey (known under a legal pseudonym of Jane Roe), a citizen of Dallas, Texas, found out she was pregnant with her third child. Based on her life conditions she decided it was necessary for her to have an abortion. However, back in the '60s abortion was prohibited in the state of Texas. Consequently, McCorvey decided to assert that her pregnancy was a result of rape. The defendant in the case was Dallas County District Attorney Henry Wade.

McCorvey's case was accompanied by two other cases. One of them was a prosecution against a physician James Hubert Hallford, who was accused of violating state abortion laws. The third case was a married couple – the Does, who had no children and demanded an injunction against the abortion laws on the grounds that they were unconstitutional. Roe and Hallford eventually won their lawsuits. The Doe's complaint was, however, resolved as unjustifiable (Lawnix 2014).

In 1973 the Roe vs. Wade case definitively established abortion as a federally legal procedure. It has been stated that even though state has a legitimate interest in protecting both the pregnant woman's health and a potential life, laws that criminalize abortion are violating the Constitution of the United States. Therefore, although an individual state cannot deny a woman her right to privacy, it can enact some laws restricting abortion (mostly in the second and third trimester of pregnancy). This setting according to some authors basically means that despite the fact that the individual right to choice is acknowledged, the federal court did not commit to provide this right in practical ways. This fact is reflected in the Hyde Amendment, imposed in 1977. According to the Hyde Amendment, Medicaid coverage does not include abortion. Abortion is thus the only medical procedure that is not covered by Medicaid. Additionally, there are many spots in the United States where no abortion clinics or facilities are available (Yishai 1993: 213).

6 STATE PRIVILEGES IN THE MATTER OF ABORTION

Even though at the federal level abortion is permitted, each state of the U. S. has a space to regulate access to abortion. According to the 1992 case Planned Parenthood v. Casey, each state can enact restrictions that do not create an undue burden on a

woman who seeks an abortion. Thus, many states use this space to deny women abortions in a more subtle and legally incontestable way. According to the political division and preferences and the state abortion laws, we can see a general stance to the abortion debate on a state level.

6.1 TARGETED REGULATION OF ABORTION PROVIDERS

One of the most commonly used terms in state abortion laws is TRAP. TRAP³ laws apply only to abortion providers. The goal of enacting TRAP laws is to lower the number of abortions by imposing several duties and requirements on the physicians who provide abortions. The fact is that these requirements are not imposed at other health-care providers or facilities. Additionally, they are criticised for trying to push abortion providers away from the scene.

Marshal H. Medoff performed a study focusing on the empirical results of imposed TRAP laws. His survey's results show that with increasing the price of abortion, the demand for abortion decreases. Another fact is that states without Medicaid funding for abortion have 4 percent fewer abortions than states that did not impose Medicaid funding restrictions. States that imposed parental involvement laws have 6 percent fewer abortions than states that imposed these laws (Medoff: 953-955).

6.2 TRAP LAWS IN PRACTICE – BIBLE BELT STATES

Let us mention the politics in the Bible Belt states. These states are known for a deep religious tradition and a very conservative society. Since the environment is generally very anti-abortion, these states are often imposing TRAP laws. In the state of Missouri, it is required that abortion providers must be located within 30 miles of a hospital. The procedure rooms must be 12 feet long and 12 feet wide with ceilings at least 9 feet high and doors at least 44 inches wide. The legislative of Louisiana requires that abortions can only be performed in rooms that are a minimum of 120

³ Targeted Regulation of Abortion Providers

square feet. Abortion providers in North Carolina must hire a registered nurse with experience in post-operative and post-partum care that is on duty at all times. Furthermore, the abortion facilities must provide a nourishment station for serving meals or snacks. South Carolina deals with the outside areas of abortion provider facilities. They must be kept free of rubbish, grass, and weeds. The air temperature in rooms of the abortion clinics must be maintained between 72 and 76 degrees. In the state of Connecticut all abortion providers must have counselors who have or who are supervised by a person with a graduate degree in social work (Medoff 2010: 955).

6.3 MEDICAID FUNDING RESTRICTIONS AND PARENTAL CONSENT

Very popular ways to regulate abortions are Medicaid funding restrictions. Basically, these restrictions prohibit using state funds to pay for abortions. Therefore, for poor women abortion becomes unattainable. According to pro-choice supporters, TRAP laws are imposed in order to lower the number of physicians providing abortion and to increase a woman's cost of getting it. These costs are not only financial. In fact, there are increased emotional, travel and time costs. Consequently, the likelihood of a pregnancy ending is reduced and the demand for abortion is reduced.

Additionally, states seeking to lower the number of abortions impose parental involvement laws. In cases where an unmarried teen minor (a girl under 18 years of age) becomes pregnant and demands an abortion, the provider is obliged to inform her parents. Parental consent before providing the abortion is demanded (Medoff: *passim*).

7 THE MEDICAL DEBATE

7.1 MEDICAL DEFINITIONS

Let us examine two examples of definitions of abortion that can be found in medical resources.

Abortion is an “expulsion from the uterus of an embryo or fetus before viability (20 weeks' gestation [18 weeks after fertilisation] or fetal weight less than 500 g). A distinction made between abortion and premature birth is that premature infants are

those born after the stage of viability but before 37 weeks' gestation. Abortion may be either spontaneous (occurring from natural causes) or induced (artificially or therapeutically)” (Medilexicon 2014).

The national Abortion Federation defines medical abortion as “one that is brought about by taking medications that will end a pregnancy. The alternative is surgical abortion, which ends a pregnancy by emptying the uterus (or womb) with special instruments. Either of two medications, mifepristone or methotrexate, can be used for medical abortion. Each of these medications is taken together with another medication, misoprostol, to induce an abortion” (Dudley - Mueller 2008).

7.2 THE DEVELOPMENT OF THE FETUS

The definition of abortion is not currently the hot topic in the medical circles. Directly linked to the ethical concerns, abortion is discussed in terms of development or viability and non-viability of the fetus. It is very hard to find any consensus on the topic itself. Nonetheless, we can find some generally agreed facts about the fetus' growth.

The first period of the development is called blastogenesis. The process of blastogenesis lasts from the 1st to the 2nd gestational week of pregnancy. In this period, the cell division, clustering and reproduction of cells take place.

From the 3rd to the 9th week of pregnancy the fetus goes through the process of organogenesis. (Some resources state that organogenesis lasts the time between the 3rd and 12th gestational week – abortion legislation in the U. S. and other countries is based on this assumption). Basically, in this period all the organs and organ systems are created and by the end of the 9th (or 12th) gestational week the child is completely “done“. In the third period (trimester) the child is in fact only growing and maturing. Based on these facts, we cannot talk about the “cluster of cells” after the 2nd gestational week. When we focus on the often mentioned viability, in the western countries it is agreed that the fetus is viable after the 24. week of pregnancy. The fetus must be 500 grams of weight and its heart action must be present while giving preterm birth (Polendová 2014).

Let us see one of the physicians who, as seen by pro-choice and pro-life optics, stays somewhere in the grey area. Daniela Polendová, a geneticist and gynecologist from the Faculty Hospital of Pilsen states that she believes in cases of confirmed grievous physical or psychological handicap no one can take the right of choice away from the woman.

However, she claims that her opinion is not that unequivocal in the cases where the fetus is healthy and the reasons are more vague, such as the baby was not planned in the next few years and it is not convenient at that moment. Furthermore, she claims that her perception of abortion nowadays is that it is an obligatory part of her work but she refuses to perform abortion after the 9th gestational week, despite possible problems with her employees (Polendová 2014).

7.3 THE ORGANISATIONS INVOLVED IN THE DEBATE

The most important medical organisation supporting pro-choice beliefs is the National Abortion Federation. This institution consists of abortion providers throughout North America. The organisation claims that legalising abortion is a great success since it helped in decreasing the number of abortion-related deaths by 90 % (National Abortion Federation).

On the opposite side there is, for example, the American Association of Pro-Life Obstetricians and Gynecologists (AAPLOG). The fundamental attitude of AAPLOG is based on the assumption that physicians are responsible for the health of a mother and her unborn child – a child that has been a human being since the moment of fertilisation. The AAPLOG institution bases its beliefs on scientific works proving that abortion may be very harmful to the psychological and physical condition of a woman.

Both of these two organisations actively participate in political life and debates. They provide information and studies based on medical research. They are also very actively involved in lobbying. In the case of the AAPLOG institution the aim of the lobbying activity is naturally restricting the abortion legislation.

8 RELIGIOUS ASPECTS

One of the most significant voices in the abortion debate is that of religious organisations. Even though there are various churches with various attitudes towards the abortion debate, they remain among the most influential participants in the whole dispute.

In general, abortion is not supported in religious circles. However, in several cases such as pregnancy as a result of a rape or a pregnancy threatening the life of the mother, abortion is seen as an admissible step. Opinions and attitudes differ widely among different religious groups and churches.

8.1 CATHOLIC CHURCH

Very significant is the stance of the Catholic Church. Catholics believe that all life is sacred from its conception until its natural death. Abortion is thus seen as a morally wrong action. The fetus is seen as a creature created with the help of God and additionally it remains within a special relationship with God. Abortion is perceived as the killing of an innocent human being and the 1972 Roe versus Wade case as a huge tragedy (Saunders 2014).

In 1995 Pope John Paul II declared that “This doctrine is based upon the natural law and upon the written word of God, is transmitted by the Church’s tradition and taught by the ordinary and universal magisterium. No circumstance, no purpose, no law whatsoever can ever make licit an act which is intrinsically illicit, since it is contrary to the law of God which is written in every human heart, knowable by reason itself, and proclaimed by the Church (Catholic Answers 2014)”.

Since his election, Pope Francis has shown great nonconformity, reflected in his open-minded stances and attitudes. However, in the issue of abortion Francis continues with the Catholic Church's traditional teachings on abortion. During an audience with Catholic gynecologists, he urged them to defend the lives of the innocent unborns and condemned contemporary "throw-away culture ". Additionally, Francis encouraged physicians not to perform abortions (Winfield 2013).

Nonetheless, even though the official stance of the Catholic Church is somewhat rigid and invariable, there are Catholics who emphasize the right to choice and the individual conscious decision of each person as the keystone of moral decision making, which should be attributed to each individual Christian person. An example of one such organisation is “Catholics for Choice” (CFC). This institution bases its agenda on “living Catholicism as ordinary people”. Catholics for Choice condemn the rigid stances of Vatican and Catholic Church itself, stating that these rules do not correspond with the current social reality. In the case of sexual and reproductive ethics, CFC’s goal is to change the attitude in political and social thinking towards an attitude more reflecting the right of the individual moral choice of women and reproductive justice in an intersection with religion and faith. In practice, that means that women should have access to any kind of contraceptive methods, in order to prevent unwanted pregnancies and, furthermore – to prevent abortion.

Looking into the numbers, surveys made by Catholics for Choice show that about 83% of sexually active Catholic women who attend church regularly, use some kind of contraception banned by the Vatican. In relation to abortion, 86% of Catholics support abortion when a woman’s life is endangered and 78% of Catholics believe that abortion should be accessible when it is a result of rape. Furthermore, according to this survey, about 50% of Catholics believe that abortion should be covered by healthcare insurance (related to the healthcare reform) should be used whenever the woman and her doctor decide that abortion is appropriate to the woman’s situation (Catholics For Choice 2011).

These numbers allow us to observe a strong difference between the official stance of the Catholic Church and its members in real life. Catholics for Life are often accused of not being truly Catholic, since their position does not coincide with the stance of officials. However, surveys show us that in practice most Catholics do not oppose contraception nor abortion. However, it is not likely in the near future for the Catholic Church to change its general position.

8.2 EVANGELICAL PROTESTANTS

One of the churches that are as a majority associated with strong pro-life beliefs is the Evangelical Protestant church. However, since there are a high number of evangelical churches and denominations, evangelical Protestants have not always been united on the question of abortion. In 1968, the official evangelical magazine *Christianity Today* featured numerous articles containing information on abortion. In general, it was claimed that even though there is no unified stance on the question of whether or not abortion is sinful, there is a general agreement on the need for legalising induced abortion in some cases. Moreover, in 1971 the Southern Baptist Convention passed a resolution in which it stated that abortion in cases of rape, evidence of fetal abnormality, incest, or the likelihood of damaging the mother's health (not only psychological but mental as well) should be allowed. However, a few years after the *Roe vs. Wade* Case took place many evangelical churches shifted their stances. It is claimed that the reason is the abortion-on-demand reality and their exposure to the pro-abortion movements' logic (Mohler 2013).

The question is whether the official stance of the church actually reflects the social reality and stances of its members. As the research shows, evangelicals are as likely to have an abortion as Catholics. Moreover, the minister of Church for Life, Jim McGarvey, criticised his own church for the declining moral obligations. He pointed out the numbers of abortion in 2008, showing that about 43 percent of women who had abortions identified themselves as Protestant (Murashko 2012).

8.3 OTHER PRO-LIFE CHURCHES

Another strong opponent of abortion is the Church of Jesus Christ of Latter-Day Saints (its members are known as the Mormons). Human life is seen as a sacred gift from God. By elective abortion you show your disobedience to the will and commandments of God. Thus, any member of the Church of Jesus Christ of Latter-Day Saints who is proved to have paid for, supported, encouraged or performed abortion may be excommunicated from the church. However, in cases of rape, the jeopardy of the mother's life or known defects that will not allow the child to survive

beyond birth, abortion is seen as acceptable (The Church of Jesus Christ of Latter-Day Saints 2014).

The official statement of Jehovah's Witnesses does not provide any exhausting information. It simply claims that abortion is wrong, since every life is precious to Jehovah. Causing the death of a baby in its mother's womb is therefore wrong as well (Jehovah's Witnesses 2014).

8.4 PRO-CHOICE CHURCHES

The Evangelical Lutheran Church in America is one of the churches that do not condemn abortion as a morally unacceptable act. In its official statement the ELCA states that it is deeply concerned about the number of elective abortions and sees an importance in reducing that number. Abortion is opposed when performed after the fetus is viable (except cases when it is found out that the mother's or child's life are threatened after the viability is determined). Abortion of pregnancy which results from rape or incest or where it is proved that the fetus has lethal abnormalities incompatible with life is seen as justifiable. The ELCA further states it also does not support laws that prohibit access to abortion nor laws that deny public funding for abortion for low income women. Except for these specific cases the ECLA shows neither support nor disagreement with laws prohibiting abortion (Evangelical Lutheran Church in America 2014: 10).

Another pro-life church is the Presbyterian Church. Presbyterians believe that abortion is a matter for personal decision. However, they claim that they do not support abortion as a method of convenience or as a means of birth control. The Episcopal Church also recognises a woman's right to terminate her pregnancy while it does not condone abortion as a means of sex selection, means of birth control or family planning.

9 VIOLENT INCIDENTS

The sad facts directly connected to the abortion debate are many violent attacks that took place throughout the past years. In general, these incidents are often committed by anti-abortion oriented religious groups.

Religious violence is unfortunately not a new phenomenon. There have been many not only abortion-connected attacks. Throughout history, the world has experienced different churches attacking each other, fanatical groups attacking mosques and churches, shootings of clinic doctors, burnings of religious institutions and last but not least the assault of the World Trade Center.

The current worldwide trend is displaying Islam as the most violent and dangerous religion and the attacks committed by groups of different religions are rather marginalised. Therefore, saying that one religion is more violent than the other would be misleading. One reminder of that fact might be the Troubles that took place in Northern Ireland in the period from the 1960s to the 1990s. These events are described by authors (such as Professor Mark Juergensmeyer) as incidents with mostly a religious context. The most significant event of all – the bombing of the city of Omagh – was very similar to the terrorist attacks committed by the Muslim radicals. Many cases committed by groups of different religions have occurred throughout history – the main difference is shown to be targets of the attacks. In the case of violent attacks against abortion providers, the most significant radical groups committing violence are formed by Christian radicals.

The unfortunate truth is there are religious groups that target public places with as many people present as possible. Usually, these places are safe and secure, such as shopping malls or town plazas. Additionally, they somehow represent characteristics or power and stability of society (government buildings, Pentagon, World Trade Center). Nonetheless, the recent trend in terrorism shows that terrorist groups target public spaces with no direct relation to government or politics. The radical groups committing violent attacks often target places with specific symbolism, places representing the “evil” they are fighting against. These are the cases we are going to

examine, since these cases are often connected to the abortion issue (Juergensmeyer: passim).

The aim of groups performing violent attacks is not only moral, ethical or religious but also political. Obviously, they do not agree with current legislation permitting abortions. But the obvious controversy in such behavior is very significant. Instead of using established democratic means to promote their beliefs they use violence and some of them are not hesitant when it comes to committing homicide. A homicide they are at the same time fighting against. One could see the similar controversy as in the saying “fighting for peace“.

9.1 THE IMPORTANCE OF MEANS OF CIVIL DISOBEDIENCE

When studying the incidence of violent attacks, many authors claim that there is a direct link between access to means of democratic civil disobedience and incidences of violent attacks. When these means are lacked or prohibited, waves of violent uprisings emerge. Some authors point out that since *Roe v. Wade* prohibited any changes on the legal level and the buffer zones imposed in the early 1990s further restricted ways of civil disobedience. When a clinic visitor or staff comes to the clinic, the anti-abortion protesters are allowed to speak freely to them. However, once the person enters the buffer zone (usually marked by a painted line), the protesters are not allowed to follow. The access laws imposed heavy penalties for nonviolent interference with clinics and restricted protests. According to some authors, after imposing the restrictive laws a wave of violence emerged. Thus, these scholars claim that in order to avoid violent ways of civil protests, it is important to provide an access to nonviolent civil dissent (Harvard Law Review Association: 1212). That might be accomplished during the year of 2014. The reason is a challenge to the law posed by a group of anti-abortion activists from Massachusetts. They claim that the buffer zones are violating their right to speech. Additionally they maintain that by the 35 feet wide buffer zone they are forced to scream at the visitors or staff. If the buffer zone was canceled they would be able to talk to people eye-to-eye in a calm conversation (McVeigh 2014).

A significant fact is that during the development of approaches towards the abortion issue not a single solitary violent attack was noticed. During the 2nd half of the 19th century, all disappointments or disagreements with current legislature took their way through petitioning. Any other development in the prevalent anti-abortion sentiment took action through statutes and legislature and the nonviolent era continued till the second half of the 20th century, more specifically till 1972, when the Roe v. Wade case took place. Roe v. Wade established the right to abortion under Constitutional protection. Thus, abortion opponents lost their legislative way to make changes and there was no direct political way to procure their demands.

Shortly after Roe v. Wade, violent incidents began to occur. The National Abortion federation reports that between 1977 and 1983, 149 violent incidents took place, accompanied by 8 bombings and 13 arson attacks. This trend continued till 1987. By the year 1990 the number of violent attacks declined by roughly half. Nonetheless, with the beginning of the 1990s a huge wave of anti-abortion violence emerged (Harvard Law Review Association: 1217).

The first abortion violence occurred in Eugene, Oregon where a Planned Parenthood's clinic experienced an arson attack. In 1977 an anti-abortion activist threw flammable liquid into a face of a receptionist in Ohio's Concern Woman's Clinic. In 1978 another Woman's Concern Clinic was attacked, in this case by activists who blinded a technician present by throwing chemicals and set the centre on fire (History Commons 2014).

Simultaneously, organisations of non-violent civil disobedience were founded. One of the most active and numerous groups was the Operation Rescue group, founded in 1987. The Harvard Law Association finds a direct link between the actions (e. g. protests, blockades and other gatherings) of this organisation and the decline in violent incidents. For example, in 1988, 188 clinic blockades took place. Consequently, the number of anti-abortion violence declined to about 53 incidents. However, with new impulses of anti-abortion activists came new impulses of pro-abortion activists. The blockaders were sentenced to longer jail-terms and sanctions and "pain-compliance" methods were used to handle uncooperative protesters.

Furthermore, clinic access laws were enacted. Basically, these laws prohibited access or interference with entry or exit from a medical facility. This made it also harder for the anti-abortion supporters to take any non-violent protest actions. Thus, the incidence of mass non-violent protests fell rapidly and violent attacks started to emerge again.

Consequently, 1992's *Planned Parenthood v. Casey* presented a hope for anti-abortionists. This case was hoped to be the impulse for reconsideration of *Roe v. Wade*. The anti-abortion activists predicted that an amendment could be added to the Constitution and a space for implementing legal changes would be reestablished again. These hopes were however diminished when Bill Clinton as an abortion supporter was elected to the presidential office. Speculations among members of Operation Rescue as to whether Clinton was or was not the literal Antichrist was nothing unusual at that time. The continuous struggles of the rescue movement were compared to the Bible's Book of Revelations End Time scenarios and the whole situation was shifted to an apocalyptic scenario. Based on this rhetoric, any kind of action against murderous abortionists was seen as legitimate. However, even these events have been seen mostly as a reaction to the frustration at government restrictions to blockages of the doors of clinics (Robbins 1997: 17).

9.2 THE RISE OF ANTI-ABORTION VIOLENCE

In 1992 the number of violent attacks rose to 196 incidents and in 1993 the number rose to 437, including the first anti-abortion murder. In 1993, as he was getting out of his car in front of his clinic, Doctor David Gunn was shot three times in his back. The attack was committed by one of the anti-abortion protesters who gathered that day to protest against abortions. The organiser of the protest, the lay preacher at Whitfield Assembly of God Church, later said that the killer was trying to stop Gunn from acting against the Bible. Moreover, he concluded that since there is talk about making protests at abortion clinics a felony, people are only going to find other ways of dealing with the problem (Booth 1993). In some way, Gunn predicted the future events and confirmed the theories of the importance of means of civil disobedience.

This phenomenon could be seen further in the future. The numbers of arson attacks, bombings and vandalism started to grow significantly. Other means of harassing abortion providers emerged – e-mail and telephone threats, and stalking included. Thus, from this point of view, imposing laws and restrictions against nonviolent ways of dissent only leads to increased violence and puts many more lives into danger (Harvard Law Review: 1221).

However, the ethical background of these nonviolent actions is still very concerning. Many authors claim that the link between oppressing nonviolent civil dissent and experiencing a growth in violent incidents is obvious. Nonetheless, there are also voices claiming that permitting physical blockades (besides the moral question as whether to allow an action of obvious intimidation) may be a “coercive mode of intimidation that is poised on the slippery slope leading to mob action, riots, and storm trooperesque reactions (Robbins 1997: 17).”

Furthermore, four years before his murder, doctor Barnett Slepian wrote a letter to Buffalo News, stating:

The members of the local non-violent pro-life community may continue to picket my home wearing large “Slepian Kills Children” buttons... display the six-foot banner with the same quotation at the entrance to my neighborhood... proudly display their “Abortion Kills Children” bumper stickers... scream that I am a murderer and killer when I enter the clinics at which they “peacefully” exercise their First Amendment right of freedom of speech... They may also do the same... at a restaurant, at a mall, in a store, or, as they have done recently, as I was watching my young children play at Leaps and Bounds... But please don’t feign surprise, dismay or certainly not innocence when a more volatile and less-restrained member of the group decides to react to their inflammatory rhetoric by shooting an abortion provider. They all share the blame (Scott 1999: 8).

The fact that Slepian was imminently aware of the threat these non-violent protesters presented for him (and other physicians providing abortions) and that his prediction was unfortunately fulfilled when he was assassinated in his home, shows

that relying on the concept of allowing these non-violent gatherings and clinic blockades cannot be taken as the only effective way to avoid violence.

9.3 RESTRICTIVE ACCESS LAWS

In order to protect abortion providers, staff and visitors of abortion clinics, states started imposing related laws. These laws were criminalising the harassment of clinics and abortion providers, violence, intimidation and other methods of anti-abortion proponents.

Related to enacted laws protecting abortion-providers, much theoretical literature evolved. In fact, two opinion-camps emerged. The first one claimed that these restrictive laws may produce a backlash reaction and result in another wave of crime, since anti-abortion activists are more concerned about their mission than about breaking the law. The battle of abortion is, especially for religious groups or fanatics, literally a battle of life and death. Moreover, if these laws were to be perceived as unfair or illegitimate, the individuals or groups may become even more outraged. In general, most of these laws were enforced at clinics that are the most often targeted places of protests and thus the most committed anti-abortionists were affected. And the most committed ones are the most likely to reach for more radical solutions. For all these reasons, the backlash-theorists believe that states which enact laws protecting reproductive laws, abortion providers and clinics bring a higher probability of dealing with increased violence (Freilich, Pridemore 2007: 611-613).

On the other side, theorists remain who believe that restrictive laws simply help to deter violence and intimidation. The main argument of these scholars is based on the assumption that, in general, anti-abortion activists are conservative law-abiding citizens. The fact that the majority of anti-abortion proponents are not in the fringe of society is highlighted as well. Most anti-abortionists still respect government authority and they are sensitive to the consequences occurring when they commit an act in contradiction with the law. Additionally, these scholars point to the decrease in clinic violence after the federal actions in 1994. In 1994, after an increase in anti-abortion violence grew rapidly, President Bill Clinton signed FACE (Freedom of Access to

Clinic Entrances). The FACE Act constitutes preventing access to abortion clinics a federal crime.

However, according to some studies, there is no direct correlation between the abortion provider protection laws and an increase or decrease in abortion violence. On the other hand, it has been proven that states with a higher percentage of Evangelical Protestants (who are seen as some of the most opposed to abortion) have fewer laws protecting abortion clinics or reproductive rights. Additionally, states with a higher proportion of Evangelical Protestants have lower abortion rates than other states. In the study which estimated 361 clinics from 48 states (except Wyoming and Hawaii who did not return their surveys) says that: "... there is clearly no evidence in these results for either the deterrent or the backlash hypothesis. In other words, states with laws protective of abortion clinics and of reproductive rights are no more or less likely than other states to have higher or lower levels of victimizations against abortion clinics, staff, or patients (Freilich, Pridemore: 618)."

There is still some evidence that abortion violence influences not only the abortion provider's decision-making as to whether or not to provide abortions, but also the woman's decision whether and where to terminate pregnancy (Jacobson, Royer 2011: 189). Abortion violence caused not only property damage, but also losses of lives. Thus, a lot of abortion clinics reported that during the years when abortion-violence increased, at least one of their staff members resigned (Jacobson - Royer: 190).

9.4 THE ARMY OF GOD

When we try to identify the most active radicals committing violent attacks on abortion providers or clinics, we come to the Army of God. The manual of the Army of God was found in 1993 after the first shooting of Doctor George Tiller, committed by Shelly Shannon. When police searched her house they found an Army of God Manual in her backyard. However, violent acts that are believed to be committed by Army of God members date years back to the 1980s. The Manual contains advice

showing “how to do” clinic abortion violence. Manuals on how to do clinic entrance blockades, how to make bombs, methods of butyric acid attacks and other advice on how to commit illegal actions are contained. It is believed that it was first created back in 1988 when anti-abortion radicals were jailed for protests at the Democratic National Convention in Atlanta. The Manual has three editions with the last stating that murdering abortion providers is the only way to stop their evil actions. The “Declaration” in the beginning of the manual states specifically:

Beginning officially with the passage of the Freedom of Choice Act – we, the remnant of God-fearing men and women of the United States of America (sic), do officially declare war on the entire child killing industry. After praying, fasting, and making continual supplication to God for your pagan, heathen, infidel souls, we then peacefully, passively presented our bodies in front of your death camps, begging you to stop the mass murdering of infants. Yet you hardened your already blackened, jaded hearts. We quietly accepted the resulting imprisonment and suffering of our passive resistance. Yet you mocked God and continued the Holocaust. No longer! All of the options have expired. Our Most Dread Sovereign Lord God requires that whosoever sheds man's blood, by man shall his blood be shed. Not out of hatred of you, but out of love for the persons you exterminate, we are forced to take arms against you. Our life for yours – a simple equation. Dreadful. Sad. Reality, nonetheless. You shall not be tortured at our hands. Vengeance belongs to God only. However, execution is rarely gentle.

The Army of God sees itself as a genuine army under the commandment of God. However, the army itself is not highly organised. In order to never get caught by the federal police, the web of Army of God’s soldiers is not particularly connected. It is specifically said in the Manual that the soldiers barely know each other in order to remain unstoppable (National Abortion Federation 2014).

Various incidents are connected with the Army of God. It has been proven that the Army of God is responsible for numerous bombing of clinics, with the name of the Army of God found at one of the crime scenes. In 1984 Supreme Court Justice Harry

Blackmun received a death-threat letter from the Army of God. Furthermore, the Army of God sent a letter to the media, claiming responsibility for the bombing of abortion clinic and a gay bar in Atlanta. In 2001, 550 anthrax letters sent to abortion clinics nationwide were signed by the Army of God. The Army of God's threats to kill 42 individuals were officially posted on the Army of God website.

Moreover, one of the most celebrated names in the Manual is responsible for attacks on abortion providers and their murders. One of them is James Kopp, known under the group alias Atomic Dog. He was convicted for the murder of Doctor Barnett Slepian in 1998.

As for Doctor Tiller, he survived being shot in 1993 by Army of God member Shelly Shannon and continued to perform late-term abortions. After many years of an intense campaign against him, waged outside his clinic, on the internet and even in the national media (where he was labeled "Tiller the Baby-killer"), he was shot again, this time fatally, in 2009 by Scott Roeder – a militant anti-abortion activist with previous links to the Army of God. In a bitter irony, Tiller was shot in his local church.

10 ABORTION IN POLITICS

10.1 STRATEGIC EXTREMISM

In the political context, the issue of abortion is an example of a phenomenon called strategic extremism. The phrase of strategic extremism illustrates the tendency of the two strongest political parties in the U.S. to take rather extreme positions on religious issues such as abortion. Extreme positions taken by the political parties on the abortion-related issues are described as a pure strategy to gain the highest number of votes. Along the issue where there is a greater heterogeneity among the voter's preferences strategic extremism is most likely to occur.

This trend is explained by the pragmatic attitude towards gaining voters. When a new bill or law is introduced there is a slight probability that a politician would agree with the stance of a median voter. However, as a member of a right-wing or left-wing political party a politician needs to be careful about taking the median-stance on issue

of such significance. By sticking to his median opinion a politician may lose the preferences of his traditional voters and gain only a half of the total vote. On the other hand, by moving slightly to the left or to the right on the issue he might look more attractive to his voters while he does not energize the voters of his opponent. Seeing this move, the opponent is forced to take the same step (Glaeser, Ponzetto, Shapiro: 1293).

10.2 ABORTION IN THE CURRENT US POLITICS

According to Time Magazine, the pro-life activists see abortion as the mainline topic of 2014. As the Guttmacher Institute issued the high numbers of restrictive laws on abortion, pro-life activists see their chance to shift the legislation towards a more restrictive atmosphere in the case of abortion. On November 2014, 36 Senate elections will take place. The Republican Party thus sees its strongest chances in the reproductive health issue (Wyler 2014). When the Republican National Committee held its winter meeting in Washington, the annual anti-abortion March for Life was held as well. The Republicans took their chances and postponed the beginning of their meeting, so anyone who wanted to attend the March for Life could make it to both gatherings. Moreover, there was a free shuttle that took anyone interested to the Committee.

In general, in this year's election, Republican Party has started emphasizing the economic aspect of abortion. Their main goal thus seems to be passing the No Taxpayer Funding for Abortion Act. This act should prohibit using any federal funds for any abortion.⁴ By turning the abortion issue into an economic topic instead of the social or pro-life, the Republicans have managed to connect two of the most important doctrines of the Republican Party. It shifts the election topics to the matter that is most important for Republicans – Obamacare. Moreover, in states such as Oregon or Colorado laws prohibiting using state funds for paying for abortion (except in cases of serious life-endangerment) or constituting a legal protection for the fetus were

⁴ Currently the federal funds can be used for abortion in cases of rape, incest or life-endangerment.

introduced. By introducing these laws the Republicans gained significant support among conservative voters.

Nonetheless, the Republicans are aware that their rhetoric in the abortion debate must be very delicate, since there have been incidents related to abortions that cost them a significant number of voters.⁵ By a few mistakes in their statements they can easily play into the Democrat's hands and confirm their accusation of declaring a war on women.

However, it is not only the Republicans who will use the abortion issue to gain control of the Senate. Since the abortion issue is predominantly a matter of female interest, the Democrats are going to play their war-on-women card. Considering the overwhelming majority of the female vote that president Obama won in both presidential elections, the Democrats hope to continue in this tradition and gain the same margin as in the presidential election. It is thus no wonder that the Democratic Party publicly makes the accusation that by supporting the pro-life doctrine the Republican Party is declaring war on women (Peters 2014).

The majority in the U.S. Senate is currently held by the Democrats. The Democrats occupy 53 seats, while the Republicans hold 45 seats and the remaining 2 seats are held by independent candidates. The Republican Party hopes to gain a majority in the forthcoming elections on November 2014 and the increasing significance of the abortion topic might be their entrance ticket since the abortion debate has become a hot topic not only in politics and religious circles but among society as a whole.

In so-called "off-year elections" such as this year's, when the presidency is not on the ballot, both parties' campaigning tends to be focused on efforts to get their "base" (i.e. most vehement and loyal supporters) to the polls. With the intensity of opinion on both sides of the debate, abortion is seen by both parties as a useful campaign issue and so is once again at the forefront of American political discourse.

⁵ E. g. the above mentioned words of Todd Akin.

11 CONCLUSION

In this thesis, the abortion debate was examined within its complexity. The various participants of the whole debate were studied and we found very specific controversies among their statements and beliefs. The proposition of the thesis claimed that there is no single solution to the abortion debate. On the example of not only philosophical dilemmas and stalemates but also on the example of differing surveys, statistics and numbers we found out that the debate may be resolved only on the legal level. However, there will never be any general agreement on whether the legal setting is morally acceptable or not.

The surveys of anti-abortion violence show that the number of violent attacks has decreased significantly since the 1990s (see table 3). The reasons for that fact are claimed by many groups and we cannot find one single cause for it. There is a probability that more restrictive laws on abortion will be enacted. Further surveys will thus show if restrictive laws on abortion can appease the religious radicals and help lower the number of violent incidents even more.

My prediction is that after the upcoming elections in November 2014, a more conservative (Republican) government will be elected. Furthermore, the Supreme Court is currently occupied by 9 judges with 5 of them nominated by Republican Presidents. Thus, it is more likely to uphold laws restrictive of abortion.

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13 RESUMÉ

This thesis is focused on the phenomenon of abortion and the debate that is held in the society of the United States. Abortion is a significant topic provoking debates in the circles of US politics, religion, law, ethics and philosophy. Debates on abortion are held in the medical circles as well. All of the aspects related to the abortion issue are examined.

The thesis is focused on describing the abortion issue in its complexity and illustrates the statements and attitudes of each participant in the nationwide debate. Further, the thesis describes anti-abortion violence that has been occurring since the Roe vs. Wade case, when abortion was legally permitted. The thesis contains researches and statistics related to the abortion issue.

The aim of the thesis is to delineate the controversy of the issue. Analytic and descriptive methods are used.

14 APPENDICES

14.1 TABLES

Table 1

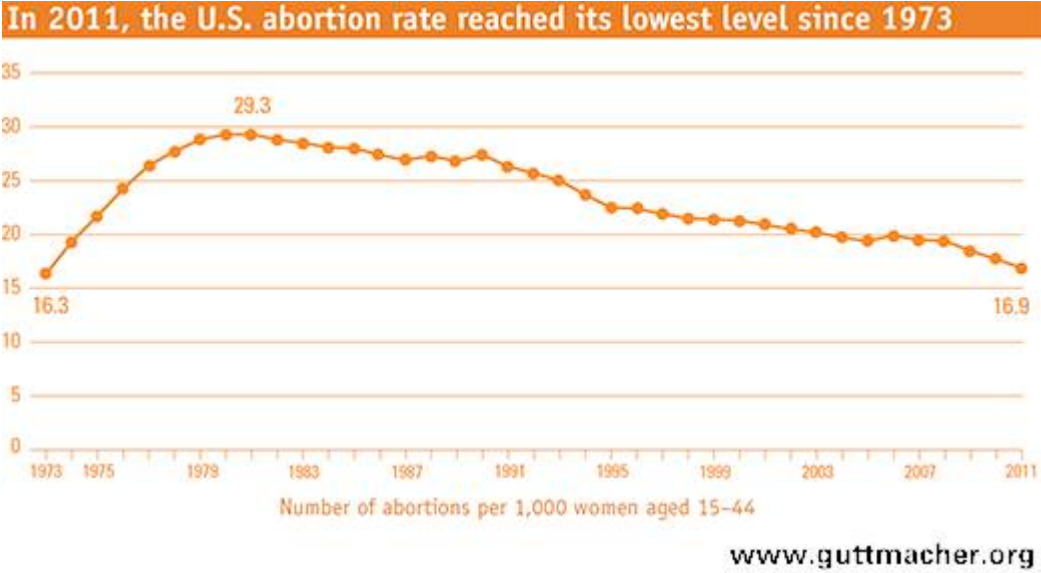
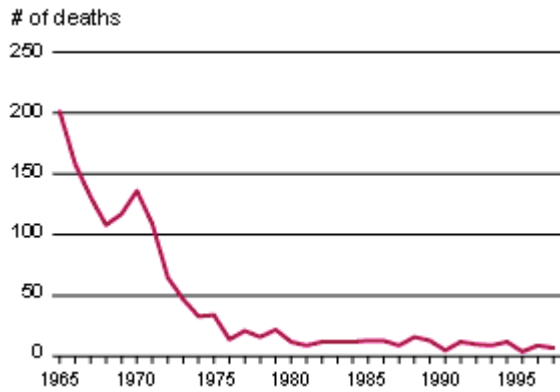


Table 2



Source: The Alan Guttmacher Institute (guttmacher.org)

Table 3

naf NATIONAL ABORTION FEDERATION		NAF VIOLENCE AND DISRUPTION STATISTICS																			
		INCIDENTS OF VIOLENCE & DISRUPTION AGAINST ABORTION PROVIDERS IN THE U.S. & CANADA																			
VIOLENCE	1977-1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	TOTAL	
Murder ¹	5	0	0	0	2	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	
Attempted Murder	11	1	1	2	1	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	
Bombing ²	29	1	2	6	1	1	0	1	0	0	0	0	0	0	0	0	0	0	1	0	
Arson ³	124	14	3	8	4	8	2	2	1	3	2	2	0	2	0	0	0	1	5	181	
Attempted Bomb/Arson ³	64	1	4	2	5	1	3	2	0	0	1	6	4	2	1	1	1	1	0	99	
Invasion	347	4	0	7	5	3	4	2	1	0	0	0	4	7	8	1	0	0	0	391	
Vandalism	555	31	29	105	46	63	56	50	60	48	49	83	72	59	45	40	22	27	12	1,690	
Trespassing	0	0	0	0	0	193	81	144	163	66	67	453	334	122	143	104	45	69	47	2,214	
Butyric Acid Attacks	80	0	1	0	19	0	0	0	0	0	0	0	0	0	0	0	0	0	0	100	
Anthrax/Bioterrorism Threats	0	0	0	0	12	35	30	554	23	0	1	0	0	1	3	2	1	1	0	663	
Assault & Battery	95	2	1	9	4	2	7	2	1	7	8	8	11	12	6	9	4	3	7	190	
Death Threats	225	41	13	11	25	13	9	14	3	7	4	10	10	13	2	16	2	2	6	426	
Kidnapping	2	0	0	0	1	0	0	0	0	0	0	0	1	0	0	0	0	0	0	4	
Burglary	34	3	6	6	6	4	5	8	1	9	5	11	30	12	7	12	13	8	5	183	
Stalking ⁴	200	61	52	67	13	13	17	10	12	3	15	8	6	19	19	1	7	1	6	530	
TOTAL	1,802	158	212	223	164	354	213	795	265	165	152	761	476	269	257	187	95	114	88	6,550	
DISRUPTION																					
Hate Mail/ Harassing Calls	1,833	255	605	2,829	915	1,648	1,011	404	230	432	455	515	543	522	394	1,699	404	365	417	15,479	
Email/Internet Harassment	0	0	0	0	0	0	0	0	24	70	51	77	25	31	44	16	44	17	41	447	
Hoax Device/Susp. Package	0	0	0	0	0	0	0	0	41	13	9	16	17	23	24	17	8	2	7	177	
Bomb Threats	311	41	13	79	31	39	20	31	7	17	13	11	7	6	13	4	12	1	1	657	
Picketing ⁵	7,748	1,354	3,932	7,518	8,402	8,727	8,478	9,949	10,241	11,348	11,640	13,415	13,505	11,113	12,503	8,308	6,347	4,780	4,519	163,949	
Obstruction ⁶																			79	79	
TOTAL	9,912	1,652	4,550	10,428	9,340	10,412	9,509	10,404	10,543	11,820	12,366	14,034	14,102	11,702	12,950	10,124	6,515	5,165	5,064	110,788	
CLINIC BLOCKADES																					
Number of Incidents	634	5	7	25	2	3	4	2	4	10	34	4	13	7	8	1	1	5	6	775	
Number of Arrests ⁷	33,661	54	85	29	16	5	0	0	0	0	0	0	0	3	1	0	0	0	4	33,834	

All numbers represent incidents reported to or obtained by NAF. Actual incidents are likely much higher. Tabulation of trespassing began in 1999 and tabulation of email harassment and hoax devices began in 2002.
 (1) Incidents recorded are those classified as such by the appropriate law enforcement agency. Incidents that were ruled inconclusive or accidental are not included. (2) Stalking is defined as the persistent following, threatening, and harassing of an abortion provider, staff member, or patient away from the clinic. Tabulation of stalking incidents began in 1991. (3) The "number of arrests" represents the total number of arrests, not the total number of persons arrested. Many blockades are arrested multiple times. (4) NAF changed its method of collecting this data in 2011. (5) Tabulation of Obstruction began in 2012. Obstruction is defined as the act of causing a delay or an attempt to cause a delay in the conduct of business or prevent persons from entering or exiting an area. This would apply to violations of the FACE Act.

Source: National Abortion Federation

