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The Real Face of Abortion –Choosing Death Rather Than Life

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Friday, September 23, 2005

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Leland’s article is heartbreaking. He takes readers into the lives of the women who have come to the clinic seeking an abortion. Their stories—and the rationales they gave for their abortions—only deepen the sense of tragedy that surrounds the reality of abortion.

Leland opens by introducing four women who arrived at the abortion clinic on the same day, each carefully avoiding making eye contact. Leah is an employee in a clothing boutique. Alicia is a high school student, and Tammy works in an espresso bar. Regina is an army sergeant, recently returned from Iraq. The women are identified only by their first names in order to protect their identities.

Living three decades after the U.S. Supreme Court legalized abortion on demand in the decisions *Roe v. Wade* and *Doe v. Bolton*, Leland acknowledges that the landscape of the abortion debate has been “altered by shifts in technology, law, demographics and the political climate.” Well over forty million abortions have been performed since 1973, and more than 25 million women have experienced abortions. At present, more than one in five pregnancies ends in abortion.

“Often kept secret, even from close friends or family members, the experience [of abortion] cuts across all income levels, religions, races, lifestyles, political parties and marital circumstances,” Leland explains. Even as abortion rates have fallen somewhat over the last fifteen years, “abortion remains one of the most common surgical procedures for women in America.”

The importance of Leland’s article lies in the brutal honesty of the reality he describes. He minces no words in describing the ugliness of the context, and he allows the women to speak for themselves, explaining why they have come to the clinic in order to abort the developing life within them.

Even on the outside, the picture is ugly. Leland describes “the squat, nondescript brick building” that must be guarded by armed security. Visitors enter only after clearing a metal detector and are warned that they must settle their bill before the procedure—cash or credit cards are the only payment options.

At one point, Leland attempts to individualize the abortion issue. “While public conversation about abortion is dominated by advocates with all-or-nothing positions—treating the fetus as a complete person, with full rights, or as a nonentity, with none—most patients at the clinic, like most Americans, found themselves on rockier ground, weighing religious, ethical, practical, sentimental and financial imperatives that were often in conflict.”

Of course, by the time these women had made their decision for an abortion, the conflict had been decided in favor of terminating human life.

The stories will truly break your heart. Alexia, a 23-year-old student at Delta State University in Mississippi, came to the Little Rock clinic in order to have her third abortion. “My religion is against it,” she acknowledged. “In a way I feel I’m doing wrong, but you can be forgiven, I blame myself. I feel I shouldn’t have sex at all.” In other words, Alexia seems to believe that having an abortion is a sin, but she has settled in her own mind that this sin can be forgiven, even as it is the focus of her premeditated act.

Venetia Grundler, age 21, decided to go through with the abortion even after she had viewed an ultrasound image of the fetus developing in her womb. According to Leland, Grundler was twelve weeks pregnant when she came to the clinic, and she blamed her pregnancy on the failure of birth control pills.

Her statements to the reporter are nothing less than shocking. “I feel pretty messed up,” she said after viewing the image of her developing baby. “It’s different, just knowing. My husband told me not to look. This changes my feelings, but I’m sticking by it. Damn it, \$650, I’m sticking by it.”

What are we to make of this? This young woman admits that her heart was moved by the visual image of the baby developing within her, but she has decided to proceed with the abortion because she has already paid her \$650 fee. When she said, “I’m sticking by it,” she obviously meant that she had decided to stand by her decision, rather than by her baby.

Leland presents the women and their stories in the context of moral conflict. Some of the women explained their abortion decision primarily in terms of economics, while others claimed that they just could not handle the experience of motherhood.

Leah, 26, expressed some level of inner conflict. “I always said I would never, ever have an abortion. I probably will regret it. I’m pro-choice for cases of incest or rape, but if it’s your own fault, you should accept responsibility. And it’s my own fault.” So, Leah argued against the very decision that had brought her to the clinic.

Intentionally or not, Leland points to the status of the fetus as an important issue in the decision making of at least some of the women at the clinic. Leah offered that she did not believe she would be able to have an abortion if she had seen an actual baby on the ultrasound image. Since she came for her abortion at only the fifth week of pregnancy, the ultrasound image did not show a recognizable infant. “If I saw an actual fetal baby on the ultrasound, I wouldn’t have been able to go through with it,” she explained.

On the other hand, some women gave virtually no evidence of moral conflict at all. Karen, 29, came to the clinic for an abortion in the twentieth week of her pregnancy. “Like nearly half of all women who have abortions, she has had one before, when she was eighteen,” Leland explains.

Karen does not believe that her abortion should be seen as shameful. “All of your past goes into making you who you are,” she commented. That amounts to an abdication of moral responsibility disguised as fatalism.

Parents will want to take note of Leland’s description of Alicia, a seventeen-year-old girl from Oklahoma who traveled to Little Rock in order to obtain an abortion. Alicia did not have parental consent for her abortion as required by Arkansas law, but she was able to get a judge to bypass parental consent.

Leland describes how clinic staff scheduled Alicia an appointment with a local judge who met with her briefly in his chambers. Dr. Tom Tvedten, one of the doctors who performs abortions at the Arkansas clinic, explained, “If you go to the judge and say, ‘I’m afraid to tell my parents because they may harm me,’ that’s all you need to say. It doesn’t have to be true, because how would anybody know?”

Tvedten was more concerned with economic issues and seemed to see abortion as a consumer product. He complained that “every time a restriction is placed on us, it increases our cost, and that cost is passed on to the consumer.”

This depressing article contained other items of interest. Dr. Jerry Edwards, the clinic’s chief physician, expressed frustration that the local medical community had shunned the clinic and its personnel. “We can’t get residents from the hospital to come over and see what an abortion is like,” Edwards complained. He went on to express that he felt an obligation to maintain the abortion clinic in Little Rock because, “If we retired, I’m not sure anybody else would come to Arkansas and practice.”

According to the Alan Guttmacher Institute, a pro-abortion think tank, the total number of abortion clinics across the nation now stands at 1819 in 2000, down from 2908 in 1982.

Edwards owns the clinic along with his wife, Ann F. Osborne, its director. They acknowledge that they were not accepted by the Little Rock community. As Leland explains, “Even the patients often have a negative view of abortion.” Evidently, their view is not sufficiently negative that they would be convinced to carry their babies to term.

The issue of abortion has been front and center in America’s culture war for the last four decades. The issue is controversial, and the debate over abortion is often contentious. Nevertheless, the reality of abortion is even uglier, as the stories of these women will make clear. Something is missing from this picture, and that missing element is an acknowledgement that the one factor most glaringly excluded from this consideration is the developing baby. The baby has no voice, no say in the decision, and no advocate in this process. But then, the reporter cannot interview the baby, can he?

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