

Encyclopedia of Catholic Social Thought, Social Science, and Social Policy

Volume 1
A–J

Edited by
Michael L. Coulter
Stephen M. Krason
Richard S. Myers
Joseph A. Varacalli



THE SCARECROW PRESS, INC.
Lanham, Maryland • Toronto • Plymouth, UK
2007

CABRINI COLLEGE LIBRARY
610 KING OF THE CASTLES
LANHAM, MD 20756

• A •

ABORTION Abortion is the ending or termination of a pregnancy. An abortion can be spontaneous, in which case it is generally referred to as a miscarriage. The most common reference of the term, however, is to procured abortion, involving the intentional and deliberated use of drugs or some mechanical device. Procured abortion has been practiced since ancient times (usually through the use of particular herbs), but it has been more widely practiced since the development of modern medicine. In the twentieth century, abortion was legalized by the United States, several European countries, and communist countries in Asia. Estimates vary, but it is generally thought that there are about fifty million abortions worldwide each year.

In the early years of the United States, abortion was generally illegal through the common law. The first specific state law against procured abortion appeared in 1821. The American Medical Association led a campaign in the 1860s and 1870s that contributed to specific statutes criminalizing abortion throughout the country. During this first wave of antiabortion activity some noted early feminists, such as Elizabeth Cady Stanton, argued strongly against abortion on the grounds that it was an unsafe medical procedure for women.

In the twentieth century, the early feminist movement and birth control advocates argued that improved medical techniques would ensure safer abortion procedures. In addition to the advent of feminism, other social movements and the decline of religious traditionalism led to the changing of abortion laws. In 1967 Colorado and California enacted laws permitting abortions in the first third (the first trimester) of pregnancy. By 1970 another fourteen states had enacted laws legalizing abortion during the early period of a pregnancy. Some of those states permitted abortion for only very narrow reasons, while other states, such as New York, placed no restriction on the reason for the abortion. The great shift in the American legal environment came in 1973, when the U.S. Supreme Court, in *Roe v. Wade*, declared all existing abortion laws, even those in states that had already legalized abortion, to be an undue invasion of the right to privacy of the woman seeking an abortion and established a trimester framework for regulating abortion. The Court stated that there could be no restrictions on seeking an abortion in the first trimester, but that it was possible to impose some minimal restriction for reasons of the health of the mother in the second and third trimesters. The Court further ruled that abortion could be permitted in the third trimester for reasons concerning

the health of the mother (even though the viability of the child is quite possible). In a companion decision, *Doe v. Bolton*, the Court ruled that “health” constituted a wide range of physical and psychological circumstances. The Court then handed down a series of decisions between 1973 and the late 1980s that struck down any attempt at regulating abortion, although the Court ruled that states and the federal government were not required to pay for abortions through medical programs aimed at the poor.

In the 1989 case *Webster v. Reproductive Health Services*, the Court allowed some minimal regulation of abortion. Most significantly, in the 1992 *Casey v. Planned Parenthood*, the Court upheld portions of the 1989 Abortion Control Act, which required informed consent, a twenty-four-hour waiting period, parental consent for a minor seeking an abortion, and the reporting of data by those who perform abortions.

The Catholic Church has consistently opposed abortion as a practice that violates both natural law and divine law. The earliest Church condemnation of abortion can be found in the second-century *Didache*. Some early church fathers, such as Clement of Alexandria, also criticized the practice of abortion. Writing in the thirteenth century, Thomas Aquinas said that abortion was only a grave evil after “ensoulment,” the point at which a soul is united with the body. At Aquinas’s time in the development of Western thought and understanding ensoulment was not thought to occur at conception. This, however, was a view contingent upon the limitations in scientific knowledge particular to that time, and has never been accepted by the Catholic Church as her universal or official position.

There have been many official pronouncements by the Church condemning abortion as a grave evil and a practice that is harmful to women and has a degrading effect on society. The principal basis for this position is clearly set forth in the *Catechism of the Catholic Church*: “Human life must be respected and protected absolutely from the moment of conception. From the first moment of his existence, a human being must be recognized as having the rights of a person—among which is the inviolable right of every innocent being to life” (CCC # 2270). Noteworthy Church documents condemning abortion include Pope Sixtus V’s 1588 papal bull “*Effraenatam*,” which stated that any who obtained an abortion would be subject to excommunication. Pope Paul VI in his 1968 encyclical *Humanae Vitae* said that “directly willed and procured abortion . . . [is] to be absolutely excluded” (HV # 4). Other Church documents, such as the Congregation for Defense of the Faith’s 1987 *Donum Vitae*, have strongly condemned abortion. The strongest papal statement against abortion can be found in Pope John Paul II’s

Evangelium Vitae (1995), in which he calls abortion a "grave evil" and calls for the building of a culture of life, rather than a culture of death.—James Hostetler and Michael L. Coulter

BIBLIOGRAPHY AND FURTHER READING: Glendon, Mary Ann. *Abortion and Divorce in Western Law*. Cambridge, MA: Harvard University Press, 1989; Mohr, James C. *Abortion in America: The Origins and Evolution of National Policy*. New York: Oxford University Press, 1978; Shapiro, Ian, ed. *Abortion: The Supreme Court Decisions, 1965–1980*. Indianapolis: Hackett, 2001; See also ABORTION VACCINES; DONUM VITAE; EUTHANASIA; EVANGELIUM VITAE; FAMILY AND HUMAN PROCREATION

ABORTION VACCINES Abortion vaccines (also known as abortifacient vaccines, anti-fertility vaccines, or contra-gestational vaccines) are defined as vaccines that act to sensitize the maternal immune system to terminate a pregnancy either by blocking a mechanism to maintain the pregnancy (e.g., Human Chorionic Gonadotropin) or by directing the immune system to directly attack and destroy the embryo. Usually this action occurs prior to the embryo implanting into the uterine lining (i.e., nidation). The end result is an early first-trimester abortion.

Abortion vaccines have been under development since the 1970s. Researchers developing this technology have labeled it as a form of contraception. Under funding by the World Health Organization (WHO), two versions of abortion vaccines have been researched: the hCG (Human Chorionic Gonadotropin) vaccines and the TBA (Trophoblastic Antigen) vaccines.

The hCG vaccines have been developed and are presently under development for global commercial distribution. These vaccines teach the maternal immune system that the hCG hormone is a foreign protein and must be eliminated from the blood by the immune system. The embryo produces the hCG hormone to signal the corpus luteum to maintain production of estrogen. Estrogen levels maintain the uterine endometrium for the first six to ten weeks of pregnancy. The survival and growth of the embryo depend on the uterine lining. If hCG levels in the blood decrease, estrogen levels will decrease, followed by the endometrium lining sloughing off and the subsequent death of the growing embryo. The time course of action by this vaccine on the developing embryo is within the first two weeks after conception. Some studies reported that vaccinated women had no alteration of their menstrual cycle, yet aborted an embryo each month. Research indicates that the vaccine effects last up to five years.

The second version of the abortion vaccines (TBA) has not yet achieved total success. The technique attempts

to teach the maternal immune system that proteins on the exterior of the growing embryo are foreign, and as a result, the immune system attacks and destroys the embryo. Again, this process should destroy the embryo within the first two weeks after conception.

The social effects of this technology will include an explosion of early stage abortions, usually within the first two weeks of conception. Yet, as the conceiving mother is not aware of any changes in her menstrual cycle, she will not know that she is terminating the conceived life within her and thus not be aware of the consequences of her actions. Another social aspect of this technology is its use by government or society for enforced "birth control" or as a tool of population control.

The Church clearly states that any action to harm or interrupt a life after conception is clearly morally wrong. This technology does not block conception; rather its sole mechanism of action is to induce the mother's immune system to destroy an embryo and thus cause an abortion. As this technology's sole purpose is to induce an abortion just after conception, the Church would list its use as a moral evil.—Lawrence F. Roberge

BIBLIOGRAPHY AND FURTHER READING: Roberge, L. F. "Abortifacient Vaccine Technology: Overview, Hazards, and Christian Agenda Response." In *Bioethics and the Future of Medicine: Towards a Christian Agenda*, edited by Nigel Cameron, David Schiedermayer, and John Kilner. Carlisle, UK: Paternoster, 1995; Roberge, L. F. "Abortion Vaccines Should Not Be Available." In *Abortion: Current Controversies*, edited by Charles Cozic and Jonathan Petrikin. San Diego: Greenhaven, 1994; See also ABORTION; BIRTH CONTROL; DONUM VITAE; HUMANAE VITAE

ABSTINENCE EDUCATION While physical sexual desires are stimulated at puberty by the now-present reproductive hormones, most adolescents are far from mature enough to engage responsibly in sexual intercourse. Engaging in any behavior responsibly implies that the actor understands not only the behavior, but also the meaning of the action in which he or she engages, as well as the physical, emotional, social, and spiritual consequences. Society has focused mainly on preventing premarital adolescent pregnancy and disease transmission, while the emotional consequences have, in the main, received short shrift.

The Catholic Church has always taught that sexual intercourse is proper only within marriage, hence any use of the genital faculty outside of marriage is gravely morally disordered. The Church has also taught consistently that parents are the primary but not the sole educators of their children in all matters, including sexuality. Parents