

Pro-lifers exploiting civil rights struggles in bid to ban abortions, says new research

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Pro-lifers are using civil rights protections to lobby against early abortions, according to research published in the peer-reviewed journal *Sexual and Reproductive Health Matters*.

The first known study of its kind has analysed the tactics of anti-abortionists for promoting controversial 'heartbeat' bills. Findings show supporters of these measures, which prohibit terminations from six weeks into pregnancy, are trying to strengthen their case by comparing fetuses to the plight of Black Americans and LGBTQIA people.

New pro-life strategies to restrict abortion include quoting laws designed to protect slaves and same-sex couples, while deliberately misrepresenting medical facts to argue a heartbeat indicates life. This is based on a detailed examination of debates and testimony from pro-life lawmakers and citizens in Georgia, one of nine US states this year to ban terminations once a fetal cardiac activity can be detected.

The researchers say their findings could help opponents devise effective strategies to combat these controversial but growing policies, both in the US and worldwide.

"Early abortion ban legislation is evolving quickly and likely to be replicated in global contexts," says co-author Dr. Dabney P. Evans, Emory University, Atlanta, USA.

"Our analysis provides an initial understanding of evolving early abortion strategy and its tactics for challenging established legal standards and precedent."

"Fetal 'heartbeat' bills have become the anti-abortion legislative measure of choice in the US war on sexual and reproductive health and rights. Comparing the 'heartbeats' of fetuses to historical and current efforts against White supremacy and

homophobia demeans the lived experience of those facing such systemic oppressions."

Georgia's 'heartbeat' law was set to become effective in January 2020 after being passed and signed into law in 2019. A temporary injunction has since halted its progress until the courts make a judgement.

The authors set out to identify and characterise the arguments and tactics used by supporters of the state's early abortion ban bill. They analysed video archive debates and testimony from 41 members of two Georgia legislative bodies—the House Health and Human Services, and Senate Science and Technology committees. Testimony from community members supportive of the bill was also examined.

The researchers identified key themes the bill's backers used to strengthen their case. These included arguing a heartbeat is an indicator of life and therefore personhood. According to the authors supporters used medically inaccurate terms and misconstrued scientific evidence in making this argument.

Another tactic was attempting to create a special class of person—'fetuses in utero'—entitled to legal protection. Some supporters drew parallels between 'unborn children' and civil rights claims by same-sex couples and Black Americans.

They asserted that fetuses should have the same protections as these groups under the 14th Amendment, for example referencing the case of a former slave denied his claim to constitutional protections.

Lobbying for the 'unborn' by adopting the discrimination faced by Black Americans and LGBTQIA people is 'devaluing' the experiences of these groups, say the researchers, and minimises the harm they face.

In some debates, the researchers noted that arguments were made in favour of states using their powers to go beyond federal protections. Supporters called for a 'national standard' that would support fetal rights.

The analysis of the committee hearings identifies how medical science and law was used to further the aims of anti-abortionists. The study highlights facts were misrepresented to add credibility, often by inventing emotive medical-sounding vocabulary eg. 'early infant.'

More information: Dabney P. Evans et al, A narrative analysis of anti-abortion testimony and legislative debate related to Georgia's fetal "heartbeat" abortion ban, *Sexual and Reproductive Health Matters* (2020). DOI: [10.1080/26410397.2019.1686201](https://doi.org/10.1080/26410397.2019.1686201)

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