

Corrective Abortion and Crime

William M. Epstein

Observation is key and it is generally supported in the literature that many social problems are caused less by the unborn and more by people below 18 years of age. It is certainly undeniable that the widespread recourse to abortion, usually by pregnant women, has saved taxpayers in the United States many billions of dollars. Had some of the nation's youths also been aborted before birth, many billions more would have been saved. While certain lasting inconveniences and blemishes borne by parents are irremediable, it is yet possible to prevent stress from continuing on to grandparents and the future society. This paper explores the possibility of correcting many of these oversights through corrective abortions and psychotherapeutic interventions. It also draws out some implications for social policy.

Corrective Abortions

Analyses of the latest national crime data yield a key conclusion for future social policy. Crimes in every category are committed less by the unborn and more by people below 18 years of age. Indeed, fetuses committed less than 1% of all violent felonies.

It is certainly undeniable that the widespread recourse to abortion, usually by pregnant women, has saved taxpayers in the United States many billions of dollars. Had some of the nation's youths been aborted before birth, many billions more would have been saved. This paper explores the possibility of correcting many of these oversights through the social sciences and the modern professions of social welfare. It also draws out some implications for social policy. While certain lasting traumas to parents are irremediable, it is yet possible to prevent their pain from following them into their golden years and affecting greater portions of the society.

William M. Epstein (emeritus), College of Urban Affairs, University of Nevada, Las Vegas, NV, USA. He can be contacted at william.epstein@unlv.edu.

Corrective abortion, although dropped from social consciousness for over 1,500 years, was in its time a central pillar of Roman, Egyptian, and Greek civilizations. Institutionalized in the laws of *patria potestas* and expressed through the social role of *pater familias*, corrective abortions proved a sound policy then and may offer a useful innovation for the 21st century. Of course, unless it is revised, the crude notion of corrective abortion affronts contemporary tastes. It requires judicious adaptation to post-modern, post-structuralist society.

Social work, clinical psychology, and the other professions of the contemporary social clinic are the logical disciplines in which to nest training, practice, theory, and research responsibility for corrective abortions. The field has already trained an effective cadre of child welfare workers, psychotherapists, and social welfare administrators. Social specialists and scholars have settled central conundrums of value and outcome, in the process earning access to the ears of power. Its schools have attracted some of the brightest, most committed students in the nation to study with some of its wisest minds. Social clinical service theory has matured into an elegance of modern thought. Yet, the skill of the field and its wide political success have surprisingly not dulled its altruistic advocacy of social justice. In every social arena of contention, clinicians in these fields are among the first and the fiercest protectors of American mores.

It has been repeatedly observed that rare personality styles are drawn to clinical work whose successful practice requires their unusual, irreproducible skills and insights. Training can only nourish, it cannot create, the gracious gifts of the social service personality.

Definitions

A corrective abortion is an abortion performed after parturition from the mother's womb. Correction refers to a complex yet still objective evaluative calculation whose resultant conclusion is that: (1) the parents, particularly the mother, would have been better off if the living organism had been aborted as a fetus and that future contributions by the living organism will not compensate them for harms created during the years since birth; (2) the society, judged by the actions of the living organism, would have gained from a timely abortion and that its unfavorable profit/loss ratio will probably not be corrected; and (3) that the living organism itself would have been better off never to have achieved its current viability (and again here, the need exists to make some estimate of future gains).

Limiting Access

Corrective abortions are justified on three grounds – benefits to the parents, notably the mother, social benefits, and selfless self-sacrifice. However, corrective abortions need to be prudently limited in order to avoid generational obliteration, which might result from a splenetic and unconsidered reaction by the elderly to cuts in Social Security. First, corrective abortions can only be applied up to the

18th birthday. Enthusiasts have suggested that corrective abortions be applied up to the 30th birthday. However, with responsibility for decision-making residing, as below, with the parents, design specialists feel that parent/child relations after about 18 years become too envenomed in many cases to expect dispassion.

Second, the mother, not the father, will have the final responsibility for the decision. However, this pivotal responsibility cannot be legislated until the admittedly blurry concept of the mother is clarified. The nation's most accomplished theorists of social welfare have already convened a roundtable to draw on existing research that identifies the characteristics of the "mother" and that demonstrates their clarity in live tests of application. The roundtable will suggest legislative language to define mother.

In applying the criteria of who would have been better off, the mother, who will probably emerge from the roundtable criteria as a woman, will be required to write up her evaluations, defend them before the probing of a senior clinician, and transmit the final decision to a trained communicator who will then relay the decision to the unaborted object of the inquiry. The father's advice must be considered, but the mother's evaluation is binding. It is good to note here that women, after all, have succeeded empirically and theoretically over the past few decades of feminist wisdom as the more advanced gender.

Third, the calculation of the local society's benefit will be made only within the private sector. Responsibility will fall on the chief financial officer of the largest local industry with more than 125 employees that has shown a profit for the previous six quarters, that has avoided conviction for environmental misconduct, and, most importantly, that has consistently stayed true to America's faith in self-sufficiency by refusing for at least 2 years to take federal subsidies, including large tax expenditures. In the event that a community fails to identify a qualified local business, responsibility can fall back upon the chief executive of the nearest gambling casino and its tasteful sense of social responsibility.

Fourth, the living organism who is being evaluated may review the basis for decisions by his or her mother and by the designated chief financial officer and come to a personal calculation of his or her own worth that is as objective and coherent as possible under the circumstances. The clinician will have the responsibility of assessing the value of this determination by the still unaborted, living organism.

It is worth mentioning that the roundtable of researchers, theorists, and clinicians was also initially charged with defining living. However, participants early on realized that as these criteria grew more restrictive, a smaller number of corrective abortions were possible (after all one cannot correctively abort the already dead although corrective miscarriages might be considered at some later time). In an effort therefore to open corrective abortions to the largest possible audience, the roundtable, taking inspiration from the inertia of rocks, defined living as the quality of being solidly in place while reportedly sentient (that is, the local medical examiner refused to consider the organism as being a candidate for autopsy). Still, while always alert to the possibility of hysterical generational obliteration,

all candidates will be judged on an individual basis: no group determinations will be allowed. In this way, the nation's affection for diversity is assured a supply of rappers, narcissists, "pro-lifers," and Republicans.

Obviously, the psychological clinician plays critical roles in the corrective abortion process as advisor, consultant, therapist, and expert judge. The decision by any participant to have a corrective abortion can only be made after a thorough regimen of counseling with a licensed clinician.

Equipment

The equipment required for corrective abortions is already in place throughout the states. Whether lethal injection, shooting, electrocution, or hanging, each technique and each site must make reasonable efforts to protect the safety of parents. To this end, each state will conduct periodic site inspections of equipment and construction in an effort to minimize the likelihood that corrective abortion procedures will harm parents. They have suffered from the time of birth, they have unselfishly sacrificed their own pleasures for their living organisms, and they have struggled during counseling with their responsibilities. At a minimum, the society owes them the assurance of some comfort and safety during the corrective abortion itself. The corrective abortion will be carried out by social clinicians, whose constant and universal empathy uniquely qualifies them for terminal proceedings. However, the unusual level of their sensitivity requires that while pulling the cord, the trigger, the lever, or the switch, social clinicians be relieved from watching its effects on the living organism. The separation of intervention and effect is in the long run the only way for a social clinician to maintain professionalism.

There will inevitably be nitpicking complaints from the ethics community and reflex opposition will undoubtedly spill over from capital punishment picketers. Therefore, corrective abortion proponents need to arm themselves with certain facts. First, ethical considerations have never impeded progress; professional ethicists are emotional, poorly informed rumps of philosophy whose salaries constantly drain the economy. Second, amateur ethicists, including teachers, journalists, and the large number of divines whose principal task is to service their members, are wind and vapor, ceremony over substance. Third, capital punishment has been wildly successful; less than one tenth of 1% of those going through it have survived. Therefore, there is no reason to look for more effective techniques.

A Pilot Test

An unexpected and early test of corrective abortion has already been conducted. In 1994, the adolescents residing in one of Las Vegas' gated housing developments, Platinum Flats, had been engaging in a variety of rude and criminal activities: razzing the elderly, graffiti, burglaries, flagrant disrespect of adults, profiling motorcycles, muggings, and so forth.

To restore order, the Platinum Flats' adults decided to follow the self-help tradition of the city's founding fathers in questions of law enforcement. The vigilantes brought the youths' misbehavior to the attention of their parents and offered to enforce any punishment that the parents decided upon. In more than a few instances, parents, especially when they were terrorized by their own children, opted for corrective abortions.

The streets of Platinum Flats are relaxed and quiet now. An elderly reader sits in the shadow of gently blowing olive leaves, enjoying the best of Yeats' convictions and passionate intensities. The adolescent who strolls by, distinguished by artful tattoos on arms and face, is heard to offer a shy greeting, "Good afternoon, Professor."

"Good afternoon, young man."

The social clinic has restored civility to the streets and common decency to the nation. God Bless.