

# Disputed sources underlie Rep. Akin's rape remarks

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“The question of rape always stirs the emotions whenever it is introduced into the abortion debate,” wrote Dr. Fred Mecklenburg in 1972. “Unfortunately, the emotional impact of rape often clouds the real issues and the real facts.”

Mecklenburg—an assistant clinical professor of obstetrics and gynecology at the University of Minnesota Medical School at that time—could not have known how prescient his words would seem 40 years later.

While Rep. Todd Akin (R., Mo.) cited only “doctors” as his source of information about the rarity of pregnancy resulting from rape, it is two pages, from Mecklenburg’s 1972 article “The Indications for Induced Abortion: A Physician’s Perspective,” that have influenced two generations of antiabortion activists hoping to build a medical case to ban all abortions without exception.

In his article, Mecklenburg wrote that pregnancy resulting from rape “is extremely rare” and cited as an example statistics from Buffalo, New York, which had not seen “a pregnancy from confirmed rape in over 30 years.” Other cities—Chicago, Washington, St. Paul—also had experienced lengthy spells without a rape-caused pregnancy, Mecklenburg wrote.

The reasons were numerous. Not all rapes result in “a completed act of intercourse,” Mecklenburg wrote. He added that it was “improbable” that a rape would occur “on the 1-2 days of the month in which the woman would be fertile.”

Mecklenburg’s third reason was apparently picked up by Akin, who made his comments in a TV interview August 19. A woman exposed to the trauma of rape, Mecklenburg wrote, “will not ovulate even if she is ‘scheduled’ to.”

But much other research disputes Mecklenburg’s conclusions, both on the infrequency of pregnancy following rape and on natural defenses to prevent

conception.

“From a scientific standpoint, what’s legitimate and fair to say is that a woman who is raped has the same chances of getting pregnant as a woman who engaged in consensual intercourse during the same time in her menstrual cycle,” said Dr. Barbara Levy, vice president for health policy at the American Congress of Obstetricians and Gynecologists.

One widely accepted study from the Medical University of South Carolina suggests a 5 percent pregnancy rate following rape, resulting in 32,000 pregnancies annually. The report was published in the *American Journal of Obstetrics and Gynecology* and cited by the U.S. Centers for Disease Control and Prevention.

But placing an exact figure on postrape pregnancy is problematic, primarily because rape is thought to be underreported. Another factor is the availability of over-the-counter emergency contraception, which can prevent fertilization when taken after intercourse.

Mecklenburg’s article was one of 19 in a book titled *Abortion and Social Justice*, published a year before the U.S. Supreme Court’s *Roe v. Wade* decision.

In supporting his claim about trauma and ovulation, Mecklenburg cited experiments in Nazi death camps. The Nazis tested this hypothesis “by selecting women who were about to ovulate and sending them to the gas chambers, only to bring them back after their realistic mock-killing, to see what the effect this had on their ovulatory patterns. An extremely high percentage of these women did not ovulate.”

Finally, Mecklenburg said it was likely that the rapists—because of “frequent masturbation”—were unlikely to be fertile themselves. The book was funded by Americans United for Life, the major legal arm of the antiabortion movement.

Americans United for Life was founded by Brent Bozell, a Catholic activist who wrote for the *National Review*. On August 20, the magazine’s editors called for Akin to quit the race, saying there was “no evidence for Akin’s biological claim.”

The dissemination of Mecklenburg’s article may have had much to do with the influence of the doctor’s wife Marjory, an early opponent of abortion rights who was a chairwoman of the National Right to Life Committee, an adviser to Gerald Ford’s 1976 presidential campaign and director of the Office of Adolescent Pregnancy

Programs in the administration of President Ronald Reagan.

Today, Fred Mecklenburg is the former chairman of the OB/GYN department at Inova Women's Hospital in Falls Church, Virginia. He did not return a call seeking comment.

Mecklenburg's article and the statistics it cites have been used repeatedly in decades since. Hadley Arkes, Amherst College political science professor and senior fellow at the Ethics and Public Policy Center, cited the Buffalo statistic in his 1986 book *First Things: An Inquiry into the First Principles of Morals and Justice*.

"The number of pregnancies resulting from rape in this country is minuscule," Arkes concluded, adding: "In addition, the fear induced by rape may interrupt the normal operation in hormones in the body of the woman, which in turn may prevent ovulation and conception." That kind of scholarly declaration has proved irresistible to some politicians.

In 1988, Pennsylvania state representative Stephen Freind told a radio interviewer that the odds of a woman becoming pregnant after being raped "are one in millions and millions and millions." The trauma of the rape, Freind explained, causes a woman to "secrete a certain secretion, which has a tendency to kill sperm." His source, Freind said, was a "Dr. Mecklenburg."

In 1995, North Carolina state representative Henry Aldridge told the state house appropriations committee that when women are "truly raped . . . the juices don't flow, the body functions don't work and they don't get pregnant."

Christian websites such as Physicians for Life and Christian Life Resources also have posted a 1999 article by J. C. Willke, a physician who was president of the National Right to Life Committee in the 1980s. "There's no greater emotional trauma that can be experienced by a woman than an assault rape," Willke wrote. "This can radically upset her possibility of ovulation, fertilization and implantation."

Dr. Jill Powell, a gynecologist at St. Louis University, said misinformation about pregnancy can add to the psychological stress following a sexual assault. "If someone has heard that medically there's some reason they may not be at risk for pregnancy if they've been sexually assaulted, maybe it would deter them from disclosing information or seeking medical help," Powell said. —*St. Louis Post-Dispatch*