

She's a Child Not a "Choice"



20th Anniversary
Edition

What is the key question?

Humanity?

In discussing abortion, the question of when life begins is the basic one—one that cannot be side-stepped simply by admitting it is a difficult question. Scientists agree that life begins at fertilization. When the male sperm joins the female egg, chromosomes carrying genetic information from each parent establish a unique human being. Blood type, color of the hair, eyes, complexion, and other physical characteristics are determined at this time.

Throughout our lives—in the womb and after birth—many factors such as environment, nutrition, and time affect our physical and psychological growth. We are in a constant process of development and change.

“All life is maturation seen in different stages. We have a tendency to regard the fetus as a poorly functioning adult rather than a splendidly functioning baby,” said Dr. A W. Liley “Father of Fetology.”

Viability?

“Viability” for the fetus is considered to be the capability to survive outside the womb. (Remember, the fetus successfully lives, grows, and survives within his or her fetal environment.)

Medical advances in the last 50 years have enabled earlier and earlier survival of children born prematurely. Medical technology continues to rapidly change. “Viability” measures the skills of doctors and medical teams, and the sophistication of hospitals and equipment—not humanity.

If viability, the ability to survive on one’s own, is the indicator of who should live and who should die, several questions arise. How “viable” is: A person on a pacemaker? A two-year-old without care? A person on a kidney dialysis machine? A diabetic without insulin? Or, in a more profound sense, how “viable” are *any* of us in a society in which we are *interdependent* on one another for food, transportation, housing and support?

Personhood?

Xerox, 3M, and ships at sea are recognized as “persons” under the law; preborn human beings are not. So what *is* a “person?”

The dictionary defines a person as a “human being.” While the preborn meet *this* definition of “person,” they are excluded from any legal protection.

We’ve seen what has happened in the past when we’ve labeled others as different or unwanted...

- ♦ Native Americans were labeled “savages” and stripped of their dignity as well as their lands...
- ♦ Blacks were labeled “niggers” and bought and sold as slaves...
- ♦ The German government, under Hitler, eliminated six million Jewish people because they were classified as “inferior.”

On January 22, 1973, the United States Supreme Court

labeled the preborn child “non-person” and today in America one preborn baby is killed every 30 seconds by abortion. Why? Because a “person” has now been redefined as someone who is “wanted,” “useful,” or “not too badly damaged.”

On January 22, 1973, the United States Supreme Court granted an unprecedented right to one minority—women of child bearing age—the right to choose to kill other human beings—their preborn children.

Knowledgeable pro-abortionists are not denying that

the preborn baby is living and human or that abortion kills this being. What they *are* saying is that *some* human beings have less value and may be destroyed because they are unwanted, imperfect, or merely inconvenient.

The Key Question

The key question is: when, why, and under what conditions will we allow the destruction of one human being to “solve” the social problem of another?

Our challenge is clear. We must respect each and every human individual, born or preborn, sick or well, rich or poor, young or elderly. And we must reject killing to “solve” our social problems—whether that killing is in the streets or by doctors in white coats. Only then will we have true justice for everyone.

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Dedicated to Marlene Reid, past president of Human Life Alliance, whose vision, dedication, and hard work resulted in the creation of HLA's first publication, *She's a Child not a 'Choice'*, printed in 1990.

Need More Copies?

Contact Human Life Alliance (HLA), a non-profit, pro-life, educational organization committed to protecting life from fertilization to natural death. HLA seeks to raise awareness of the humanity of the preborn child and expose the gruesome realities of abortion; oppose euthanasia in all its forms; and promote chastity and abstinence until marriage. With over 32 million publications in circulation, Human Life Alliance has distributed publications in more than 55 different countries on all seven continents.



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Cover image of 20 week preborn child courtesy of Life Issues Institute.

Shouldn't The Law Protect EVERYONE?



Keith Mason

Imagine that governments ceased to exist. Imagine that city hall, and the state and federal capitols were abandoned and overgrown with weeds. Imagine that police forces and the judicial system ceased to have authority.

Would rights, such as the rights to life and liberty (commonly called human rights), also cease? Would it be acceptable to kill my neighbor for my own self-interest? Would it be acceptable to enslave him?

No. Rights must exist apart from governments. Governments cannot create or destroy human rights, but should protect such rights. If a government fails to protect rights, this doesn't preclude the existence of rights. It only means that the government has ignored or even scorned its duty.

Human rights are encapsulated in the concept of "personhood." A person is one who has personhood and therefore human rights. A non-person doesn't.

Slaves, women, infants, Jews, and various "foreigners" are all groups that have at one time or another been denied either legal or moral standing as persons. While they were typically considered human, their personhood and thus their human rights were denied. The judgment of later generations, however, has without exception concluded that denying personhood to these members of the human family was a great moral evil.

Today, many governments consider another group of human beings, the preborn, to be non-persons. Like 19th century African Americans, preborn humans are treated as property. In the United States, preborn humans may be killed through all nine months of pregnancy for any reason whatsoever.

Discrimination against preborn humans can only be justified if there are morally relevant differences between born humans and preborn humans. On what grounds can we deny person-

hood (human rights) to humans awaiting birth? None.

Politicians and judges have avoided the public debate over why we affirm the rights of born humans, yet deny the rights of preborn humans.

Some abortion advocates say that preborn humans don't qualify as persons because they can't yet reason. This is an invalid reason for denying preborn personhood. Consider people in a deep sleep, under general anesthesia, or in a temporary coma. How about a month old infant? Or an elderly person who suffers from dementia? In all of these cases, the people are lacking mental abilities such as reasoned thought, yet we readily recognize their personhood. Likewise, the preborn, though missing similar abilities, are still persons.

Other abortion advocates claim that even if we recognize the preborn child's personhood, the mother's right to bodily autonomy overrides the preborn's right to life. They assert that one person doesn't have the right to use another person's body against her will. If a toddler awakes at 3 a.m. in dire need of assistance, can her parents ignore her, roll over and go back to sleep? Of course not. The parents' obligations supersede their rights. Parents must use their bodies to care for their child. It's clear that when we recognize the personhood of preborn humans, "bodily rights" evaporate in the face of parental obligation.

Upon examination, attempts to rob preborn humans of their personhood fail. They fail because human rights are inalienable, inseparable from individual human beings.

Humans, from the moment they begin to exist, are persons, and their human rights should be protected by law.

Keith Mason is Co-founder of Personhood USA and focuses on building effective strategies to grow the Personhood movement in the U.S., establish new Personhood efforts, and impact the movement through key media driven events. To contact him call 202-595-3500 or visit www.PersonhoodUSA.com.

Follow the LOGIC

Why is the only difference between abortion and unjustified killing the short distance of the birth canal? Stephen Schwarz uses the acronym SLED to show there are only four differences between a preborn child and a newborn: size, level of development, environment, and degree of dependency.

S Size: Yes, embryos are smaller than newborns and adults, but why is that relevant? Men are generally larger than women, but size doesn't equal value.

L Level of Development: True, embryos and fetuses are less developed than you and I. Should older children have more rights than their younger siblings? Some people say that self-awareness makes one human. If that were true, newborns would not qualify as valuable human beings.

E Environment: Where you are has no bearing on who you are. Does your value change when you cross the street or roll over in bed? Location cannot change the essential nature of the preborn from non-human to human. If the preborn are not already human, merely changing their location, moving eight inches down the birth canal, can't make them so.

D Degree of Dependency: If viability makes us valuable human beings, then all who depend on insulin or kidney medication are not valuable. Conjoined twins who share blood type and bodily systems would also have no right to life.

In short, although humans differ immensely with respect to talents, accomplishments, and degrees of development, they are equally valuable because they share a common human nature.

Adapted with permission from: Klusendorf, Scott. *The Case for Life: Equipping Christians to Engage the Culture*. Crossway, 2009. Visit www.prolifetraining.com for more information.

Pregnancy Help

**Pregnancy Care Center – 24 hour
(English and Spanish)**

1-800-395-HELP (4357)
www.optionline.org

National Life Center – 24 hour

1-800-848-5683
www.nationallifecenter.com

Birtheright – 24 hour

1-800-550-4900
www.birtheright.org

Help After An Abortion

Rachel's Vineyard – 24 hour

1-877-467-3463
www.rachelsvineyard.org

**National Helpline for Abortion
Recovery – 24 hour**

1-866-482-LIFE (5433)
www.nationalhelpline.org

Project Rachel

www.noparh.org

Abortion Recovery InterNational

www.abortionrecovery.org

Preborn Children, the Law, and Personhood



Gregory Roden, Esq.

been recognized in the law as persons *in the whole sense.*” Blackmun came to this supposition after examining the status of preborn children under the property, tort, and criminal law of the states at the time *Roe* was decided. These areas of the law are known as the municipal law and states retain exclusive jurisdiction over the power to enact such laws for the regulation of private rights.

Blackmun used the phrase “persons in the whole sense” in conjunction with his erroneous examination of municipal law, which he claimed was “reluctant ... to accord legal rights to the unborn except in narrowly defined situations.” Blackmun’s flawed review of municipal law is refuted by the very cases and articles he cites to support it. So too, the phrase “persons in the whole sense” is without basis in constitutional

When looking at the concept of personhood and the law, we must answer this question, “Were there any cases brought on behalf of preborn children prior to *Roe v. Wade*?”

In *Roe v. Wade*, Justice Blackmun incorrectly concluded “the unborn have never

law; a phrase that had never been used before by the Supreme Court.

Moreover, the Supreme Court itself had prior to *Roe* recognized the rights of preborn persons and the power of the states to recognize preborn children as persons. In *Union Pacific R. Co. v. Botsford* (1891) the Court observed that if a woman was convicted of a capital crime, the common law of England allowed for an examination of the woman for pregnancy “in order to guard against the taking of the life of an unborn child for the crime of the mother.” This “plea of pregnancy” is a due process protection of the life of the preborn child and has been part of the American legal tradition

In *Roe v. Wade*, Justice Blackmun incorrectly concluded “the unborn have never been recognized in the law as persons in the whole sense.”

since the Massachusetts case of *Commonwealth v. Bathsheba Spooner* in 1778. Due process seeks to ensure that each person is given a fair opportunity to have their side of an issue heard in a court of law before they are deprived of “life, liberty, or property.” This due process protection was adopted by all states that have capital punishment. Indeed, there is even a federal statute that contains the same equal protection for the life of the preborn child whose mother is condemned.

Two other Supreme Court cases affirm preborn children as the holders of judicially enforceable rights, i.e. “persons.”

Nearly 90 years before *Roe*, the Court held that preborn persons were entitled to due process protection in the case of *McArthur v. Scott* (1884). In *McArthur*, the Court held that the inheritance and property rights of

preborn persons were violated by a state court case in which the preborn descendants did not have adequate representation.

One year before *Roe*, an equal protection case involving preborn persons was decided, *Weber v. Aetna Casualty & Surety Co.* Equal protection seeks to ensure that persons in similar situations are treated equally under the law. In *Weber*, the Supreme Court held that an illegitimate preborn child could not be excluded from sharing equally with other children in the recovery of workmen’s compensation benefits for the death of their father; death being the time at which the rights of recovery are vested for surviving dependants. The Supreme Court held that there was an equal protection duty owed to the preborn illegitimate child.

Inherent in the *Scott* and *Weber* cases is the notion that the states could and did treat preborn children as persons, i.e. create rights vesting in preborn children under their municipal law (rights enforceable by the Supreme Court if violated). Moreover, there are many other state cases and laws which do create and protect such rights for preborn persons. As the Fourteenth Amendment is concerned with regulating state municipal law, it necessarily follows that the word “person,” as used in the Fourteenth Amendment, includes the preborn.

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Scientific Definitions

Human Being

Any organism, including the single-cell human embryo, irrespective of the method of reproduction, who possesses a genome specific for and consistent with an individual member of the human species.

Personhood

The legal recognition of a human being’s full status as a human person that applies to all human beings, irrespective of age, health, function, physical or mental dependency or method of reproduction, from the beginning of their biological development.

Human Fetus

The term is used to define all human beings from the beginning of the fetal period of their biological development (the beginning of nine weeks) through birth; irrespective of age, health, function, physical or mental dependency or method of reproduction, whether in vivo or in vitro.

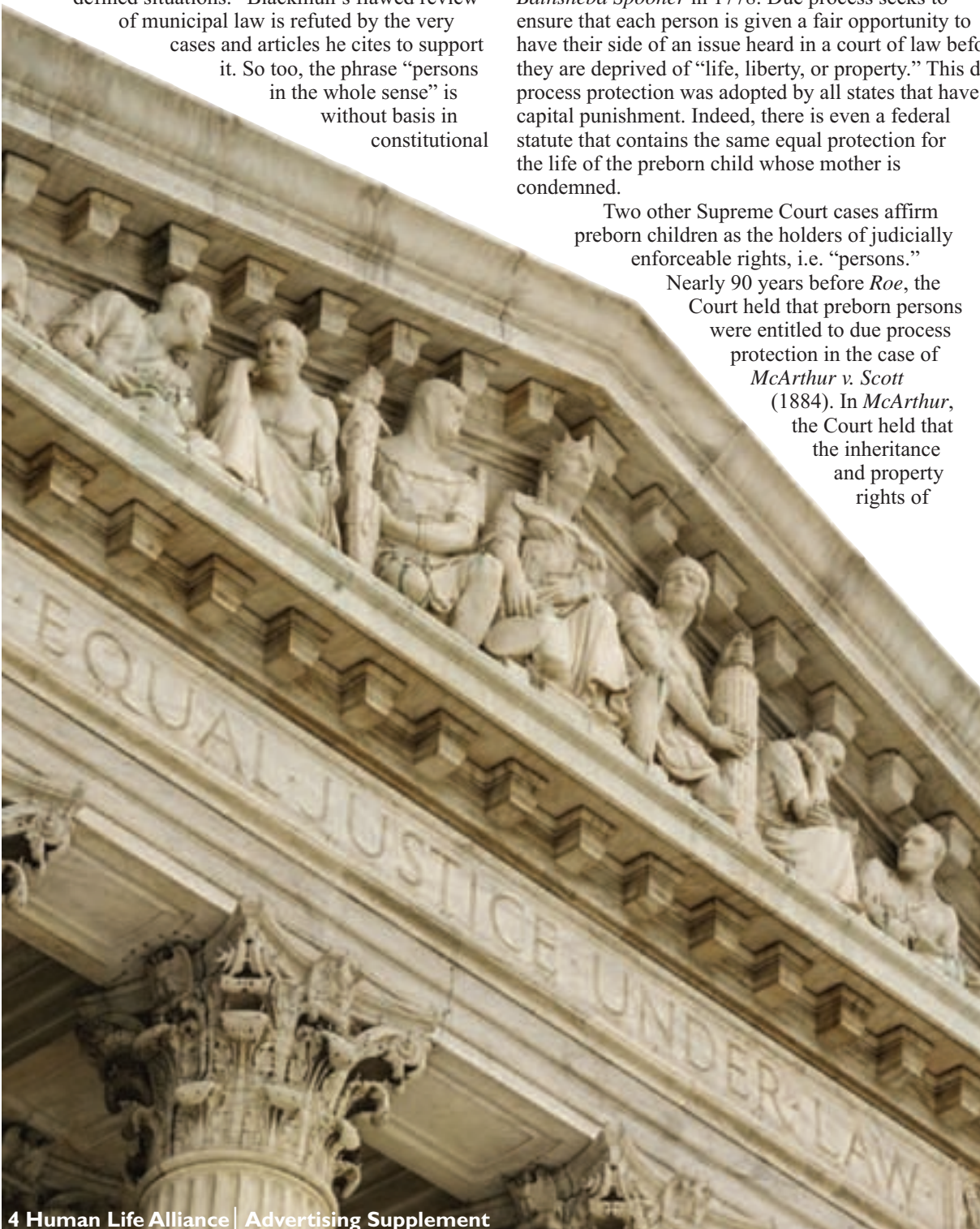
Human Embryo

The term is used to define all human beings from the beginning of the embryonic period of their biological development through eight weeks; irrespective of age, health, function, physical or mental dependency or method of reproduction, whether in vivo or in vitro.

Human Genome

The total amount of nuclear and extra-nuclear DNA genetic material that constitutes an organism as an individual member of the human species—including the single-cell human embryo.

Source: Irving, Dianne N. M.A. Ph.D. 2010 Personhood Colorado Amendment.





Mary Kellett

Peter's Contribution: Disability Rights and Human Worth

"We have to think about resources and you know he will never be able to contribute to society."

This was the response from the doctor when I asked him why I was given false information about my two day old son Peter. The false information was that there were no survivors over two weeks old with his condition of trisomy 18. The advice was that we should stop all treatment and wrap him in a blanket and let him die. One doctor even went so far as to say that if I wanted to be a good mother to Peter, I should let him go because he would be a horrible burden to our family. Peter is now five years old. Besides being a great joy and gift to our family, he has inspired Prenatal Partners for Life, a worldwide, nonprofit, support group for other families experiencing an adverse diagnosis.

Many families we support experience the eugenic mentality that has taken root in society about the personhood and value of babies diagnosed with special needs. Pressure to have genetic testing and amniocentesis can be intense, even though there is a risk of miscarriage, bleeding, or infection. Abortion is seen by many as the solution for a child who may not be healthy. Misleading terms are sometimes used such as "saying goodbye early," "finishing a miscarriage," or "humane abortion." Many parents don't know they have the option of continuing their pregnancy because they are not given that choice. There is a false sense of compassion that leads many to think abortion is the answer. The inherent value and personhood of the child are often totally discounted and ignored.

This is the experience of one mom we supported who carried her child to term after receiving a fatal diagnosis of anencephaly.

They placed him in my arms and his eyes were big and wide and stared directly into mine. He lived for 11 minutes and we were able to capture every minute of our time with him on video tape. I experienced the joy of placing my cheek against his warm cheek

and held his sweet fingers. It was peaceful and there was an unexplainable calming in the room, as if we were in the midst of holy ground. We celebrated as Aaron baptized him. We hugged him, we kissed him, and we completely and unconditionally loved him. We were given the gift to see Austin through the eyes of his sisters as they held him, kissed him, and inspected his every inch. All of these things I would have missed had we chosen a different

"In the hundreds of families Prenatal Partners for Life has supported, I have never heard a mother say she has had too much time with her child."

path. I cannot explain the gratitude and pride I was overcome with at the birth of my first son. The only way to explain his birth is bittersweet. Was it what I wanted? No.... Was it more than I ever imagined? Yes.

Every life has a purpose and these children are teachers of our souls. In the hundreds of families Prenatal Partners for Life has supported, I have never heard a mother say she has had too much time with her child.

The misuse of prenatal testing to "search out and destroy" any child who may have abnormalities is becoming increasingly common as society continues to move away from the intrinsic value and personhood

of every life. People with conditions such as Down syndrome, cystic fibrosis, and spina bifida are killed by eugenic abortions at

rates over 90 percent. This is what one of our mentors had to say about her son:

Our son Mitchell was born with a birth defect called spina bifida. We were devastated at first knowing that we wouldn't have a "perfect" baby, but in time we grew stronger in our faith and knew that he would be a special baby no matter what disability he would be born with. Six years later, Mitchell has taught us so much. He taught us that even with a disability there are many things you can still do. Mitchell has physical, speech, and occupational therapy—all to make him stronger for everyday living. He plays softball in a special needs league and he just started downhill skiing with adaptive equipment. He also enjoys swimming and riding a bike. Mitchell brightens every room he goes into. He loves to tell jokes and he always has a smile on his face.

The future has never looked brighter for people with disabilities considering the advances in treatment and care now available.

There is a place in the world for people who are differently-abled. Society needs the gifts they bring and the lessons they teach. We call Peter our little teacher, because he has taught us so much about love and compassion. He has deepened our perspective on the inestimable worth of every human being created by God and has made his family better people. His influence has spread all over the world through the ministry he inspired. The heartbreaking pain of being told not to help my baby because he would not contribute to society and be a burden has proved false by the love and encouragement Peter has spread. Every person has something good to contribute, and only when we embrace every human being with respect will we see the influence, promise, and potential they have to give. Until then, it is the world's great loss.

Mary Kellett is a wife, mother of 11 children, grandmother of 8, and director of the support group Prenatal Partners for Life. For more information visit www.prenatalpartnersforlife.org or email mary@prenatalpartnersforlife.org.

My Name is Allison and I Love Life!



Allison Glasscock

Hi, my name is Allison Glasscock and I am 25 years old. I happen to have Down syndrome, but there is much more to me than that. I go to work everyday and I love it! I can't wait to get to work and see my friends. I also like to go to the bank to cash my paychecks, so I can go bowling, to the movies, or out to dinner. Sometimes I go shopping for books, DVDs, and art supplies. I live with my mom and dad, but soon I will live with some friends. I love to go swimming, horseback riding, and play softball for a Special Olympics team that my dad and sister, Amanda, coach. I love it when my family comes to watch me play or ride my horse. At home, I help with the chores, even

though it's not much fun and I would rather watch movies and make pretty art projects.



Hi, I am Amy, Allison's mom. When she was diagnosed at birth with Down syndrome, my husband and I were devastated, but then we began to see that she is a great gift and a joy to our world. She finds the best in everyone, and lives each moment to the fullest. It is her goal to make everyone near her smile and laugh. Life is not dull when she is around!



Hi, I am Amanda, Ally's sister. My sister and I love each other very much! Sometimes we fight, as most siblings do, but usually we are laughing and having fun. Someone once asked me how my life would be different if Ally was "normal." Honestly, I wouldn't be who I am today without her and I would never wish for a different sister. She is my sister and my best friend.



4-5
Weeks



6
Weeks



20
Weeks

Photo courtesy of LifeIssues Institute

Everyone's Biography - The First Nine Months

Day 1: Fertilization

The sperm joins with the egg to form one cell. This single cell contains the complex genetic makeup for every detail of a new human being—the child's sex, hair and eye color, height, skin tone, etc. After fertilization, nothing new is added but oxygen, nutrition, and time.¹

1st Month (1-4 Weeks)

The first cell divides in two and cell division continues as the newly formed individual travels down the fallopian tube to the uterus. More than 500 cells are present when this tiny embryo (the blastocyst*) reaches the uterus 7 to 10 days after fertilization.² Foundations of the brain, spinal cord, and nervous system are already established and by day 21 the heart begins to beat in a regular fashion with a blood type often different from the mother's.³ Muscles are forming and arms, legs, eyes, and ears have begun to show.

**The blastocyst is the stage at which many researchers want to destroy the embryo in order to harvest stem cells, which are the building blocks of life.*

2nd Month (5-8 Weeks)

By six weeks, brain waves can be detected by electro-encephalogram and the brain is controlling 40 sets of muscles as well as the organs.⁴ The jaw forms, including teeth and taste buds.⁵ The baby begins to swallow amniotic fluid and some have been observed hiccupping.⁶ During this time, the stomach produces digestive juices and the kidneys begin to function.⁷ Fingers and toes are developing and at seven weeks the chest and abdomen are fully formed.⁸ Swimming with a natural swimmer's stroke in the amniotic fluid, she now looks like a miniature human infant.^{9,10}

3rd Month (9-12 Weeks)

Unique fingerprints are evident and never change.¹¹ The baby now sleeps, awakens, and exercises her muscles by turning her head, curling her toes, and opening and closing her mouth. Even though mom cannot feel movement yet, the baby is very active. She breathes amniotic fluid to help develop her respiratory system. The gender can be visually determined and family resemblances may appear as well.¹² By the end of the month all the organs and systems of her body are functioning.¹³

4th Month (13-16 Weeks)

By the end of the fourth month, the baby is 8-10 inches in length and weighs about one-half pound. Her ears are functioning and she hears her mother's heartbeat, as well as external noises like music. Mom begins to feel baby's movement—a slight flutter at first that will become stronger.¹⁴ Lifesaving surgery has been performed on babies at this age.

5th Month (17-20 Weeks)

If a sound is especially loud, the baby may jump in reaction to it. Thumb-sucking has been observed during the fifth month.¹⁵ Babies born prematurely at this stage of development often survive, thanks to advances in neonatal medicine.¹⁶

6th Month (21-24 Weeks)

Oil and sweat glands are functioning. The baby's delicate skin is protected in the amniotic sac by a special ointment called vernix. She grows rapidly in size and strength while her lungs become more developed.¹⁷

7th Month (25-28 Weeks)

The baby can now recognize her mother's voice. She exercises by stretching and kicking as she grows even bigger. She uses the senses of hearing, touch, and taste, and she can even look around with open eyes at her watery home.¹⁸ If the baby is a boy, his testicles descend from the abdomen into the scrotum.¹⁹

8th Month (29-32 Weeks)

The skin begins to thicken, with a layer of fat stored underneath for insulation and nourishment.

The baby swallows a gallon of amniotic fluid per day and often hiccups.²⁰ Though movement is limited, due to cramped quarters, the baby's kicks are stronger and mom may be able to feel an elbow or heel against her abdomen.²¹

9th Month (33-36 Weeks)

Gaining one half pound per week, the baby is getting ready for birth. The bones in her head are soft and flexible to more easily mold for the journey down the birth canal.²² Of the 45 generations of cell divisions before adulthood, 41 have already taken place. Only four more come before adolescence. Ninety percent of a person's development happens in the womb.²³

"I want the general public to know what the doctors know—that this is a person; that this is a baby. That this is not some kind of blob of tissue..."

— Dr. Anthony Levantino, Former Abortionist

¹ American Baby. 1989. | ² Mayo Clinic Family Health Book. 2003. | ³ Moore and Persaud. *The Developing Human*. | ⁴ JAMA. 1964. | ⁵ Langman's Medical Embryology. 1995. | ⁶ Early Human Development. 1985. | ⁷ The Gale Encyclopedia of Medicine. 2nd ed. | ⁸ Mayo Clinic Family Health Book. 2003. | ⁹ Valman & Pearson. *British Medical Journal*. | ¹⁰ Mayo Clinic Family Health Book. 2003. | ¹¹ Moore and Persaud. *The Developing Human*. | ¹² Flanagan. *Beginning Life*. | ¹³ Cunningham, MacDonald et al. *Obstetrics*. | ¹⁴ Flanagan. *Beginning Life*. | ¹⁵ Clinical Reference Systems Annual 2001. | ¹⁶ New York Times. Mar 18, 1989. *Miami Herald*. Oct. 4, 1985. | ¹⁷ The Gale Encyclopedia of Medicine. 2nd ed. | ¹⁸ Ibid. | ¹⁹ Clinical Reference Systems Annual 2001. | ²⁰ Ibid. | ²¹ Ibid. | ²² Ibid. | ²³ Sassone, Robert L. "Interview with Prof. Sir A. William Liley." *The Tiniest Humans*. | *For full citations visit www.humanlife.org/shesachild.php.

Abortion Methods

Emergency Contraception – Plan B (The Morning-After Pill)

Emergency Contraception (EC) contains synthetic progesterone (not to be confused with naturally occurring progesterone) and is a large dose of the common birth control pill, designed to be taken as a single dose within 72 hours after “unprotected sex.” EC works in three ways. First, it attempts to stop ovulation. Depending on where a woman is in her cycle, ovulation may or may not have already occurred before EC was taken. Second, EC attempts to stop fertilization by impeding the transportation of the sperm and the egg. Third, EC tries to stop implantation by altering (thinning) the lining of the endometrium (uterus) so the embryo cannot implant and receive nourishment from the mother. The first two methods are contraceptive, but if they fail, the third method can cause an abortion because it occurs after fertilization. (see “What About Birth Control?” below)¹

RU-486 – Mifeprex (The Abortion Pill)

Mifeprex blocks the action of the hormone progesterone which is needed to maintain the lining of the uterus and provides oxygen and nutrients for the baby. Without it, the baby dies. Mifeprex is used in conjunction with the drug Cytotec (misoprostol), which is taken two days after Mifeprex, causing uterine bleeding (sometimes profuse), strong contractions, and expulsion of the baby.



What About Birth Control?

According to scientific research, all hormonal contraceptives have the capability to cause an abortion (the pill,¹ patch,² mini-pill,³ shot,⁴ vaginal ring,⁵ emergency contraception,⁶ intrauterine devices,^{7,8} etc). Hormonal contraceptives work in three ways: by attempting to stop ovulation (the release of the egg from the ovary), by thickening cervical fluids to prevent fertilization, and by thinning the lining of the uterus to prevent implantation. The first two methods are contraceptive, but if they fail, the third method can cause an abortion since it occurs after fertilization.

Hormonal contraception does not always stop ovulation. When breakthrough ovulation occurs there is a possibility of fertilization. Studies have shown that ovulation rates in women taking oral contraceptives ranged from 1.7 to 28.6 percent per cycle. Ovulation rates for women taking progestin only pills (the mini-pill) ranged from 33 to 65 percent.⁹ When these contraceptives do not stop fertilization, they are designed to cause an abortion by making it difficult for the embryo to implant and receive nourishment from the mother. Birth control manufacturers insist that their products do not terminate an existing pregnancy. However, they have redefined the terms “conception” and “pregnancy” to mean implantation rather than fertilization (implantation happens 7-10 days after fertilization).¹⁰

Emergency contraception (EC) is a large dose of the common birth control pill. EC is also known as the morning-after pill and is designed to be taken as a single dose after “unprotected sex.” Documented side effects from EC include nausea, abdominal pain, fatigue, headache, dizziness, vomiting, diarrhea, breast tenderness, menstrual changes,¹¹ and ectopic pregnancy.¹² Contrary to popular arguments, increased access to EC does not decrease the rate of pregnancies and surgical abortions.¹³ In England, sexually transmitted infection rates have increased significantly since EC became widely available.¹⁴

The pregnant woman first visits the abortionist to obtain the Mifeprex pills, returns two days later to receive misoprostol, and a third time to verify that the abortion is complete. The failure rate of this method is about 8 percent if the pills are taken within 7 weeks and up to 23 percent at 8-9 weeks. If the baby survives the abortion, there is a high risk that he or she will suffer mental and/or physical birth defects from the misoprostol.^{2,3}

Vacuum Aspiration

In this first trimester procedure, the abortionist inserts a hollow plastic suction tube into the dilated cervix. The uterus is emptied by either a manual syringe or high-powered suction machine. The baby is torn into pieces as he or she is pulled through the hose.^{4,5,6}

Dilation and Suction Curettage (D&C)

This is similar to the vacuum aspiration but is generally used after 14 weeks. After the baby is suctioned out of the uterus the abortionist inserts a curette, a loop-shaped steel knife, into the uterus. With this the abortionist cuts the placenta and umbilical cord into pieces and scrapes them out into a basin. The uterus is again suctioned out to ensure that no body parts have been left behind. Bleeding is usually profuse.⁷

Dilation and Evacuation (D&E)

Once the cervix is dilated considerably further than in first trimester abortions, the abortionist inserts a narrow forceps that resembles a pliers. This instrument is needed because the baby's bones are calcified, as is the skull. The abortionist inserts the instrument into the uterus, seizes a leg or other part of the body and, with a twisting motion, tears it from the baby's body. The spine is snapped and the skull crushed. Body parts are then reassembled and counted to make certain that the entire baby has been removed and that no parts remain in the womb.^{8,9,10,11}

Induction or Prostaglandin Abortion

Labor is induced using prostaglandin drugs and the cervix is dilated. To ensure the baby will be dead upon delivery and to start uterine contractions, the abortionist may inject saline (salt water) or urea (a substance naturally found in urine and blood). To guarantee against a live birth and legal complications, doctors will inject the drug Digoxin or potassium chloride directly into the baby's heart to kill the child before delivery. Other times the baby is delivered alive and left without medical intervention until he or she dies.¹² This method is used in the second or third trimester.¹³

Dilation and Extraction (D&X) or Partial-Birth Abortion

After the mother undergoes two days of dilation, the abortionist performs an ultrasound to locate the child's legs and feet. The abortionist then uses a large forceps to grasp one of the baby's legs. He pulls firmly, forcing the child into a feet-down position.

Using his hands instead of forceps, the abortionist delivers the baby's body in a manner similar to a breech birth. The baby's head remains inside the birth canal. The abortionist uses surgical scissors to pierce the child's head at the base of the skull. The scissors are forced open to enlarge the skull opening. The abortionist then inserts a suction catheter into the brain and vacuums out the child's brain tissue with a machine 29 times more powerful than a household vacuum.

In the 2007 decision, *Gonzales v. Carhart*, the Partial-Birth Abortion Ban Act of 2003 was upheld. The Partial-Birth Abortion Ban did not limit the frequency of late-term abortions. The “Ban” merely regulates one method used in late-term abortions. It is still legal for a doctor to kill a child up until the time he or she is born using a modified version of Partial-Birth Abortion. The baby can be delivered up to the navel and then killed.¹⁴

¹Duramed Pharmaceuticals. 2006. (Also see citations from “What About Birth Control?” at left) | ²National Abortion Federation. 2006. | ³RU486Facts.org. 2008. | ⁴American Pregnancy Association. 2006. | ⁵National Abortion Federation. 2008. | ⁶National Abortion Federation. 2008. | ⁷American Pregnancy Association. 2006. | ⁸National Abortion Federation. 2008. | ⁹National Abortion Federation. 2007. | ¹⁰American Pregnancy Association. 2006. | ¹¹Web MD. 2006. | ¹²Testimony of Jill Stanek, RN. U.S. House of Representatives. 2001. | ¹³WebMD. 2006. | ¹⁴American Pregnancy Association. 2006. | *For full citations visit www.humanlife.org/shesachild.php.

¹Ortho-McNeil Pharmaceuticals. “Full US Prescribing Information.” | ²Ibid. | ³Ibid. | ⁴Pfizer Inc. “Depo-Provera and Depo-subq Provera US Physician Prescribing Information.” | ⁵Shering-Plough Corporation. “NuvaRing Prescribing Information.” | ⁶Barr Pharmaceuticals, Inc. “Plan B Full US Prescribing Information.” | ⁷Barr Pharmaceuticals, Inc. “Paragard Full US Prescribing Information.” | ⁸Bayer HealthCare Pharmaceuticals. “How Mirena works.” | ⁹Larimore and Stranford. Archives of Family Medicine. Feb. 2000. | ¹⁰American College of Obstetricians and Gynecologists. *Terminology Bulletin*. Sep. 1965. | ¹¹Barr Pharmaceuticals, Inc. “Plan B Full US Prescribing Information.” | ¹²Harrison-Woolrych, Mira, MD. “Progestogen-Only Emergency Contraception and Ectopic Pregnancy. Prescriber Update 2002.” | ¹³*Obstet Gynecol*. Dec. 2007. | ¹⁴Paton, David. “Random Behavior or Rational Choice? Family Planning, Teenage Pregnancy, and STIs.” Nov. 2003. | *For full citations visit www.humanlife.org/shesachild.php.



Georgette Forney

The purpose of the Silent No More Awareness Campaign is to educate people about the reality of abortion based on our personal experience. I had an abortion when I

was 16, and every day I hear from women who have also had abortions. I've met the women with depression and heard about the years of therapy they've gone through. I've cried with the women who have had hysterectomies after their uterus was perforated during an abortion, I'm friends with the women who have dealt with infections from their abortions. I've mourned with the women who were never able to have another baby. I've seen firsthand how abortion affects women.

While people talk about abortion from a legal or political perspective, I believe we must ask whether abortion is actually good for women's physical and mental health. Consider the following data:

- ♦ According to the Alan Guttmacher Institute, 43% of American women will have at least one abortion by age 45.¹
- ♦ In the U.S. each year 11% or about 140,000 women experience *immediate* medical complications from abortion such as: infection, uterine perforation, hemorrhaging, cervical trauma, and failed

Women's Health

After Abortion

abortion/ongoing pregnancy.²

- ♦ In the twelve months following an abortion, women have a death rate four times greater than women who continue their pregnancies.³

While people talk about abortion from a legal or political perspective, I believe we must ask whether abortion is actually good for women's physical and mental health.

- ♦ Minorities suffer the greatest number of serious complications and deaths after abortion.^{4,5}
- ♦ Some post-abortive women experience complications with future pregnancies such as premature birth, placenta previa, and ectopic pregnancy.^{6,7,8,9,10}
- ♦ Abortion has led to infertility problems for many women.^{11,12}
- ♦ Abortion increases a woman's risk of breast cancer.¹³ Ironically, the U.S. National Cancer Institute researcher Dr. Louise Brinton, who was the chief organizer of the National Cancer Institute workshop that reported it was "well established that abortion is not associated with increased breast cancer risk," has reversed her position and now admits that abortion and oral contraceptives raise breast cancer risks. There is also a higher risk of developing cervical, ovarian, and rectal cancer.^{14,15,16}
- ♦ Psychological and emotional complications reported in a 1994 survey of women who had

abortions and sought counseling found¹⁷ that they experienced a range of problems including: increased use of drugs and/or alcohol, reoccurring insomnia and nightmares, and eating disorders all of which began *after* the abortion.

- ♦ In March of 2008, Britain's Royal College of Psychiatrists expressed concern for women's mental health after abortion and recommended a full systemic review based on research from New Zealand that found, "women who had had abortions had rates of mental health problems that were about 30% higher than other women."¹⁸
- ♦ In an earlier study, also from New Zealand, researchers found that, "In the 15 to 18 year old group, 78% of those who had abortions had major depression, which was 43% higher than girls who had been pregnant but did not abort."¹⁸

Is abortion good for women's physical and mental health? Do abortions lead to better health or create more need for medical services over the course of a woman's life? Based on 37 years of experience, and thousands of wounded women, I'd say the obvious answer is NO.

Georgette Forney is Co-founder of the Silent No More Awareness Campaign and President of Anglicans for Life. She co-founded Silent No More in 2002 because she saw women's organizations weren't addressing the real consequences experienced by many after abortion. Georgette's personal abortion pain helped her understand how deep the pain can go and how important it is for people to know help is available. Georgette has been married to Jim for 29 years and their 21 year old daughter inspires her to help the next generation make better choices than she did.

¹ Alan Guttmacher Institute. 1994. | ² Royal College of Obstetricians and Gynecologists (UK). 2000. | ³ *Acta Obstetrica et Gynecologica Scandinavica*. 1997. | ⁴ Centers for Disease Control Surveillance Summary. 1993. | ⁵ *Journal of the American Medical Association* 1992. | ⁶ *American Journal of Obstetrics and Gynaecology*. 1981. | ⁷ *British Journal of Obstetrics and Gynaecology*. 1986. | ⁸ *Obstetrics and Gynecology*. 1993. | ⁹ *International Journal of Gynecology and Obstetrics*. 1992. | ¹⁰ *Every Pregnant Woman's Guide to Preventing Premature Birth*. 1995. p.32. | ¹¹ *British Journal of Obstetrics and Gynaecology*. 1993. | ¹² *Acta Obstetrica et Gynecologica Scandinavica*. 1987. | ¹³ *Journal of Epidemiology and Community Health*. 1996. | ¹⁴ *International Journal of Cancer*. 1993. | ¹⁵ *International Journal of Cancer*. 1995. [A prospective study of 765,756 Norwegian women] | ¹⁶ *International Journal of Cancer*. 1991. [A prospective study of 63,000 women.] | ¹⁷ *The Post Abortion Review*. 1994. Additional info at www.afterabortion.org. | ¹⁸ *Journal of Child Psychology Psychiatry*. 2006. | *For full citations visit www.humanlife.org/shesachild.php.



Men and Abortion

Thirty-three years ago, I permitted the abortion of my son. While I was only 17, I should have been responsible enough to protect my preborn son and to protect the mother of my child from a horrible, misguided, irreversible choice.

Today I would do anything to have that choice back, to have had the courage to say, "NO." Instead, I said nothing and did nothing but accompany her to Planned Parenthood to destroy my child. During the procedure, I felt numb and helpless.

From that moment on, there was a chilling silence about the abortion. It was not spoken of again by anyone for many, many years. My response to the pain was to block my emotions with a hardness of my heart. I also felt trapped into accepting the lie of "choice," the supposed right to choose death over life.

This young lady and I somehow endured, and we married five years later. Only now do I understand that a woman's love for her child is stamped on her heart. Her baby cannot be ripped away without a devastating and permanent wound.

Finally, five years ago, we found healing through an amazing retreat program called Rachel's Vineyard. Learning that God still loved us, we were finally able to forgive ourselves.

I know there are millions of men like me in pain or living with a hardness of heart that they may not even recognize.

Chuck

Is your story like mine?

I was 22 and about to graduate from college. I came from a religious family and my grade point average was 3.8. I was on my way to attaining my goal of a college education and a career in dietetics. But my personal life was a mess. After two failed relationships, I felt confused and depressed. I went to a counselor who eventually became my lover. When I found I was pregnant, I was excited. Now I would get married and have the family I had always wanted. Instead, my baby's father arranged for an abortion. I was shocked. I had the abortion because I was afraid of losing him and was ashamed to tell my family and friends who would have supported me and my baby.

I went through the abortion as in a dream which became my

nightmare for the next 30 plus years. I remember the waiting room where I felt anger toward the married couple waiting to kill their child. I thought, "Why would anyone who was married do this?" I remember the pain of the abortion procedure. I remember thinking afterward, "Why don't I feel relieved?" I went on with my plans for post-graduate work, but I never finished; something was broken inside. The father of my child and I eventually broke up. Abortion kills your heart as well as your baby.

When I met my husband, I fully expected him to reject me when I told him about my abortion. He didn't, but over the years I spent barrels of his money on counselors for my depression and anxiety. My

abortion came between me and all the good things of life. It was present in my every sexual act, in my children's birth and bonding, in my relationship with my parents and family whom I never told about my abortion. Shame, guilt, and grief were my world.

Finally, a spiritual director recognized my symptoms and encouraged me to go to a healing retreat for men and women hurting from abortion. In that weekend, I reconciled with my God, with my son Samuel, and with myself.

I tell my story wherever I can and encourage others to do so, because I want everyone to know that abortion damages lives, but there is hope and healing available.

Kathy

Facing the Arguments

My body, my choice

The term "pro-choice" avoids talking about what you're choosing. Most people agree that we can be "pro-choice" about many things without offending anyone (i.e. chocolate or vanilla, paper or plastic). The term "choice" is in fact value-neutral and meaningless unless we have some idea of what we are choosing. Society generally limits people's choices when it comes to behaviors that are harmful or potentially harmful to other people. We, as a society, are "anti-choice" when it comes to theft, arson, murder, and a whole host of other crimes. (See p. 6-7)

A woman's right to choose

It sounds almost patriotic. Our great American freedoms are freedom of speech, freedom of assembly, freedom of religion, etc. Individual rights are important, but you will not find a right to abortion anywhere in the Constitution. We have come too far to reduce a woman's "right" to mean the right to kill her own children.

It's just tissue

Consider the following facts: Simple tissue does not have a beating heart, brain waves, fingerprints, and unique DNA. A woman can carry a baby with a different gender or blood type from her own. After fertilization, nothing new is added to the baby except oxygen, nutrition, and time. The only differences between a newborn and a preborn baby are size, level of development, environment, and degree of dependency. All of these facts confirm the reality that you are a person worthy of protection from fertilization onward. (See p. 3)

A "wanted" child

Your value does not depend on the degree that someone wants you. A child is a child. No baby can be called unwanted when millions of couples are waiting, hoping, and praying for a chance to adopt a child.

"Safe" abortion

Many young women believed this lie until it was too late. The book *Lime 5* documents more than 200 cases of women injured or killed by legal, so-called "safe" abortions.¹ The end result of an abortion is a dead baby, and the potential for cervical cancer, breast cancer, infertility, and psychological pain. Where's the "safe" part? (See p.8)

"Back-alley" abortions

According to the Centers for Disease Control, 39 maternal deaths occurred due to illegal abortions in 1972 (the year prior to the *Roe v. Wade* decision that legalized abortion nationally).² Any loss of life is tragic, but this is nowhere near the alleged "thousands of deaths by back-alley abortions."

"I'm personally opposed, but I can't tell others what to do."

What if U.S. citizens had been willing to accept this justification for tolerating slavery? Our forefathers took away the "rights" of slave owners in order to give freedom and respect to African American people. Our youngest and most vulnerable are still slaves to the life and death decisions of others. (See p. 12)

What about rape and incest?

As traumatic as rape is, abortion does not un-rape the mother. The baby doesn't deserve to die for the crime of his or her father either. In fact, statistics show most women who become pregnant through rape don't even want an abortion. In the only major study of pregnant rape victims ever completed, Dr. Sandra Mahkorn discovered that 75 to 85 percent chose against abortion.³ People often assume that abortion is the best answer for incest victims. However, Joan Kemp, a rape crisis center counselor, said, "These abortions are done for the benefit of the adults involved, not the incest victim."⁴

What about fetal deformities?

No one's perfect. Abortion for fetal deformities is a form of discrimination against disabled people. Recent U.S. studies have indicated that when Down syndrome is diagnosed prenatally, 84 to 91 percent of those babies will be killed by abortion.^{5,6,7,8} Who's to say their lives aren't worth living? There are waiting lists of people who would be willing to adopt a special needs child.⁹ When we make life and death judgments based on "quality of life," it can lead to eugenics.

¹ *Lime 5*. 1996. | ² Centers for Disease Control and Prevention. 2007. | ³ The Psychological Aspects of Abortion. 1979. | ⁴ *The 'Hard Cases' of Abortion*. 2000. | ⁵ *Prenat Diagn* 1999. | ⁶ *Am J Med Genet*. 1998. | ⁷ *Genet Med*. 1998. | ⁸ GeneLetter. 1997. | ⁹ National Council for Adoption. Accessed 5/18/09. | *For full citations visit www.humanlife.org/shesachild.php.

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Embryonic Stem Cells: Opening Pandora's Box

Stem cells are the natural repair kit for the body, and they help regenerate healthy tissue. As a basic building block of life, these cells are not yet programmed for specific use in the body and have the potential to become many different types of cells, such as nerve or muscle cells. Stem cells are classified into two categories—embryonic type and adult type. Embryonic type stem cells come from human embryos and fetal tissue from aborted or miscarried babies. Adult type stem cells often come from a patient's own body and can be found in many different locations in the human body including bone marrow, skin, blood, organs, fat tissue, skeletal muscle, etc. In addition, adult type stem cells can be found in umbilical cord blood, placentas, and amniotic fluid. Even cadavers have been shown to have viable neural stem cells.¹ While no harm is done when adult stem cells are harvested, a human life is destroyed when stem cells are removed from a human embryo.

At first glance, embryonic stem cells (ESCs) appear to trump adult stem cells (ASCs) in the lab. ESCs have the potential to be transformed into any cell in the human body and they rapidly multiply to produce stem cell lines for research. Upon closer inspection, the very properties that make ESCs easy to use in the lab render terrifying results in real life.

ESCs tend to cause tumors when injected into animals and humans because of their ability to multiply rapidly. In a study involving aborted fetal tissue implanted into patients with Parkinson's disease, the results were disastrous. "In about 15 percent of patients, the cells apparently grew too well, churning out so much of a chemical that controls movement that the patients writhed and jerked uncontrollably. The researchers say there is no way to remove or deactivate the transplanted cells."²

Another problem with ESCs is that cells from a random embryo would likely be rejected by a patient's body. The immune rejection concern has led to cloning which further objectifies and endangers human life. Cloning takes a nucleus from a body (somatic) cell and introduces it into a donor egg, which has its nucleus removed, to create a cloned embryo (see diagram). Be aware, another name for cloning is somatic cell nuclear transfer. This new embryo is actually the patient's twin sibling, not an exact replica. Reproductive cloning implants the embryo into a woman to cause a birth. In animal reproductive cloning, 96 to 99.5 percent of clones die before or soon after birth.³ Therapeutic cloning destroys the embryo before implantation by removing the stem cells or by aborting the baby. In 2004, New Jersey legalized cloning and implanting a human being into a woman, provided the baby is aborted before birth to prevent reproductive cloning, which remains illegal. The baby's stem cells, organs, or tissues may be utilized for research.⁴ The death toll from cloning is enormous.

Aside from killing human life, cloning hurts women by creating a market for human eggs. Massive quantities of human eggs are needed for cloning since the probability of gleaning a usable ESC line is slim. Korean researcher Hwang Woo-Suk, who falsely

claimed to have created a cloned human embryo, used more than 2,000 human eggs over several years of unsuccessful research.⁵

Acquiring eggs is a painful and dangerous process for women, as it requires exposure to high levels of hormones. It also puts women at risk of ovarian hyperstimulation syndrome (OHSS). Severe cases of OHSS have caused kidney damage, blood clots, and even death.^{6,7} Cloning turns women into egg farms, commodifying and objectifying their bodies. This research specifically endangers students and poor women. In vitro fertilization clinics pay hefty "compensation fees," sometimes up to \$10,000, to entice women to undergo this medically unnecessary and dangerous procedure.⁸

Adult stem cell research successes and breakthroughs are now occurring at an unprecedented pace. New information proves that ASCs are more versatile than originally thought. The inability of ASCs to multiply as rapidly as ESCs turns out to be practical and beneficial. Doctors and researchers don't need vast quantities of cells if they utilize the patient's own cells—they only need enough for each specific patient. The fact that ASCs are already somewhat specialized makes them much easier than ESCs to manipulate into the desired cell type. ASCs, unlike ESCs, do not

cause tumors, and immune rejection is never a problem for patients who receive their own stem cells. Most importantly, in ASC research, the donor is not killed.

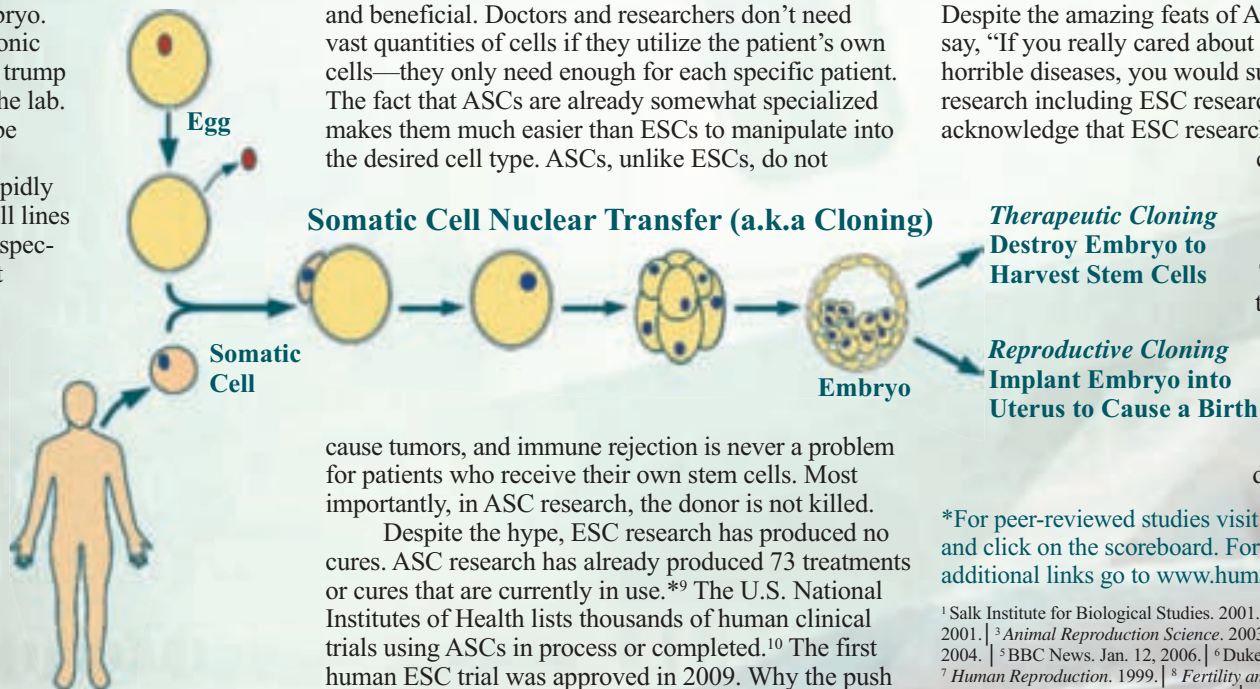
Despite the hype, ESC research has produced no cures. ASC research has already produced 73 treatments or cures that are currently in use.⁹ The U.S. National Institutes of Health lists thousands of human clinical trials using ASCs in process or completed.¹⁰ The first human ESC trial was approved in 2009. Why the push for ESC research? Follow the money. ESC lines could be patented thus leading to high royalty costs passed

down to the consumer, whereas ASC uses techniques, which are not patentable. However, the majority of private investors won't risk further financial losses to unsuccessful ESC research. This forces ESC researchers to look for public funding from federal and state sources to continue their efforts.

Consider these success stories of people who have benefited from ASC research:

- ♦ Paralytics Laura Dominguez and Susan Fajt were treated with their own nasal ASCs and can now walk again with the aid of braces. The procedure done in Portugal by Dr. Carlos Lima has proven successful in 26 patients.¹¹
 - ♦ Jon Newton was diagnosed with a rare ocular disorder known as Stevens-Johnson syndrome. He lost his sight as a teenager and was blind for 30 years. In 2001, at the age of 46, he underwent a stem cell transplantation operation in New Jersey with his sister as the donor. Soon after, he had 20/30 vision.¹²
- Despite the amazing feats of ASC research, some still say, "If you really cared about people suffering from horrible diseases, you would support all avenues of research including ESC research." However, we must acknowledge that ESC research destroys human life,

commodifies women, and leads to cloning and a host of other questionable biotechnologies. Therefore, it is clear that the truly compassionate response is to fight against ESC research and support ethical ASC research that is successfully treating diseases and saving lives.



*For peer-reviewed studies visit www.stemcellresearch.org and click on the scoreboard. For stem cell updates and additional links go to www.humanlife.org/shesachild.php

¹ Salk Institute for Biological Studies. 2001. | ² *The Tampa Tribune* March 8, 2001. | ³ *Animal Reproduction Science*. 2003. | ⁴ New Jersey Statute § 26:2Z-2. 2004. | ⁵ BBC News. Jan. 12, 2006. | ⁶ Duke University Health System. 2010. | ⁷ *Human Reproduction*. 1999. | ⁸ *Fertility and Sterility*. 2007. | ⁹ The Coalition of Americans for Research Ethics. 2010. | ¹⁰ U.S. National Institutes of Health. 2010. | ¹¹ WebMD. June 24, 2004. | ¹² *Health Link: The University Hospital*. 2002. *For full citations visit www.humanlife.org/shesachild.php

In Vitro Fertilization

The science of in vitro fertilization or IVF (the ability to create an embryo outside a woman's body) has led to current biotechnologies that largely disregard human life.

In vitro doctors commonly overproduce embryos beyond what a woman can realistically carry to term in her lifetime. Through a process called pre-implantation genetic diagnosis (PGD), researchers remove one cell from each developing embryo and run genetic tests. These tests determine if the baby has any genetic defects, or the potential to develop certain conditions in the future. Doctors will implant the most "perfect" embryos into the mother and destroy embryos with any defects or "undesirable" characteristics.¹ The continuing destruction of millions of human embryos by IVF clinics has become a major ethical concern worldwide. Government figures from Great Britain show that more than one million embryos were destroyed in British clinics alone between 1991 and 2005.²

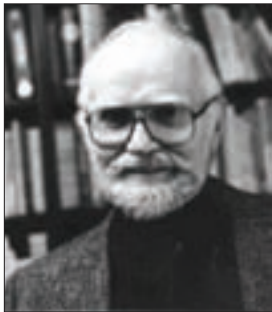
Designer babies lucky enough to survive PGD may then face death by "selective reduction." When multiple babies survive the implantation process, doctors often advise aborting several babies to offer the remaining children a better chance of being born.

The few children who survive the entire IVF process and are born face increased health risks such as autism, cancer, cerebral palsy, mental retardation, and diabetes, among others. Studies continue to emerge concerning these health problems as the first IVF children move into their thirties.^{3,4}

IVF discriminates against the disabled by encouraging eugenics, commodifies life by choosing babies for their gender, hair or eye color, and destroys the life of thousands of embryos in the process.⁵ IVF has also led to biotechnologies such as embryonic stem cell research and cloning that further experiment on and kill human life. There are many more ethical problems and blurring of family ties developing from IVF technology such as: custody disputes after surrogacy; children with three or more biological parents; grandmothers pregnant with their grandchildren; wrongful birth lawsuits; and, abortions due to embryo mix-ups in the lab. This brave new world turns out to be an ethical nightmare.

¹ *The Sunday Times*. Jan. 24, 2010. | ² *The Sunday Times*. Dec. 30, 2007. | ³ *The Guardian*. October 26, 2006. | ⁴ *The Telegraph*. Jan. 10, 2010. | ⁵ *The Telegraph*. Feb. 28, 2009. | *For full citations visit www.humanlife.org/shesachild.php

Abortion **BOOM** and **BUST**



Dennis Howard

In 1968, Paul R. Ehrlich published *The Population Bomb*, a sensational forecast of a world doomed by a population explosion. In it he flatly predicted: “In the 1970s and ‘80s hundreds of millions of people will starve to death in spite of any crash program embarked upon now.”

Instead of millions starving to death, the population control programs Ehrlich advocated resulted in an estimated 1.5 billion abortions around the world. In the U.S. alone, the number of abortions since 1970 is expected to reach 52,333,000 as of January 22, 2010—37 years after *Roe v. Wade*.

To understand the staggering implications of that many abortions, consider the following:

- ◆ 52.3 million abortions equals the population of our 65 largest cities, from New York City all the way down to cities the size of St. Paul, MN. It’s as if they had all been nuked and the population simply disappeared. How could that *not* have a major economic impact?
- ◆ 52.3 million abortions equals 70 percent of all the babies born during the famous Baby Boom which drove our economy to record highs over the next 50 years. Now, the Baby Bust is causing an economic malaise that will continue for as long as abortion remains legal.

- ◆ The cumulative loss in Gross Domestic Product from 52.3 million abortions has already reached \$38.5 trillion or more than twice our total national debt. This year’s loss alone is a staggering \$2.45 trillion. If we do not reverse course, the cumulative loss could grow to \$400 trillion by 2040.

Failure to include sweeping demographic changes in the economic picture ignores the fundamentals on which economics is based. They include human resources, financial resources, industrial and technical resources, and natural resources. And all of them depend on the first. Without human ingenuity, motivation, and culture, we would all still be in the stone age.

Fortunately, most ordinary folks understand common sense economics. You don’t have to explain to a young couple that if they don’t have children, their family will disappear in a generation. Or consider the family with six kids who then go on to have children of their own. By the time grandma and grandpa pass on, their family will multiply a dozen or more times, in an economic sense, a generation later. Plainly, larger families are a major factor in long term economic growth.

Meanwhile, the current Baby Bust generation has a problem. Their numbers have been reduced by 52.3 million missing people who are no longer there to pay taxes, start businesses, buy homes and cars and all the other things that drive an economy. If you include the impact of more efficient birth control, the “under-40 generation” has been cut by more than half.

That means far fewer people to bear the burden of growing government spending and far fewer producers working to “preserve the blessings of liberty” for themselves and their posterity.

Dennis M. Howard is a veteran writer, investigative journalist and market researcher who founded the Movement for a Better America in 1995. He has been researching the economic impact of abortion since 1992. He was also the first to predict the current economic crisis and correctly predicted its timing from 2000 through 2010 and beyond. © Copyright, 2010 by Dennis M. Howard. For permission to reprint this article, write to: The Movement for a Better America, Inc., PO Box 472, Mt. Freedom, NJ 07970-0472. Or email: mbaforlife@gmail.com

Sources: All basic abortion data comes from the U.S. Statistical Abstract (1978-2008), economic data from the U.S. Statistical Abstract (1978-2008) and the World Almanac (1990-2010). Abortion data is derived from the Guttmacher Institute, which surveys abortion providers every 3 or 4 years and interpolates data for intervening years.

Mr. Howard uses standard regression analysis to project the most recent data and trends to the current period with adjustments when new data is reported. His website contains the most up-to-date estimate of the abortion toll, adjusted monthly. His data dates from 1970, when California, New York and Colorado had already legalized abortion, rather than from January 22, 1973, when *Roe v. Wade* was decided.

His published forecasts include: *The Abortion Bomb*, a Special Report and Video (1996-97), and an exchange with the economics editor of *Barron’s* (1998) debating when the then current stock market boom would be over. In 1973, he also correctly forecast the 1974 market crash in a bulletin published by Frederick Research Company, New York, NY.

Why Are Some Babies Legally Protected and Not Others?



Joanna Galbraith, Esq.

“We hold these truths to be self-evident, that all men are created equal, that they are endowed by their Creator with certain unalienable rights, that among these are life, liberty and the pursuit of happiness.” *Declaration of Independence, 1776.*

More than 230 years after the Declaration of Independence, a specific “created” class of persons in America are denied the most essential of the guarantees contained in this pronouncement.

Personhood under the law is a malleable creature, chiseled by the vicissitudes of social mores and the nation’s moral landscape. By the courts’ attachment of this nomenclature, constitutional rights have been granted to corporations and business entities. Also, by its detachment, constitutional rights such as life and liberty have been denied to unborn children. The youngest members of our society have a fragile existence, jeopardized by the inconsistent application of personhood under the various divisions of law, specifically, criminal, civil, probate and constitutional.

In the criminal sphere, 36 states prosecute the killing of a preborn child as homicide, although application varies based on the child’s stage of development. Alternatively, the “born-alive rule” is applied in 12 states, which requires a live birth and subsequent death due to injuries caused before birth in order to prosecute for homicide.

Twenty-one states prosecute assailants for attacks on pregnant women which injure their preborn child. In 11 states prosecutions and enhancements of penalty are authorized in cases where a woman is assaulted and as a result thereof suffers

a miscarriage, stillbirth, or “damage to pregnancy,” albeit six of these fail to recognize the preborn child as a victim of the assault. Ironically excluded from prosecution under any of the foregoing are mothers of the preborn child and medical personnel in the context of legal induced abortion. However, in six states mothers who engage in substance abuse during pregnancy may be prosecuted for child abuse. Ten other states provide for a civil action under child welfare statutes.

Civily, 38 states permit a legal action for wrongful death of a preborn child dependent on the preborn child’s state of development. In contrast, 12 states require a live birth and subsequent death in order to bring suit.

For more than 120 years, probate law has recognized the preborn child’s rights of inheritance followed by a live birth, a standard applied nationwide.¹ However, constitutional law, as interpreted by the Supreme Court, refuses to acknowledge the personhood of the preborn. Justice Blackmun, who authored the majority opinion in *Roe v. Wade*, concluded “the word ‘person,’ as used in the Fourteenth Amendment, does not include the unborn.” A preborn human being was therefore not a “person” and had no right to life. Justice Blackmun suggested that if the preborn were constitutional persons, the case for abortion would collapse.²

While all persons may have been created equal, under abortion jurisprudence millions of Americans suffer the worst stigma of inequality by denial of the right to life.

Joanna Galbraith is a research attorney for Life Legal Defense Foundation in Napa, California. She launched her legal career as a criminal prosecutor, but recently transitioned to the civil arena and now focuses primarily on right to life issues. To contact her call 707-224-6675 or visit www.lldf.org.

¹Cowles v. Cowles, 56 Conn. 240, 13 A. 414 (1887). | ²Roe v. Wade, 65 410 U.S. 113 (1973).



Walter Hoyer

Persons Not Property

African American slaves were once considered property and their status as property was enforced by violence and public policy. The killing of a slave was almost never regarded as murder, and the rape of slave women was

treated as a form of trespassing.

As an African American, I have asked myself these questions: How could this be justified? Was it not obvious that African Americans were persons—living, breathing human beings? Where was the outrage from the American public?

Haig Bosmajian, UW professor of speech communication says, “While names, words, and language can be, and are, used to inspire us, to motivate us to humane acts, to liberate us, they can also be used to dehumanize human beings and to ‘justify’ their suppression and even their extermination.”¹

In order to justify the inhumane treatment of African American slaves and soothe the consciences of the

Americans, dehumanizing terminology or the “language of oppression” was established and propagated by way of both “academic” and “legal” opinion at the very highest levels of our educational and legal communities.

From 1815 to 1830, the American Colonization Society: “Free black in our country are... a contagion.” In 1857 the U.S.

Supreme Court decided: “A negro of the African race was regarded... as an article of property... a subordinate and inferior class of being.” In 1858, the Virginia Supreme Court decision declared: “In the eyes of the law... the slave is not a person.” In 1867, Buckner Payne, publisher: “The Negro is not a human being.” In 1900, Professor Charles Carroll: “The negro is... one of the lower animals.” In 1903 Dr. William English: “The negro race is... a heritage of organic and psychic debris.” In 1909, Dr. E. T. Brady: “They [Negroes] are parasites.”²

Today, even while modern medical science clearly and overwhelmingly supports the humanity and personhood of the preborn child, the same financial motives and oppressive language strategies used to oppress African American slaves are being used to justify killing preborn children.

For example, in 1973, the U.S. Supreme Court decided: “The Fetus, at most, represents only the potentiality of life.” Again, in 1973, the U.S. Supreme Court declared: “The word ‘person,’ as used in the 14th Amendment does not include the unborn.” In 1979, Professor Joseph Fletcher: “Pregnancy when not wanted is a disease... in fact, a venereal disease.” In 1980, Dr. Mariti Kekomaki: “An aborted baby is just garbage... just refuse.” In 1984, Professor Rosalind Pollack Petchesky:

“The fetus is a parasite.” Again, in 1984, Rabbi Wolfe: “A fetus is not a human being.” In 1985, Dr. Hart Peterson on fetal movement: “Like... a primitive animal that’s poked with a stick.” In 1986, Attorney Lori Andrews: “People’s body parts [embryos] are their personal property.”³

In the July 12, 2009, edition of the *New York Times Magazine*, the power of the language of oppression to corrupt our conscience was revealed in the words of sitting U.S. Supreme Court Justice Ruth Bader Ginsburg. She commented in an interview that she was surprised at a 1980 court ruling that prevented the restoration of Medicaid funding for abortions, because, in her opinion, when *Roe v. Wade* was decided in 1973, “there was concern about population growth and particularly growth in populations that we don’t want to have too many of.”

History teaches us that the use of oppressive language to demonize and dehumanize certain segments of the human race is incontestably evil. In Germany, the persistent portrayal of the Jews as “vermin,” “bacilli,” “parasites,” and “disease” contributed to Adolf Hitler’s “Final Solution.”

In the antebellum South, the deliberate and system-

atic labeling of African Americans as “chattel,” “property,” “beasts,” “feeble-minded,” and “useless eaters,” eased the conscience of many and paved the way for the subjugation and suppression of African Americans.

Early in our nation’s history, the defining of the Native American as “non-persons,” “savages,” and “Satan’s partisans” led to the extermination of

“Human beings are persons,



and persons are not property.”

a significant portion of their population.

Yet, today, it appears we have not learned our lesson. The deliberate dismemberment and destruction of the bodies of those most vulnerable among us, preborn children, is entirely indefensible.

Human beings are persons, and persons are not property. As a civil society we must move beyond the loathsome language of oppression and recognize the inherent, inalienable and self-evident humanity of all human beings. Regardless of the circumstances by which we were procreated, method of reproduction, age, race, sex, gender, physical well-being, function, or condition of physical or mental dependency and/or disability, all human beings need to be, and deserve to be, protected by love and by law.

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¹ Bosmajian, H.A. *The Language of Oppression*. University Press of America, Lanham, MD, 1983. | ² Brennan, William. “The Semantics of Oppression.” *Dehumanizing the Vulnerable*. | ³ *Ibid.* *For full citations visit www.humanlife.org/shesachild.php



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