



CHOICE: IS ABORTION THE RIGHT ONE ?



CHILD DEVELOPMENT AND PRO-LIFE TALKING POINTS

**COMPILED BY
CECFORLIFE**

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CHILD AT 7 WEEKS

Week 7: My eyelids, toes form; my nose is distinct; I am kicking and swimming.



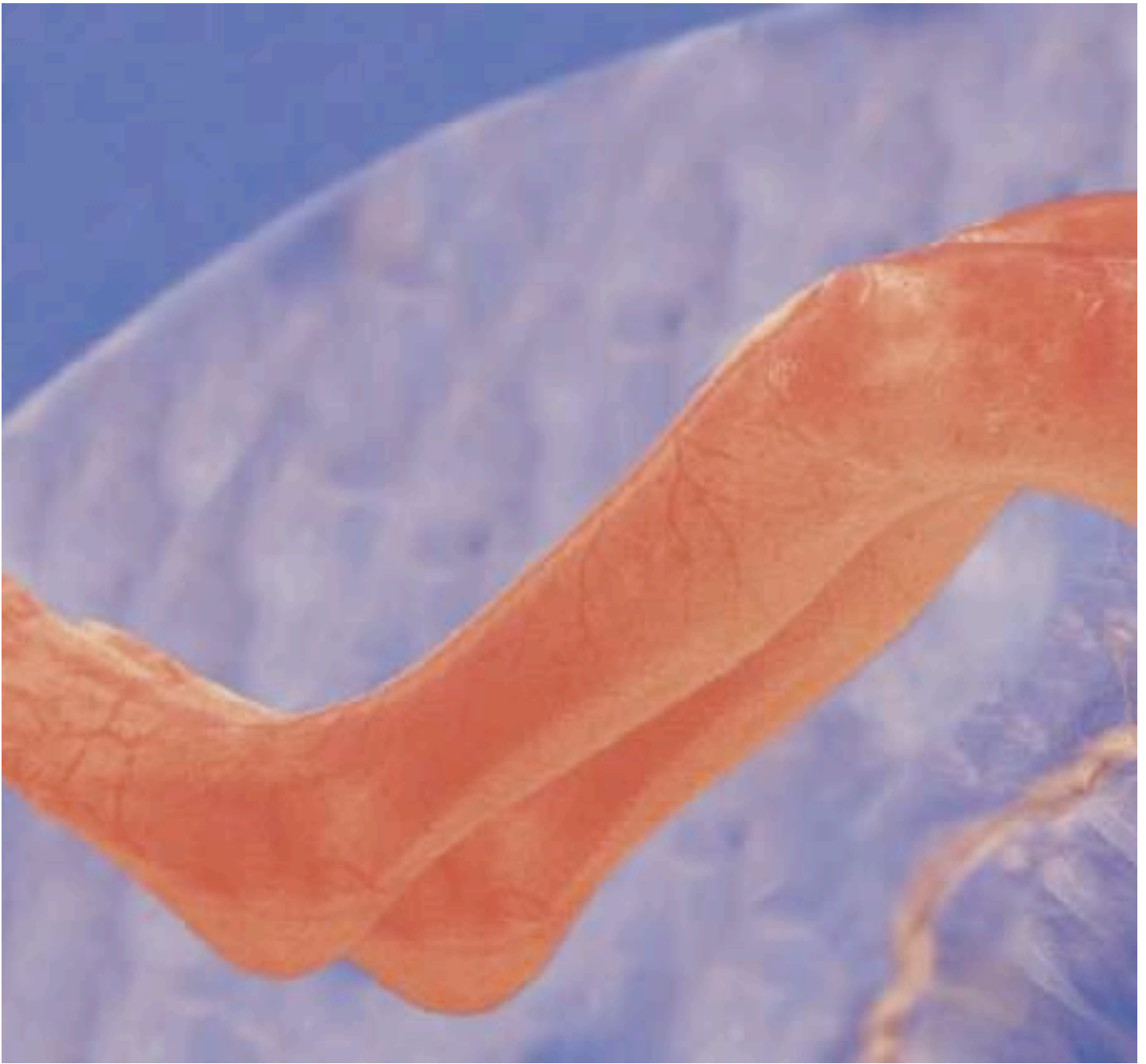
CHILD AT 8 WEEKS

Week 8: Every organ is in place; my bones; fingerprints begin to form. I can swallow amniotic fluid and can be observed hiccupping. Taste and teeth buds are beginning to form.



CHILD AT 11 WEEKS

Week 11: I can grasp objects placed in hand; the kidneys begin to form urine and I can mimic the movements of breathing. From this point on, all my body systems are in place and active.



CHILD AT 12 WEEKS

Week 12: I have reached my peak frequency of movement and rarely pause for more than five minutes. My sex can be visually identified and my face begins to display distinctive characteristics resembling my family.



CHILD AT 14 WEEKS

Week 14: My baby heart is pumping several quarts of blood through my body every day. The smallest details are now taking shape. For a couple of weeks now, all the body parts required to experience pain, including all the nerves, spinal cord and thalamus are present.



CHILD AT 16 WEEKS

Week 16: I am visibly turning, kicking, doing somersaults, making fine finger movements, wiggling my toes and making a fist.



CHILD AT 20 WEEKS

Week 20: I can hear my mother's voice and feel soothed; I respond to a number of outside stimuli including pats on my mother's abdomen, music, sudden noises, etc. It is only a matter of time now, with no new parts to form or new body systems to develop! I am eager to be born!



Is a Baby Human from the Beginning?

Fetal Development

1. A new human being is created at conception:

From the instant the male gamete (sperm) fuses with the female gamete (egg), a unique human being with his or her own DNA, different from those of his mother and father, is present. After fertilization, there are 46 chromosomes (or 47 in the case of Down Syndrome) where there were two sets of 23 chromosomes before. The resulting being is genetically human and alive, and therefore, by standard biological definition, a human being. From fertilization to natural death, there exists an unbroken and smooth continuum of human development during which the person needs only oxygen, water, and nutrients to live and develop physically.

2. Major benchmarks in fetal development are described below:

Fertilization: The father's sperm and the mother's egg unite. Genetic instructions from each of the two individuals combine to form a unique individual, barely visible to the human eye. *Taber's Cyclopedic Medical Dictionary* describes what happens next: "Following fertilization, cells multiply, which results in formation of a morula, which in turn develops into a blastocyst consisting of a trophoblast and inner cell mass."

1st Day: The first four cell divisions take place as the blastocyst travels down the mother's fallopian tubes towards the uterus.

5-9 Days: The blastocyst now consists of about 256 cells and implants in the uterus.

14 Days: The mother's menstrual period is suppressed by her child's chemical signals.

20 Days: The baby's heart is in the advanced stages of formation. Her eyes begin to form. Her brain, spinal column, and nervous system are virtually complete.

24 Days: The preborn baby's heart begins to beat.

28 Days: The baby's muscles are developing. Her arm

and leg buds are visible, and her first neocortical cells appear. The neocortex is the seat of complex thinking and reasoning, and it is present in no other mammal. The pre-born child has grown in size by a factor of 10,000 since fertilization. Blood flows in the baby's own veins, separate from her mother's blood.

35 Days: The baby's pituitary gland, mouth, ears, and nose take shape.

42 Days: The baby's heart energy output is an incredible 20% that of an adult's already. The cartilage skeleton is completely formed and ossification into bone begins.

The baby's brain coordinates voluntary movement of muscles and the involuntary movement of organs. Reflex responses are present. The baby's mother misses her second menstrual period.

43 Days: The preborn baby's brain waves can be recorded.

45 Days: The baby begins spontaneous and voluntary body movements, and her milk teeth buds are present.

7 Weeks: The baby's lips are sensitive to touch, and her ears resemble her family's pattern. The first fully developed neurons (nerve cells) appear on the top of her spinal cord, beginning construction of the brain stem. This portion of the brain regulates vital functions such as breathing, heartbeat, and blood pressure.

8 Weeks: The preborn baby is about 1-1/2 inches long and 1/30 of an ounce in weight. All organs are present, complete, and functioning except the lungs. Her stomach produces digestive juices, her liver makes blood cells, and her kidneys are functioning. Her taste buds are forming and her unique fingerprints are being engraved. Her eyelids and the palms of her hands are sensitive to touch. Of



Fetus at 7 weeks.

the 45 total generations of cell replication that will take place by mature adulthood, fully two-thirds have already taken place. The preborn child now consists of about one billion cells and contains more equivalent genetic information than every word communicated by every human being who has ever lived since the beginning of the human race.

9 Weeks: The preborn baby can bend her fingers around an object placed in her palm. Her fingernails are forming and she sucks her thumbs.

10 Weeks: All sections of the preborn baby's body are sensitive to touch. She swallows, squints, frowns, and puckers up her brow. If her palm is stroked, she will make a tight fist.

11 Weeks: The preborn child makes all facial expressions, including a smile. She is now breathing amniotic fluid steadily and will continue to do so until birth. Her fingernails and toenails are present. Her taste buds are working; she will drink more amniotic fluid if it is artificially sweetened, and less if it is given a bitter taste.

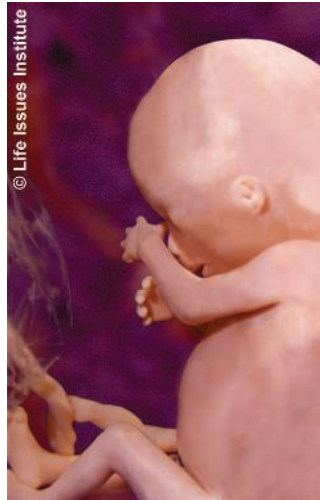
12 Weeks: Vigorous activity shows the baby's distinct personality. Some babies hiccup constantly, others may cry. The baby can kick, turn over, curl and fan her toes, make a fist, and open her mouth and press her lips tightly together.

13 Weeks: The preborn child's facial expressions resemble those of her parents. Her movements are vigorous and graceful. Her vocal chords are present, and, in rare cases when air enters the uterus temporarily, babies have been heard crying. The sex of the baby can be determined. She can now hear.

4 Months: The preborn baby can grasp with hands, swim, and turn somersaults. Her mother may feel her move-



Fetus at 11 weeks.



Fetus at 4 months.

ments for the first time. Her eyelashes are now present. Rapid eye movement (REM), indicative of dreaming, can now be recorded. A very bright light shined on the mother's abdomen will cause the baby to slowly move her arms and cover her eyes. Loud music will cause the baby to cover her ears.

5 Months: The preborn baby has formed her own unique sleeping habits by now. She responds to sounds that are of frequencies that exceed adults' audible range. She may be soothed to sleep by gentle music. Fine hair grows on her head and eyebrows.

6 Months: Most babies are viable at this point (24 weeks, or about 60% of full gestation). Eyelashes appear. The baby's weight is about 22 ounces, and her height is about 9 inches.

7 Months: The baby's weight increases to over one kilogram or 2.2 pounds. The baby's eye-teeth are now present. Her eyes open and close and she explores her surroundings. Her hands can support her entire weight at this time. She recognizes her mother's voice.

8 Months: The baby's weight increases to over two kilograms (4.4 pounds), and her quarters become cramped.

9 Months: In the final six weeks of gestation, the baby gains about an ounce of weight per day. The lightest baby ever born to survive healthily weighed 10 ounces. Of the 45 total generations of cell replication that will take place by mature adulthood, 41 have already taken place. The baby now has about two trillion cells. The remaining four generations of cell replication will occupy all of the person's childhood and young adulthood. In developmental terms as measured by cell replication, we spend 90% of our lives *in utero*.

3. Human development begins at fertilization: When else does a baby become human?

(All information on stages of fetal development is from *Taber's Cyclopedic Medical Dictionary*)



Fetus at 5 months.

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Does Abortion Save Lives?

Maternal Deaths

1. Abortion-on-demand has not saved women's lives:

Pro-abortion politicians and groups argue that without easy access to abortion, substantial numbers of women would die through illegal, unregulated, and unsafe “back-alley” abortions. They say that this number of deaths would be greater than the current number of deaths of women caused by the over 1 million legal abortions per year in the United States, and thus that the abortion-on-demand rules imposed by the U.S. Supreme Court in *Roe v. Wade* in 1973 save women's lives. Yet the evidence shows death from abortion in the United States was very rare even before abortion was legalized.

2. The number of women who died from illegal abortions before *Roe* is greatly exaggerated:

Dr. Bernard Nathanson, one of the founders of the National Abortion Rights Action League (NARAL) and a former abortionist who performed tens of thousands of abortions, said that he and other NARAL members used to claim that 5,000 to 10,000 women died each year from illegal abortions. He has since admitted that he knew the statistic to be “totally false.... But in the ‘morality’ of our revolution, it was a useful figure, widely accepted, so why go out of our way to correct it with honest statistics?” In 1972, the last year before *Roe v. Wade* was handed down, approximately 90 women died from abortions gone wrong, according to Lisa M. Koonin.¹

3. Positive trends in maternal health are due to advances in technology:

Progress in medical science in the last few decades, not the widespread practice of legal abortion, has produced declines in maternal deaths. Fortunately, prenatal care, anesthesia technology, an-

tibiotics, and OB-GYN training have all improved since 1972, as Nathanson discussed in “A Pro-Life Medical Response to ACOG's January 1990 Publication: Public Health Policy Implications of Abortion,” presented by William F. Colliton, M.D., *et.al.* As early as the 1960s, progress in technology had led to the point where abortion was no longer needed to save women's lives, if it ever was. Even Dr. Alan Gutt-

“Today it is possible for almost any patient to be brought through pregnancy alive.” — *Dr. Alan Guttmacher, 1967*

macher, who did more to promote and spread abortion on demand throughout the world than any other individual, commented in 1967, “Today it is possible for almost any patient to be brought through pregnancy alive, unless she suffers from a fatal disease such as cancer or leukemia, and if so, abortion would be unlikely to prolong, much less save the life.” Former Surgeon General of the United States Dr. C. Everett Koop said, “The life-of-the-mother argument surfaces in every debate concerning abortion. The fact of the matter is that abortion as a necessity to save the life of the mother is so rare as to be non-existent.”

4. Legal abortion has led to more maternal deaths by cultural means:

While total deaths due to abortionist incompetence have probably decreased in the United States thanks to better technology and training, maternal deaths due to other abortion-related causes have increased dramatically. At least three major studies have shown that the most common cause of fatalities

¹ Koonin, *et.al.* “Abortion Surveillance; United States, 1996,” *Morbidity and Mortality Weekly Report*, July 30, 1999.

among pregnant women is murder, and statistics show that almost one-third of these are due to men who kill their wives or girlfriends because they refuse to get an abortion. This amounts to 30 to 50 murders a year.² Following pro-abortion logic, these men believe that their partners are being selfish in choosing to have children that the men don't want, particularly if the child is a result of an adulterous affair. After all, to these men, if it's a choice, not a child, then it makes sense to blame the mother for making the choice to saddle an unwilling father with 18 years of responsibility.

5. Global abortion-related deaths are also exaggerated: Pro-abortion groups exaggerate the number of women who die of illegal abortion complications around the world. The most common figures used are 78,000; 200,000; and half a million annually. None of these figures have solid evidence behind them. The actual number is probably closer to 2,000 deaths worldwide annually due to illegal abortions.³

6. Maternal death rates are lower where abortion is outlawed: In fact, countries prohibiting abortion—and where laws against abortion are enforced—usually have much lower maternal mortality rates than those nations with legal and common abortion. According to the United Nations Population Division in its *The World Mortality Report: 2005*, Ireland has a maternal mortality rate of 5 per 100,000 births; Poland, where abortion is also illegal, has a rate of 13 per 100,000; the United States has a rate of 17 per 100,000; and Russia, with one of the world's highest abortion rates, has 67 per 100,000. Some countries where abortion is illegal have high maternal death rates due to poverty and other factors, so any claims of abortion lowering

² Associated Press, April 25, 2003; "Violence Against Pregnant Women is Not Uncommon".

³ (Clowes, Brian, *The Facts of Life*, Ch. 7 (Human Life International 2001).

maternal deaths are false or missing relevant support.⁴

7. Abortion is not safer for women than childbirth: The chances of dying from either abortion or childbirth in developed countries are vanishingly small for the average healthy woman. A woman's chances of dying in childbirth or abortion are equal to those of being killed in a car accident over a period of three months of average driving.

Former Surgeon General of the United States Dr. C. Everett Koop said, "The life-of-the-mother argument surfaces in every debate concerning abortion. The fact of the matter is that abortion as a necessity to save the life of the mother is so rare as to be non-existent."

8. Almost all abortions in America are abortions of convenience: A compilation of surveys on why abortions are performed has shown that about one-third of 1% of abortions are done to preserve the mother's mental or physical health and about the same number are done for rape, incest and birth defects. The total proportion of abortions done in the United States for social or convenience reasons, including for "psychological stress" or out of "financial concerns," is 99.3%.⁵

⁴ <http://www.un.org/esa/population/publications/worldmortality/WMR2005.pdf>

⁵ Louisiana State Center for Health Statistics, *Louisiana Vital Statistics Report* annual reports, 1996-2000 and 1997-2001; Nebraska Health and Human Services System, "Nebraska 2001 Statistical Report of Abortions," March 2002; Utah Department of Health. *Utah's Vital Statistics: Abortions*, annual reports, 1996-2003.

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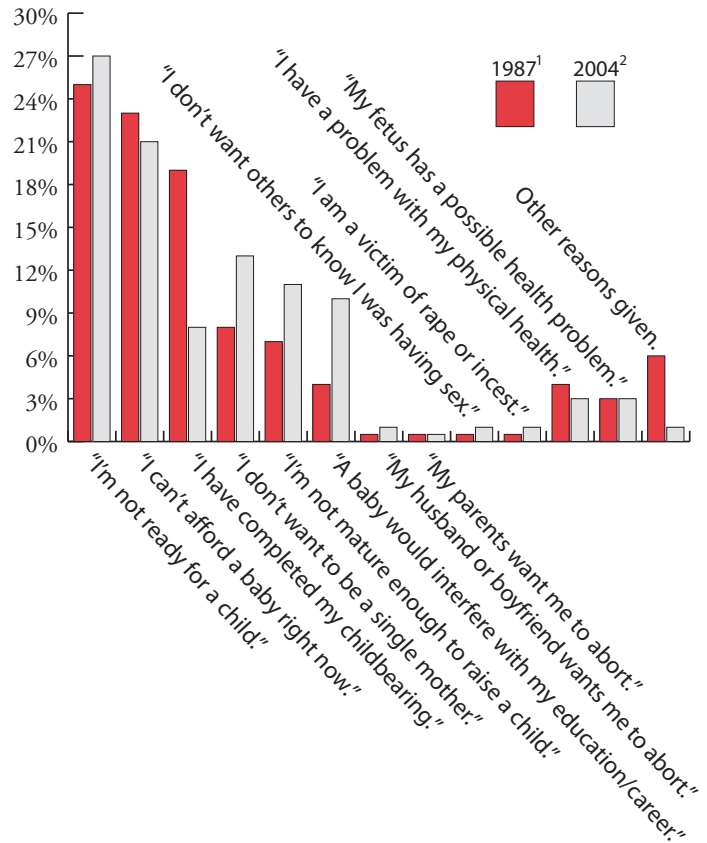
Why Women Abort

1. Very few abortions are due to health reasons, rape, incest, or abnormalities: Many people think that women obtain most abortions to save their lives or physical health, for rape and incest, or to avoid birth defects. This is a fallacy that pro-abortion groups continue to cultivate because it helps them spread abortion in nations with pro-life laws and helps them retain abortion-on-demand once they have achieved it. The counterargument to this line of reasoning is quite simple, and utilizes pro-abortionists' own research: surveys in which women were asked why they think they must have an abortion.

2. The leading pro-abortion research group puts the proportion at less than 10%: The Alan Guttmacher Institute is the research arm of the Planned Parenthood Federation of America (PPFA), the largest chain of abortion clinics in the United States. Guttmacher has performed several surveys that have asked thousands of women why they are obtaining abortions. The results of the institute's 1987 and 2004 surveys are shown below. These surveys show that, according to the women themselves, the "hard cases" account for only 7% of all abortions.

3. Abortion clinic statistics give even lower numbers: A survey of more than 120,000 aborting women performed by the states of Louisiana, Nebraska and Utah during the years 1996 to 2004 gives us what may be a more accurate estimate of the number of "hard case" abortions, because these

Alan Guttmacher Surveys of Aborting Women



1. Survey of 1,900 aborting women in 38 states. Aida Torres and Jacqueline Darroch Forrest. "Why Do Women Have Abortions?" *Family Planning Perspectives* [Alan Guttmacher Institute], July/August 1988, pages 169 to 176, Table 1.

2. Survey of 1,209 women in eleven large abortion clinics. Lawrence B. Finer, et. al. "Reasons U.S. Women Have Abortions: Quantitative and Qualitative Perspectives." *Perspectives in Sexual and Reproductive Health* [Alan Guttmacher Institute], September 2005, pages 110 to 118, Table 3.

are the numbers that abortion clinics must officially report in these states.

4. The proportion is also very low internationally:

Women all over the world give largely the same reasons for aborting. In 1998, the Guttmacher Institute published the results of studies showing that lifestyle reasons also predominate among aborting women in other nations. Its summary of surveys performed in 26 countries outside the United States showed that primary reasons for aborting given by the 62,658 women interviewed. Since rape and incest are included under “other reasons,” a maximum of 5.8% of all abortions performed in other countries are done for the hard cases, and a minimum of 94.2% are performed to preserve the mother’s lifestyle or to please those close to her.

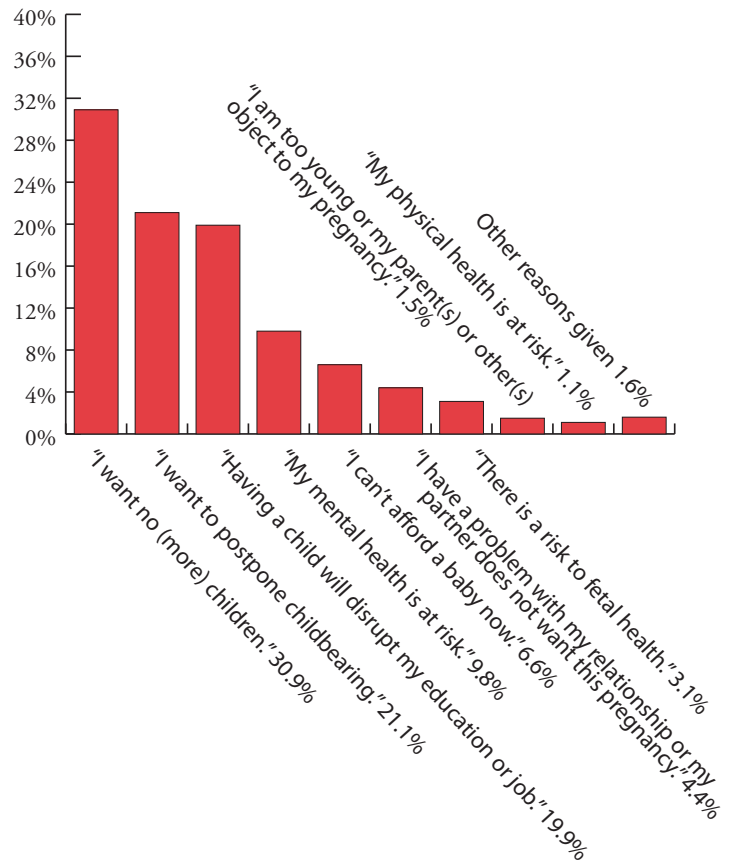
5. Other statistics also show that almost no abortions are chosen for health reasons:

As a final confirmation of the rarity of the hard cases, calculations based on statistics provided by medical journals and government surveys in the United States show these cases are, in fact, much rarer than most people believe: There are about 5,200 abortions performed every year to save the life or health of the mother, or about 0.36% (1 out of 278) of all abortions; there are about 1,300 abortions performed every year for rape and incest, or about 0.09% (1 out of 1,111) of all abortions; there are about 3,470 abortions performed every year for fetal birth defects (eugenics), or about 0.24% (1 out of 417) of all abortions; there are about 9,970 abortions performed every year for all of the hard cases combined, or about 0.69% (1 out of every 145) of all abortions. This means that 99.31% of all abortions are performed for social or economic reasons.

Abortion Clinics in Three States, Self-Reports: Reasons Given for Aborting	
Total Number of Abortions:	122,083
Rape and Incest	273 (0.22%)
Mother’s Life or Physical Health	513 (0.42%)
Birth Defects (eugenics)	250 (0.20%)
Total Hard Cases	1,036 (0.84%)
All Other Reasons:	121,047 (99.16%)

Louisiana State Center for Health Statistics, *Louisiana Vital Statistics Report* annual reports, 1996-2000 and 1997-2001; Nebraska Health and Human Services System, “Nebraska 2001 Statistical Report of Abortions,” March 2002; Utah Department of Health. *Utah’s Vital Statistics: Abortions*, annual reports, 1996-2003.

Alan Guttmacher International Survey (1998)



Akinrinola Bankole, Susheela Singh and Tayl Haas. “Reasons Why Women Have Induced Abortions: Evidence from 27 Countries.” *International Family Planning Perspectives*, August 1998. Table 2, “Percentage Distribution of Women Who Had an Abortion, by Main Reason Given for Seeking Abortion, Various Countries and Years.”

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Men & Abortion

1. Men suffer in the aftermath of abortion as well as women: Though not nearly as much research has been done on abortion's effects on men as on women, considerable evidence shows that abortion often negatively affects men's mental health and that a large proportion of men regret their partner's abortion later on. Sociologists Eileen Nelson and Priscilla Coleman reported in 1993 that 52% of men felt regret after their partner's abortion. A March 19, 1989 poll published in the *Los Angeles Times* found that two-thirds of men surveyed whose partners had had an abortion regretted the aborting of their children.

2. Pro-choice sociologist finds 1 in 20 who go to the clinic severely affected: In "Abortion Clinics and Waiting Room Men: Sociological Insights," a 2005 article posted on his pro-choice website MenAndAbortion.com, Arthur B. Shostak, Emeritus Professor of Sociology at Drexel University and the first social scientist to publish a study on the effects of abortion on men, writes together with two co-authors, "While one would not know this from media and social science neglect, about 600,000 men (male partners in ill-timed and unwanted pregnancies) accompanied a client to her abortion appointment last year (about half of all abortion-seeking women generally have a man sitting by in the clinic or doctor's waiting room)." He told Adam Voiland of US-News.com in an interview posted Sep. 12, 2008, "I would say that 90% of men consider the day of an abortion to be one of the most stressful of their lives." He said that 4%-5% suffer serious emotional problems as a result of their partners' abortions, which is about 30,000 men a year. He has not studied the one-half of men who do not accompany their partners for their abortions and who may be much more distressed by abortion.

3. The proportion may be much higher: Shostak does

not have data on the possible long-term debilitating effects of post-abortive trauma. But he and his co-authors report, "Our attention as applied sociologists was quickly drawn to a finding first noted in 1983-4, namely, 4 out of 5 of the 1,000 males deemed the abortion experience one of the most difficult of their lives." Asked to describe their emotions at the time of the abortion, 24% chose "guilty."

"A guilt-ridden, tormented male does not easily love or accept love. His preoccupation with his partner, his denial of himself and his relentless feelings of post-abortion emptiness can nullify even the best of intentions."

— Psychologist Dr. Vincent Rue

4. Anecdotal evidence supports post-abortive trauma for men: A burgeoning "lost fatherhood" movement has become involved in pro-life activism, with post-abortive men carrying signs at the January 2009 March for Life proclaiming "I Regret Lost Fatherhood." The second "Reclaiming Fatherhood" conference was held in Chicago in September 2008. Sponsored by the Knights of Columbus and the Archdiocese of Chicago, "Reclaiming Fatherhood" featured testimonies from men who have suffered deep emotional scars as a result of their partners' abortions. "[Bruce] Mulligan, a hospital administrator from Minnesota, decided, along with his wife, to abort an unplanned pregnancy 37 years ago and says he still grapples with the loss emotionally,"

reported Voiland on Sep. 9, 2008. “Men don’t like to admit they have a problem, but there are a lot of guys out there who are really hurting,’ he says.” Dr. Vincent Rue, a psychologist who has long experience with abortion’s effects on men, spoke at the “Reclaiming Fatherhood” conference. He wrote in an article called “The Effects of Abortion on Men,” “[M]en do grieve following abortion, but they are more likely to deny their grief or internalize their feelings of loss rather than openly express them.... A guilt-ridden, tormented male does not easily love or accept love. His preoccupation with his partner, his denial of himself and his relentless feelings of post-abortion emptiness can nullify even the best of intentions.”

5. Men undergo physiological changes during their partners’ pregnancies: The post-abortive trauma of many men may lie not only in psychological factors, but in physiological ones as men’s bodies prepare for the births of their children, births that never occur. In “The Making of a Modern Dad,” published in the March-April 2002 edition of *Psychology Today*, Douglas Carlton Abrams wrote, “[R]esearch shows that men go through significant hormonal changes alongside their pregnant partners, changes most likely initiated by their partner’s pregnancy and ones that even cause some men to experience pregnancy-like symptoms such as nausea and weight gain. It seems increasingly clear that just as nature prepares women to be committed moms, it prepares men to be devoted dads.... There may be actual physiological signals exchanged between partners in close contact, such as the transmission of pheromones.” Abrams said that two studies reported that about 90% of men develop one or more pregnancy-related symptoms when living with a pregnant partner. In the June 28, 2004 *Scientific American*, biology professor Katherine E. Wynne-Edwards says, “Hormone changes in expectant fathers therefore involve the same hormones that are changing in an expectant mother.”

6. Just like women, different men respond very differently to abortion: According to “Reclaiming Fatherhood,” men may experience “rage or anger,” “impotence,” “grave concern for their partner,” “inability to communicate with their partner about her experience and theirs,” “chemical use and abuse,” “risk-taking behaviors,” “grieving and sadness,” among other reactions. As in other areas of life, teens may be most vulnerable. For example, according to the *Yorkshire Post* in Britain, Feb. 24, 2009, “A teenager hanged himself weeks after discovering his ex-girlfriend had had an abortion. Leon Boulton was found hanging from a banister at his home in Westcott Street, Hull.... In a statement read to the court, [his girlfriend] said: ‘Leon said we should keep the baby but I wasn’t sure.’ Tests revealed it could be an ectopic pregnancy and she decided to have an abortion.”

7. Men and women are equally pro-life: The mainstream media often portray “abortion rights” as a men-vs.-women issue, with men supposedly trying to keep women down by denying them abortion. Yet polls consistently show that men and women favor and disfavor abortion in approximately equal proportions. Polls commissioned by pro-life groups usually show a slight majority of Americans to be pro-life, and often show that a slightly greater proportion of women are pro-life than men. But even the latest large poll commissioned by a pro-choice organization shows that the difference between men and women on the issue is statistically insignificant. The Pew Forum on Religion and Public Life reported in August 2008, “Men and women are about equally as likely to express support for abortion rights—53% of men and 54% of women say it should be legal.”

8. Resources for post-abortive men are now available: Resources for men, often ignored in the past, have increased exponentially in the past few years. For more information, visit www.FatherhoodForever.org and www.MenAndAbortion.info

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Exceptions Is Abortion Ever Permissible?

1. Hard cases make bad law: An old legal saying goes, “Hard cases make bad law,” because a good arguer can justify the overturning of any principle when circumstances are difficult enough. Pro-abortion groups have used the “hard cases” to obtain a negation of the American tradition of valuing individual life and have succeeded in imposing abortion-on-demand in the United States. Though only a tiny proportion of abortions in this and most other countries are due to hard cases—to save the life or health of the mother, rape, incest, and fetal deformities—pro-abortion groups portray these reasons as the norm. In fact, the vast majority of abortions are sought for social and economic reasons. Under the 1973 Supreme Court decision *Roe v. Wade*, abortion-on-demand is legally permitted throughout all nine months of pregnancy.

2. The hard cases are very rare: Based on statistics provided by medical journals and government surveys, we find that the hard cases are much rarer than most people believe. In the United States, approximately 5,200 abortions are performed every year with the stated justification of saving the life or health of the mother, or about 0.36% (1 out of 278) of all abortions; approximately 1,300 abortions performed every year for rape and incest, or about 0.09% (1 out of 1,111) of all abortions; and there are about 3,470 abortions performed every year for fetal birth defects (eugenics), or about 0.24% (1 out of 417) of all abortions. Overall, there are about 9,970 abortions performed every year for all of the hard cases combined, or about 0.69% (1 out of every 145) of all abortions.* Therefore, 99.31% of all abortions are performed for social or economic

reasons, i.e. “to save the mother’s lifestyle” or to please people close to her such as parents, husband or boyfriend. These numbers are confirmed by a survey of more than 120,000 aborting women performed by the states of Louisiana, Nebraska and Utah during the years 1996 to 2004. The combined studies showed that only 0.84% of women obtained abortions for all of the hard cases combined.

“[T]he life-of-the-mother argument surfaces in every debate concerning abortion. The fact of the matter is that abortion as a necessity to save the life of the mother is so rare as to be non-existent.” – former US Surgeon General C. Everett Koop.

3. Abortion is not needed to save the life or health of the mother: Because of advances in medicine, there are currently no maternal medical conditions for which abortion is necessary to cure or alleviate. Even leading pro-abortionists have recognized this fact for decades. A favorite of Planned Parenthood, Dr. Alan Guttmacher did more to promote and spread abortion-on-demand throughout the world than any other individual. Yet as long ago as 1967, he commented, “Today it is possible for almost any patient to be brought through pregnancy alive, unless she suffers from a fatal disease such as cancer or leukemia, and if so, abortion would

be unlikely to prolong, much less save the life.” Former Surgeon General of the United States Dr. C. Everett Koop said that “the life-of-the-mother argument surfaces in every debate concerning abortion. The fact of the matter is that abortion as a necessity to save the life of the mother is so rare as to be non-existent.”

4. More violence is not the proper response to rape or incest:

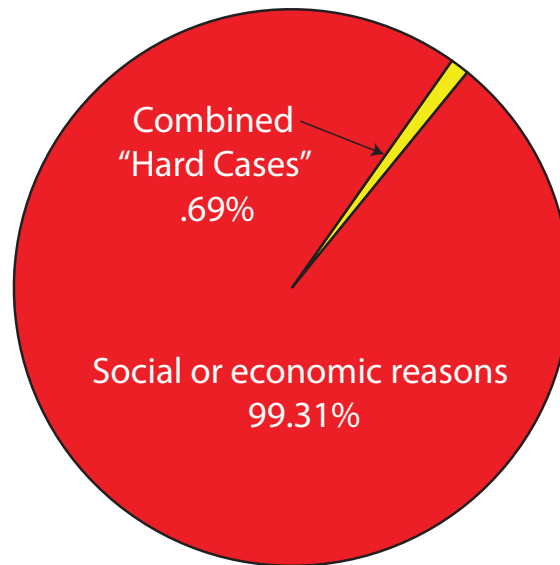
These are appalling cases, but abortion simply inflicts another level of violence on the innocent child conceived by the act and psychologically on the woman who was the victim of the rape or incest. Typically, a woman who is a victim of rape or incest is pressured into aborting, when instead she needs the support and encouragement of those around her. Additionally, abortion is the ideal cover-up for incest. HLI’s www.abortionviolence.com shows many instances of molesters taking underage girls to abortion clinics, almost all of whom have a “no questions asked” policy, leaving the molester free to commit his crimes again and again. Planned Parenthood’s willingness to ignore law and justice in order to forward abortion by showing ostensibly underage and pregnant girls how to circumvent the law is documented in videos at www.liveaction.org.

5. Eugenics cannot justify killing imperfect people:

The abortion of preborn children who are handicapped is nothing more than eugenics, discrimination of the most base kind. Those who abort a handicapped preborn child are saying by their actions that a handicapped baby has less of a right to live than a perfect baby. We do not yet murder children and adults because they are handicapped in some way. A truly humane society would not kill its weakest members, but love them and

support them, even if their handicaps are incompatible with life. In fact, everyone has a fatal handicap that will lead to death one day. Even if a baby will die shortly after she is born, what is a more civilized response — to hold and love her in the short time she has on this earth, or cut her apart with a vacuum cutterage machine? It is easy to love the perfect; but how much we are willing to give to the imperfect is the true measure of love.

Reasons Given For Having Abortions:



6. **Which child should live:** We might examine two newborn babies lying side by side—one conceived within a loving marriage and one conceived as the result of a brutal rape—and then ask which should be considered more human and therefore worthy of life.

* Louisiana State Center for Health Statistics, *Louisiana Vital Statistics Report* annual reports, 1996-2000 and 1997-2001; Nebraska Health and Human Services System, “Nebraska 2001 Statistical Report of Abortions,” March 2002; Utah Department of Health, *Utah’s Vital Statistics: Abortions*, annual reports, 1996-2003.

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HUMAN LIFE INTERNATIONAL'S

PRO-LIFE TALKING POINTS

Pro-Abortion Violence: Setting the Record Straight

1. The Media Narrative for “Pro-Life” Violence is Seriously Distorted.

Pro-abortionists and the media talk a lot about “anti-choice violence” and an alleged “organized campaign of terror and intimidation against reproductive health centers.” Such charges were again being thrown about in the wake of the cowardly murder of abortionist George Tiller in late May 2009. While all truly pro-life groups and persons condemn all murder as being anti-life, **somehow pro-lifers are depicted by many as actually supporting such acts, and it is implied that such acts are actually common.** The fact is that abortionists and pro-choice activists are guilty of much more violence than pro-life activists (not to mention abortion itself!), and it's time that those who don't know this history, especially the media, learned the truth.

2. Pro-Abortion Violence is Ignored.

After Paul Hill murdered Florida abortionist John Bayard Britton and his armed escort, James H. Barrett, in July 1994 the media broadcast and wrote thousands of stories over the next several years. **But when pro-abortion activist Eileen Orstein Janezic shot pro-life activist minister and radio talk show host Jerry Simon through his living room window, the national media completely ignored the story.** The same bias is rampant in TV series (such as *Law & Order*) which routinely caricature pro-lifers as ignorant, mean-spirited zealots and abortionists as persecuted, well-meaning

heroes who suffer violence due to their selfless service for women.

3. Examples of Pro-Abortion Violence.

It would be wrong to portray all abortionists as bloodthirsty murderers, violent misogynists, and such, as the media routinely does with pro-life activists. But **the truth is that abortionists as a group commit an unusually high number of violent crimes against women, pro-lifers, and even colleagues**, and are often defended by supposedly pro-women, pro-abortion groups. Here are a few examples:

- Abortionist David Benjamin killed Guadalupe Negron, a mother of four, in July 1993. During the abortion, he lacerated Negron's cervix and punctured her uterus, causing severe bleeding; then he abandoned her. Benjamin was convicted of murder due to his “depraved indifference to human life.”
- Abortionist Malachi Dehenre killed his wife, Mysha Rose, shooting her in the head with a handgun. Dehenre, who had lost his license to practice medicine in New York, Alabama, and Mississippi due to bungled abortions, was convicted by a jury of manslaughter.
- Abortionist Alicia Ruiz Hanna was convicted of second-degree murder after Angela Sanchez, a mother of four, died at Hanna's abortion mill. Hanna tried to stuff Angela's body into the trunk of a car in order to dump her body across the border in Tijuana, Mexico.
- Abortionist Ronald Tauber admitted exposing

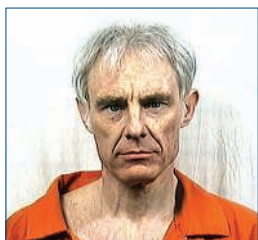
himself to more than 700 women and young girls. After being convicted of kidnapping and raping a six-year-old girl, Tauber spent a mere 7 years in prison, then returned to practicing abortions in the State of New York.

- Abortionist **Brian Finkel**, who called himself “The Prince of the Pelvis,” was convicted of 22 counts of sexual abuse of his female patients and is currently serving a lengthy prison term. The National Organization for Women (NOW) claimed that almost all of the women who came forward to testify against Finkel were lying, and that pro-lifers were to blame for his prosecution.
- Abortionist **John Baxter Hamilton** was having an affair with a topless dancer he had aborted, and his wife was considering leaving him. On Valentine’s Day 2001, Hamilton violently killed his wife, and was convicted of murder in December of that year. Amazingly, pro-abortionists tried to get all charges dropped against Hamilton by sending death threats to at least three news agencies, District Attorney Wes Lane, and state witnesses against Hamilton.

5. Setting the Record Straight.

We could go into more detail about the reportedly common practice of leaving babies that survive abortions to die in closets and unoccupied rooms (a practice that now-President Obama refused to make illegal on at least three separate occasions as an Illinois State Senator, even as other pro-abortionists supported such legislation), and the several other cases of **depraved indifference** which lead to the death of patients on the part of abortionists who try to cover their tracks by disposing of the woman’s body, but the point should be clear. **It is not a huge leap from performing the sadly legal practice of abortion to committing less acceptable acts of violence against women and children. And depicting pro-lifers as violent zealots who persecute upstanding abortionists may be politically correct and an easy storytelling device, but it is a gross mischaracterization.**

ABORTIONISTS GUILTY OF UNSPEAKABLE CRIMES . . .



Abortionist

John Baxter Hamilton murdered his wife by choking her to death.



Abortionist

Malachy DeHenre murdered his wife by shooting her in the head.



Abortionist

Brian Finkel sexually abused 22 of his female patients.



*Numerous **Abortionists**, like John Biskind (left) and Bruce Steir (right) have been convicted of manslaughter for botched abortions.*

For complete documentation on these and other pro-abortion violence crimes,
visit www.abortionviolence.com

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HUMAN LIFE INTERNATIONAL'S

PRO-LIFE TALKING POINTS

Abusive Population Control

1. Population control history has been full of abuse:

Since its beginnings in the 19th Century and especially since its exponential growth after World War II, the global population control movement has inflicted documented human rights abuses on millions of women worldwide. During the overpopulation hysteria of the 1960s and 1970s and into the 1980s, nations from Mexico to India implemented coercive population control policies that forcibly sterilized millions of women, forced millions more to have abortions, and also forcibly sterilized millions of men. Some of these abuses routinely continue to this day, particularly in China. Columbia University History Professor Matthew Connelly wrote in *Fatal Misconception: The Struggle to Control World Population*, “The great tragedy of population control, the fatal misconception, was to think that one could know other people’s interests better than they knew it themselves.”¹ In the case of the global population control movement, it was and is wealthy, elite, white Western people deciding how many children less fortunate people should have. Connelly details the racist agenda of the founders of the modern population control movement, which wanted to reduce the number of “racially inferior” human beings. Just a few examples of the resulting systematic human rights abuses are below.

2. Population control abuses had the full support of the establishment:

The U.S. government made foreign aid contingent on Third World countries’ adoption of population control programs and did not flinch when the reports of abuse rolled in. Private groups and individuals from the Ford Foundation to the Rockefellers poured money into reducing the population of developing countries. As the two most populous countries in the world, China and India were especially targeted. In China, the official one-child policy overseen by Xin-

zhong Qian required women to abort second children or be sterilized, and millions were forced to do so—by the open requirement of Chinese law. In India, desperate poor women by the millions were denied government aid unless they agreed to be sterilized, again openly and publicly so, by Prime Minister Indira Gandhi’s govern-

“The great tragedy of population control, the fatal misconception, was to think that one could know other people’s interests better than they knew it themselves.”

— *Matthew Connelly, Columbia University History Professor*

ment. Even today, some Indian states deny government benefits to families with more than two children and offer payments to poor families to be sterilized. The most prominent population control organizations in the world then and now, the International Planned Parenthood Federation (IPPF) and the United Nations Population Fund (UNFPA), supported such programs, and they were blessed by the highest level of the international establishment years after their abuses first became publicly known. “[I]t is not surprising that both the IPPF and UNFPA decided to help China implement the one-child policy,” wrote Connelly. “UNFPA even awarded Qian with the first United Nations Population Award, complete with diploma, gold medal, and a monetary prize of \$12,500. Indira Gandhi was the co-winner. When the honorees came to New York to receive their awards, [United Nations] Secretary-General Javier Perez de Cuellar congratulated them: ‘Considering the fact that China and India contain over 40% of humanity, we must all record our deep appreciation

1 Connelly, *Fatal Misconception: The Struggle to Control World Population* (Harvard University Press, 2008),

of the way in which their governments have marshaled the resources necessary to implement population policies on a massive scale.” Qian was forced to resign his post shortly after receiving his UN award due to pressure from Chinese women’s groups.

3. Mexico leads the way: In Latin America, Mexico became the first country to officially adopt a population control policy, in 1973. Abuses of poor Mexicans of Indian descent likely continue to this day. In 2002, the National Human Rights Commission (NHRC) of Mexico reported, “Public health servants have imposed methods of family planning on the native population without their consent and without informing them of the risks.” The NHRC determined that government officials, supported by the UNFPA-funded National Population Council of Mexico (CONAPO), deny health care to poor men and women unless they agree to contracept. Doctors and others face losing their jobs if they do not meet population control quotas, leading some to sterilize women without their knowledge.

4. Peru admits guilt: The government of former Peruvian President Alberto Fujimori, fierce in fighting the country’s Communist guerrillas, was also fierce in fighting the Indian population. In 1999, Peru’s Ministry of Health admitted, “There are notorious deficiencies among RH/FP [Reproductive Health/Family Planning] providers regarding the respect of personal and reproductive rights.” Up to 300,000 women may have been forcibly or secretly sterilized, according to the Peruvian government’s own report on “Voluntary Contraception Activities.”²

5. Brazil’s experience: As Antonio Gaspari discusses in the “The War Against Babies,” *Catholic World Report*, April 1993, Brazil’s Health Minister Alcení Cuerra alleged in 1991 that sterilizations of more than 7 million

2 http://www.c-fam.org/publications/id.219/pub_detail.asp

women were done without proper informed consent, or without any consent at all.³

6. Vietnam’s two-child policy: “Seven years after introducing a two child per family policy, Vietnam’s population control programme has become one of the most effective in the world...,” reported the BBC on Nov. 8, 2000.⁴ “A degree of coercion is used to enforce the two-child policy.” In this Communist country where the government controls services and taxes people accordingly, Vietnamese often had to pay the education and health costs for a third or later child. Land could be confiscated for having too many children, and expulsion from the Communist Party—which dominates this undemocratic nation—was routine for those who had more than two children. After relaxing the two-child policy in 2003, in 2008 the government announced its reimplementations. The UNFPA gave Vietnam’s population control agency an award in 1999.

7. African control: In sub-Saharan Africa, chaotic conditions and a strong pro-child mentality have rendered population control efforts less successful. Population control has come more through the diversion of resources away from life-giving medicine into providing contraception and abortion. In Tanzania, wrote Elizabeth Liagin in *Excessive Force: Power, Politics & Population Control* (1996), conditions are extremely primitive, but each month, even remote villages receive visits from workers bearing contraception. Sometimes methods have been more direct. For example, in apartheid-era South Africa, black women were given shots to “help their milk supply” that were really the contraceptive Depo-Provera and jobs were often contingent on using birth control, according to HLI’s Dr. Brian Clowes.⁵

3 Antonio Gaspari, “The War Against Babies,” *Catholic World Report*, April 1993, pp. 26-27.

4 <http://news.bbc.co.uk/2/hi/asia-pacific/1011799.stm>

5 Clowes, “Coercive Birth Control: Examining Anti-natalist Thought and Action,” *Yale Journal of Ethics* (Fall 1995).

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