

...AND  
JUSTICE  
FOR  
ALL

# ...EVEN THOSE WHOSE VOICES CANNOT YET BE HEARD.

Every day in the United States, 3,315 babies are denied justice and executed with no judge, no jury, and no trial.<sup>1</sup> If that's not unjust, I don't know what is. Since 1973, the U.S. has the blood of more than 51 million babies on its hands.<sup>2</sup> No country has more permissive abortion laws than the U.S., where abortion is legal all nine months of pregnancy for any reason.<sup>3</sup> Even if restrictions exist in one state, it is legal for a woman to travel to another state to obtain a late-term abortion.

What will you do to stop this injustice?

<sup>1</sup>Guttmacher Institute. 2011. | <sup>2</sup>Center for Disease Control and Prevention, Reproductive Health, CDC's Abortion Surveillance System FAQs#2 [www.cdc.gov/reproductive-health/Data\\_Stats/Abortion.htm](http://www.cdc.gov/reproductive-health/Data_Stats/Abortion.htm) | <sup>3</sup>Doe vs. Bolton. U.S. Supreme Court. Jan. 1973.



## LEARN MORE INSIDE:

- 3 Who is wounded by abortion?
- 4 What physical damage is done to those who have abortions?
- 5 How are abortions done?
- 6-7 Do you know when a baby's heart begins to beat and brain waves start?
- 8 Discover the cover-up about abortion that harms women.
- 9 What are the long-term effects of this injustice on the world?

### Get 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. Human Life Alliance has distributed publications in more than 55 different countries on all seven continents, reaching more than 175.9 million people.



Join the  
Human Life  
Alliance  
group!

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## JUSTICE noun

**1 a :** the maintenance or administration of what is just especially by the impartial adjustment of conflicting claims or the assignment of merited rewards or punishments

**b :** judge

**c :** the administration of law; especially : the establishment or determination of rights according to the rules of law or equity

**2 a :** the quality of being just, impartial, or fair

**b :** (1) the principle or ideal of just dealing or right action

(2) conformity to this principle or ideal : righteousness

**c :** the quality of conforming to law

**3:** conformity to truth, fact, or reason : correctness

*Merriam-Webster Dictionary, 2011*

## PREGNANCY HELP

### OptionLine – 24 hour

(English and Spanish)

1-800-395-HELP (4357)

[www.optionline.org](http://www.optionline.org)

### National Life Center – 24 hour

1-800-848-5683

[www.nationallifecenter.com](http://www.nationallifecenter.com)

### Birthright – 24 hour

1-800-550-4900

[www.birthright.org](http://www.birthright.org)

## HELP AFTER AN ABORTION

### Rachel's Vineyard – 24 hour

1-877-467-3463

[www.rachelsvineyard.org](http://www.rachelsvineyard.org)

### National Helpline for Abortion

Recovery – 24 hour

1-866-482-LIFE (5433)

[www.nationalhelpline.org](http://www.nationalhelpline.org)

### Project Rachel

[www.hopeafterabortion.com](http://www.hopeafterabortion.com)


### Abortion Recovery InterNational

[www.abortionrecovery.org](http://www.abortionrecovery.org)



humanlifealliance

1614 93rd Lane NE | Minneapolis, MN 55449 USA  
[www.humanlife.org](http://www.humanlife.org) | 651-484-1040



"I felt  
desperately  
alone."

"Tim, I think I'm pregnant." My boyfriend sighed deeply, his gaze remaining fixed on the TV. He then muttered something that made me feel completely deserted.

I knew from firsthand experience how tough it was to raise a child as a single mother. I already had a two-year-old daughter, Jennifer, from an earlier unsuccessful marriage. When my pregnancy was confirmed, Tim's non-committal response to my distress and his move to Chicago, 400 miles away, left me despondent and convinced that abortion was the "easy way out." I was already struggling financially with one child. How could I raise two?

I felt desperately alone. I often cried myself to sleep. I decided to confide in a couple of college professors who collected money to fly me out of town to have an abortion. Now I felt obligated to go through with it. Still, I agonized!

I was summoned to the room where the abortions were performed. I could hear a woman sobbing hysterically in the recovery room. That memory still haunts me.

As the doctor was examining me prior to performing the abortion, he suddenly stopped and said to the nurse, "Get her out of here! She's too far along!" Relief instantly washed over me! How odd. I had thought I wanted an abortion, but now felt instantly relieved to know I was still pregnant.

I decided to muster every ounce of courage to deal with my pregnancy. My ambivalence turned into love for my preborn daughter, Melanie. It took energy and creativity to support the three of us, but my two daughters inspired me to do great things. I finished my degree; then I went on to get my Master's and Ph.D.

When we endure something tough, our character and self-esteem are strengthened. Many women who have confessed to me that they've had abortions have discovered that the "easy way out" is just an illusion. Some are in abusive relationships, on antidepressants, or just seem detached from life. Some sadly remember their aborted child's "would be" birthday each year. I cannot promise that it will be easy. I can only promise that the anguish will pass and that there are people who will help you through this trying time. One day you will look back on the birth of your child and know that you did the right thing.

*Dr. Angela Woodhull*

## questioning the "EASY WAY OUT"

### I STILL REMEMBER

That week-long horror of a rollercoaster ride when my then-fiancee found out she was pregnant. She asked if I'd like to do the nursery in a Warner Brothers theme or Disney. My first thought was "Oh NO! NO!!!!!!!" I was terrified. I regretted immediately that conversation we had at the very beginning of our relationship—that we would never get an abortion should she become pregnant. Now I was stuck.

I wanted an escape hatch. I wanted out... any way out. Although I said I would support her, I was really trying to find that escape hatch.

Telling my parents was hard. My father encouraged us to have the baby; my mom cried, not knowing "whether to be happy or sad" for us. Her parents were worse. After we told them the news, her

father demanded that we "take care of this" because he didn't want there to be unseemly appearances in his family. I had found my escape hatch. Even though I argued fiercely with him before we left, once we were alone I started gently emphasizing her father's positions. What would everyone say? Are

**I wanted an escape hatch. I wanted out... any way out.**

we really ready for this? What about the wedding? What about our plans? I didn't think of the baby... not really. Not then. I was in a panic and I wanted out and that was the way I was playing it.

I don't remember how I finally changed her mind—it took about a week, but I did it. I remember being with her at the clinic, with one of her friends,

smoking outside and then driving her home thinking "Thank God it's over!"

The child would be about 13 or 14 years old now. When I look at our two children, I know there ought to be three. I don't know if the baby was a boy or a girl. I keep thinking it was a girl, probably because my wife wanted one so badly. Although I still struggle with depression and guilt, I eventually found forgiveness.

My wife is not ready to take that step. So I must continue to try and help her bear that burden and make up for the crucial time I failed her.

**-RYAN**

Used with permission from Fatherhood Forever Foundation.  
[www.fatherhoodforever.org](http://www.fatherhoodforever.org)

# the long term EFFECTS of abortion

**They tell you, “It’s a quick fix.” They say, “It will solve your problems and allow you to get on with your life.”**

**They’re wrong. Few women have been told that having an abortion carries lasting physical and psychological consequences. If they had been warned, would their “choice” have been abortion?**

One woman who wishes she had known better is Ann Marie. As a post-abortive woman, she shares, “Abortion changes you forever. I thought the abortion would free me from a responsibility I felt I was not ready for. Instead it held me in bondage to feelings of regret, remorse, depression and despair. My soul became a slave to self-hatred and worthlessness. My sanity was the price I paid. Women deserve better than abortion.”

Feelings of depression and despair are some of the common psychological complications from abortion. Pregnant women who abort have a six times higher rate of suicide than those who carry their babies to term.<sup>1</sup> Teenagers who abort are 10 times more likely to attempt suicide than teens who have not had an abortion.<sup>2</sup> Another study found that, compared to women who gave birth, women who aborted were 65% more likely to be at risk of long-term clinical depression.<sup>3</sup>

In addition to these psychological problems, women are susceptible to serious physical complications due to the nature of the procedures used to abort children. Women can face perforation of the uterus, hemorrhaging that requires transfusion, cardiac arrest, endotoxic shock, major unintended surgery, infection resulting in hospitalization, convulsion, undiagnosed ectopic (tubal) pregnancy, cervical laceration, uterine rupture, and death.<sup>4</sup>

Women who abort are more likely to experience future ectopic pregnancy, infertility, hysterectomy, stillbirth, miscarriage, and premature birth than women who have not had abortions.<sup>5</sup>

Women who abort are not only putting their own lives and health at risk; they also endanger the lives of their current and future children. Women who abort are 144% more likely to physically abuse their children.<sup>6</sup> In addition, women who have undergone previous abortions have a 60% higher risk of miscarriage.<sup>7</sup>

The physical and psychological consequences of abortion are devastating. Ann Marie is just one of the many voices of hurting post-abortive women. Countless other women have come forward to share their stories about the aftermath of abortion. Read some of their accounts at [www.silentnomoreawareness.org/testimonies](http://www.silentnomoreawareness.org/testimonies). There is hope and healing after abortion—see page two for post-abortive resources.

## I WAS 18 AND PREGNANT.

Since I had already enlisted in the Air Force, I thought I had to have an abortion in order to make something out of my life. My best friend drove me to the abortion clinic. It was like an assembly line.

When the ultrasound was being performed, I asked to see it, but this wasn’t allowed. So much for “an informed decision.” Then I asked how far along I was. I was told I was nine-and-a-half weeks pregnant. That hit me hard. I started doubting and wanted to talk to my friend, but I wasn’t allowed to do that either.

When it was my turn, the nurse told me that I was going to feel some discomfort, like strong menstrual cramps. The truth is that the abortion was more pain than I’ve ever felt in my life. It felt like my insides were literally being sucked out of my body. Later, I went into shock.

After the abortion, I tried to make up for it by trying to get pregnant again. I wanted my baby back, but I never got pregnant again. I don’t know if I can ever have another baby. I named my baby. Later I found out this is part of the grieving process.

Two-and-a-half years later, I ended up in the hospital with bulimia. I felt that no one had punished me for what I had done, so I was punishing myself. I was obsessed with women who were pregnant, and my life was in shambles! I was suffering from what I’d call post-abortion trauma. When I was 21 years old, I received help from a woman who was involved with pro-life activism. I went through a program called “Conquerors.” Not only did I experience forgiveness, but I was also challenged to help others. I answered the challenge and started sidewalk counseling.

There is a healing process that comes from getting involved in the pro-life movement. I talk to youth groups and students and share my testimony. To them, and to you, I plead, “Please don’t make the same mistake I did.”

*Michelle*

**Feelings of  
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<sup>1</sup>European J. Public Health. 2005. | <sup>2</sup>Stress, Depression and Suicide: A Study of Adolescents in Minnesota. (Minneapolis: University of Minnesota Extension Service, 1986). | <sup>3</sup>Medical Science Monitor. 2003. | <sup>4</sup>Abortion Practice. 1990. | <sup>5</sup>Detrimental Effects of Abortion: An Annotated Bibliography with Commentary. 2002. | <sup>6</sup>Acta Paediatrica. 2005. | <sup>7</sup>BJOG: An International Journal of Obstetrics & Gynecology. Dec. 2006.

# 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 thinning the lining of the 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?”)<sup>1</sup>

## ella - Ulipristal Acetate (UPA)

ella is a selective progesterone receptor modulator (SPRM). SPRMs block the action of the hormone progesterone, which is necessary for ovulation and implantation to occur. Progesterone also maintains the lining of the uterus and supports the embryo. Currently, the only other legal SPRM drug available in the United States is RU-486 (mifepristone). Although ella acts similarly to RU-486, it is being billed as an emergency contraceptive.<sup>2</sup> ella is designed to be taken as a single dose within 5 days of “unprotected sex.” It is thought to inhibit and delay ovulation, attempting to prevent fertilization. However, ovulation may or may not have already occurred before ella was taken. ella also alters the lining of the uterus, which, if fertilization occurs, can prevent an embryo from implanting, causing an abortion.<sup>3,4</sup>

## 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.

The pregnant woman first visits the abortionist to obtain the Mifeprex pills, returns two days later to receive misoprostol, and returns 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.<sup>5,6</sup>

## 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.<sup>7,8,9</sup>

## Dilation and Suction Curettage (D&C)

This is similar to the vacuum aspiration but is generally used after 14 weeks. The abortionist inserts a curette, a loop-shaped, steel knife, into the uterus. With this

the abortionist cuts the placenta, fetus and umbilical cord into pieces and scrapes them out into a basin. The uterus is suctioned out to ensure that no body parts have been left behind. Bleeding is usually profuse.<sup>10</sup>

## Dilation and Evacuation (D&E)

Once the cervix is dilated considerably farther 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.<sup>11,12,13,14</sup>

## Induction or Prostaglandin Abortion

The cervix is dilated and labor is induced using prostaglandin drugs. To ensure the baby will be delivered dead and to start uterine contractions, the abortionist injects the amniotic fluid with saline, urea or potassium chloride. Digoxin may also be injected directly into the baby's heart. Sometimes the baby is delivered alive and left without medical intervention until he or she dies.<sup>15</sup> This method is used in the second or third trimester.<sup>16</sup>

## 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; however, this does 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.<sup>17</sup>

<sup>1</sup>archfami.ama-assn.org/cgi/content/full/9/2/126 (Also see citations from “What About Birth Control?”)<sup>2</sup> Food and Drug Administration. May 2010. | <sup>3</sup>HRA Pharma. 2010. | <sup>4</sup>Ibid. 2009. | <sup>5</sup>National Abortion Federation. 2006. | <sup>6</sup>RU486Facts.org. 2008. | <sup>7</sup>American Pregnancy Association. 2006. | <sup>8</sup>National Abortion Federation. 2008. | <sup>9</sup>Ibid. | <sup>10</sup>American Pregnancy Association. 2006. | <sup>11</sup>National Abortion Federation. 2008. | <sup>12</sup>National Abortion Federation. 2007. | <sup>13</sup>American Pregnancy Association. 2006. | <sup>14</sup>Web MD. 2006. | <sup>15</sup>Testimony of Jill Stanek, RN. U.S. House of Representatives. 2001. | <sup>16</sup>WebMD. 2006. | <sup>17</sup>American Pregnancy Association. 2006.

## What About Birth Control?

According to scientific research, all hormonal contraceptives have the capability to cause an abortion (the pill,<sup>1</sup> patch,<sup>2</sup> mini-pill,<sup>3</sup> shot,<sup>4</sup> vaginal ring,<sup>5</sup> emergency contraception,<sup>6</sup> intrauterine devices,<sup>7</sup> 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.<sup>8</sup> 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).<sup>9</sup>

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,<sup>10</sup> and ectopic pregnancy.<sup>12</sup> Contrary to popular arguments, increased access to EC does not decrease the rate of pregnancies and surgical abortions.<sup>12</sup> In England, sexually transmitted infection rates have increased significantly since EC became widely available.<sup>13</sup>

<sup>1</sup>Janssen Pharmaceuticals, Inc., www.janssenpharmaceuticalsinc.com/our-products/product-list | <sup>2</sup>Ibid. | <sup>3</sup>Ibid. | <sup>4</sup>Pfizer Inc., Pfizer Pharmaceutical Products “Depo-Provera US Physician Prescribing Information” www.pfizer.com/files/products/uspi\_depo\_provera\_400mg.pdf | <sup>5</sup>Merck, Sharp and Dohme, Merck and Company, Products, Prescribing Information and Patient Information www.spfiles.com/pinuvaring.pdf | <sup>6</sup>2010 Duramed Pharmaceuticals, Inc., a subsidiary of Barr Pharmaceuticals, LLC “Plan B OneStep Full Product Information” www.planbonestep.com/pdf/PlanBOneStepFullProductInformation.pdf | <sup>7</sup>Bayer HealthCare Pharmaceuticals, “Mirena Full Prescribing Information” berlex.bayerhealthcare.com/html/products/pi/Mirena\_PI.pdf | <sup>8</sup>Archives of Family Medicine, “Postfertilization Effects of Oral Contraceptives and Their Relationship to Informed Consent” Walter L. Larimore, MD; Joseph B. Stanford, MD, MSPH Arch Fam Med. 2000;9:126-133. archfami.ama-assn.org/cgi/content/full/9/2/126. | <sup>9</sup>American College of Obstetricians and Gynecologists. Sep. 1965. | <sup>10</sup>2010 Duramed Pharmaceuticals, Inc., a subsidiary of Barr Pharmaceuticals, LLC “Plan B OneStep Full Product Information” www.planbonestep.com/pdf/PlanBOneStepFullProductInformation.pdf | <sup>11</sup>Harrison-Woolrych, Mira, MD. “Progestogen-Only Emergency Contraception and Ectopic Pregnancy. Prescriber Update 2002.” | <sup>12</sup>Obstet Gynecol. Dec. 2007. | <sup>13</sup>Paton, David. “Random Behavior or Rational Choice? Family Planning, Teenage Pregnancy, and STIs.” Nov. 2003.

# WHO DESERVES Justice?

"EACH OF US HAS A VERY PRECISE STARTING MOMENT WHICH IS THE TIME AT WHICH THE WHOLE NECESSARY AND SUFFICIENT GENETIC INFORMATION IS GATHERED INSIDE ONE CELL, AND THIS IS THE MOMENT OF FERTILIZATION." - WORLD RENOWNED GENETICIST, THE LATE DR. JEROME LEJEUNE

<sup>1</sup>American Baby. 1989. <sup>2</sup>Mayo Clinic Family Health Book. 2003. <sup>3</sup>Moore and Persaud. The Developing Human. <sup>4</sup>JAMA. 1964. <sup>5</sup>Langman's Medical Embryology. 1995. <sup>6</sup>Early Human Development. 1985. <sup>7</sup>The Gale Encyclopedia of Medicine. 2nd ed. <sup>8</sup>Mayo Clinic Family Health Book. 2003. <sup>9</sup>Valman & Pearson. British Medical Journal. <sup>10</sup>Mayo Clinic Family Health Book. 2003. <sup>11</sup>Moore and Persaud. The Developing Human. <sup>12</sup>Flanagan. Beginning Life. <sup>13</sup>Cunningham, MacDonald et al. Obstetrics. <sup>14</sup>Flanagan. Beginning Life. <sup>15</sup>Clinical Reference Systems Annual 2001. <sup>16</sup>The Gale Encyclopedia of Medicine. 2nd ed. <sup>17</sup>JAMA. 2009 <sup>18</sup>Ibid. <sup>19</sup>Clinical Reference Systems Annual 2001. <sup>20</sup>Ibid. <sup>21</sup>Ibid. <sup>22</sup>Ibid. <sup>23</sup>Sassone, Robert L. The Tiniest Humans, Second Edition. Based on interviews with Professor Jerome Lejeune and Professor Sir Albert William Liley. [www.all.org/article/index/id/MjQ3Mw](http://www.all.org/article/index/id/MjQ3Mw)

4-5 WEEKS



6 WEEKS



10 WEEKS



24 WEEKS



LEGALLY PROTECTED



### 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.<sup>1</sup>

### 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.<sup>2</sup> 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.<sup>3</sup> 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.*

### 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.<sup>14</sup> 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.<sup>15</sup>

### 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.<sup>16</sup> In a recent study, 70% of babies born between 22 and 26 weeks lived past age one, thanks to modern medicine.<sup>17</sup>

**"EVERY HUMAN EMBRYOLOGIST IN THE WORLD KNOWS THAT THE LIFE OF THE NEW INDIVIDUAL HUMAN BEING BEGINS AT FERTILIZATION. IT IS NOT BELIEF. IT IS SCIENTIFIC FACT."**

Ward Kischer, Ph.D, Human Embryologist, University of Arizona

### 2nd Month (5-8 Weeks)

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

### 3rd Month (9-12 Weeks)

Unique fingerprints are evident and never change.<sup>11</sup> 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.<sup>12</sup> By the end of the month all the organs and systems of her body are functioning.<sup>13</sup>

### 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.<sup>18</sup> If the baby is a boy, his testicles descend from the abdomen into the scrotum.<sup>19</sup>

### 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.<sup>20</sup> 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.<sup>21</sup>

### 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.<sup>22</sup> 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.<sup>23</sup>

# ABORTION & BREAST CANCER

## The Biology of Breast Development

▲ Type 1 ■ Type 2 ● Type 3 ● Type 4

Abortion stops the process here



After adolescence, a woman has Type 1 and Type 2 lobules.



1st trimester - increase in Type 1 and Type 2 lobules leads to increased cancer risk.



End of 3rd trimester - 85% of lobules become cancer resistant Type 4.



After birth and weaning, lobules become lifetime resistant Type 3.

## A Woman's Natural Way of Resisting Breast Cancer

Women who experience at least one full-term pregnancy in their lifetime develop four types of breast lobules (a lobule is a unit of breast tissue consisting of a milk duct and glands). During adolescence, the majority of lobules are Type 1 and Type 2, which are immature and cancer susceptible. Throughout the first trimester of pregnancy, the number of Type 1 and 2 lobules rapidly increase. As a result, breasts have more sites for cancer to start. In the second trimester, the breast lobules start maturing into Type 4 lobules, which are cancer resistant. By the end of the third trimester, 85% of the breast has fully matured. Only 15% of the lobules remain immature and cancer susceptible, leaving fewer opportunities for cancer to start. After birth and weaning, Type 4 lobules regress to Type 3. There is evidence of permanent changes in the genes of Type 3 lobules which provide life-long cancer resistance.

## But the National Cancer Institute Says...

Official Testimony from Angela Lanfranchi, MD FACS\*

As a breast cancer surgeon over the last 28 years, I have cared for ever younger women with breast cancer; my youngest was 28 years old. There has been a 40% increase in incidence of breast cancer over my career as well. I have researched the causes of these alarming increases over the past ten years and have become knowledgeable about the reasons for these trends, one of which is induced abortion.

The February 2003 Workshop on Early Reproductive Events and Breast Cancer, which was initiated by the National Cancer Institute (NCI), concluded that there was no association between abortion and breast cancer,<sup>1</sup> save for one dissenter who wrote a minority report, which is available at [www.bcpinstitute.org/factshts.htm](http://www.bcpinstitute.org/factshts.htm). However, as a governmental agency, the NCI has a demonstrably poor record regarding timely warnings to the American public about cancer risks. For example, in 1928, a British journal reported a study linking cigarettes with lung cancer. Yet many decades passed before the NCI strongly supported that link which impacted the economies of its southern tobacco-producing states as well as the health of the American public. In fact, it was only after the 1964 US Surgeon General's report linked cigarettes to lung cancer that the NCI acknowledged a link. In regard to breast cancer, there was data in the literature supporting links between estrogen-progestin combination drugs (those found in hormone replacement therapy [HRT]

and oral contraceptives [OCP]), and increased breast cancer risk for over 20 years.<sup>2</sup> However, it was not until 2002 that the public became widely aware of those studies on HRT through the popular press coverage of the Women's Health Initiative study published by the British journal *Lancet* that year.<sup>3</sup> Similarly, it was a full year after the World Health Organization's International Agency for Research on Cancer published a report in *Lancet Oncology* before the NCI acknowledged on its web site that OCPs increase breast cancer risk.<sup>4</sup> Yet there has been no public warning to the 75% of American women who have taken OCPs by the NCI other than a web posting on May 4, 2006. It has been 50 years since the first study linking abortion to breast cancer was published in 1957.<sup>5</sup> Before 1999, when the abortion-breast cancer debate had become even more prominent in the public arena, there were 17 statistically significant studies linking abortion and breast cancer which remained largely unknown to both the lay public and professional medical community. In fact, 13 out of 14 epidemiological studies on American women then in the published record showed increased risk among women who had any induced abortions.<sup>6</sup>

The failure of the NCI to warn the public about the abundant published evidence of abortion's links to breast cancer is particularly striking in light of the fact that abortion is one of the most common elective procedures performed on women.

## How does abortion affect this process?

A premature delivery before 32 weeks doubles the risk of breast cancer because it leaves the breast with more places for cancer to start. In the same way, abortion also stops the progression of breast lobule development. This prevents the development of Type 4 and subsequently Type 3 cancer-resistant lobules. Induced abortion of a normal pregnancy results in increased risk of breast cancer for the mother because more Type 1 and 2 lobules remain.

## What about miscarriages?

Approximately 90% of miscarriages occur in the first trimester. However, the vast majority of natural miscarriages in the first trimester do not increase the risk of breast cancer. In these cases, pregnancy hormones are lower than those of a normal pregnancy due to either a fetal or ovarian abnormality. Therefore, a breast may not have grown more Type 1 and 2 lobules (sites where cancer starts) in response to pregnancy hormones, or at least very few.

Adapted with permission from: Breast Cancer Prevention Institute. "Reproductive Breast Cancer Risks and Breast Lobule Maturation." 2007. |Breast Cancer Prevention Institute. "Breast Cancer Risks and Prevention: Fourth Edition." 2007. Recommended Resources: See [www.bcpinstitute.org/reproductive.htm](http://www.bcpinstitute.org/reproductive.htm) and [www.abortionbreastcancer.com](http://www.abortionbreastcancer.com)

Dr. Angela Lanfranchi is a Clinical Assistant Professor of Surgery at Robert Wood Johnson Medical School and the co-director of the Sanofi-Aventis Breast Care Program Steeplechase Cancer Center, Somerville, NJ. \*Angela Lanfranchi, MD FACS. Statement on Senate Bill 690. "Limited Service Pregnancy Centers—Disclaimers." Presented to the Senate Finance Committee. Maryland. 3/5/08. |<sup>1</sup>NCI Summary Report: Early Reproductive Events and Breast Cancer Workshop. Updated 3/25/03. |<sup>2</sup>Cancer Res. 1988. |<sup>3</sup>*Lancet Oncol.* 2005. |<sup>4</sup>NCI Fact Sheet 3.13. Reviewed 5/4/06. [www.cancer.gov/cancertopics/factsheet/Risk/oral-contraceptives](http://www.cancer.gov/cancertopics/factsheet/Risk/oral-contraceptives) |<sup>5</sup>GANN. 1957. |<sup>6</sup>J Epidemiol Community Health. 1996. |Adapted with permission from: Breast Cancer Prevention Institute. "Reproductive Breast Cancer Risks and Breast Lobule Maturation." 2007. |Breast Cancer Prevention Institute. "Breast Cancer Risks and Prevention: Fourth Edition." 2007. |\*For full citations visit [www.humanlife.org/stopinjustice.php](http://www.humanlife.org/stopinjustice.php). Recommended Resources: See [www.bcpinstitute.org/reproductive.htm](http://www.bcpinstitute.org/reproductive.htm) and [www.abortion-breastcancer.com](http://www.abortion-breastcancer.com) |For more information on this subject visit: [www.bcpinstitute.org/reproductive.htm](http://www.bcpinstitute.org/reproductive.htm).

# Reproductive Racism

We do not want word to go out that we want to exterminate the Negro population...  
- Margaret Sanger

Sanger, Margaret.  
Letter to Clarence J.  
Gamble, M.D.  
December 10, 1939.

The vision of Planned Parenthood, founded in 1916 by Margaret Sanger, became the working arm toward eugenic goals. The stated vision was “reproductive freedom” through legalization of contraceptives to be used by the wealthy and imposed Eugenic Sterilization Laws as “birth control” for everyone else.

The organization most responsible for propagating the bigoted concepts of “Social Darwinism” is the American Eugenics Society. Founded in the early 1900s, this organization was the sister organization of the British Eugenic Society which embraced the white—more specifically, the Anglo-Saxon—race supremacy doctrine. In the United States, eugenics became more than an abstract philosophy. It degenerated into an active campaign to eliminate all those deemed inadequate and resulted in a worldwide crusade to abolish all human inferiority.<sup>1</sup> The American Eugenics Society fostered the Jim Crow Laws of the South and Eugenic Sterilization Laws nationally. The Society’s anti-Semitic doctrines encouraged Nazi Germany atrocities during the Jewish Holocaust and defined South-African Apartheid.

Despite claims that Margaret Sanger was not a racist or an anti-Semite, the fact remains that “she openly welcomed the worst elements of both into the birth control movement.”<sup>2</sup> Henry Pratt Fairchild who wrote, “Birth control and eugenics are by nature closely related, and neither one can attain its complete fulfillment or render its maximum service to society without the other”<sup>3</sup> and Lothrop Stoddard, author of *The Rising Tide of Color Against White World Supremacy*, were two of many eugenicists who worked closely with Sanger.

Historical documents prove that Planned Parenthood acted as the willful arm of the American Eugenics Society and developed a plan, the “Negro Project,” as a propaganda program to infiltrate the black community with a “birth control for health” campaign through their civic leaders.<sup>4</sup> Margaret Sanger expressed disdain for the poor and disabled whom she frequently dubbed “undeserving,” “unfit,” and “dysgenic.” Her call for their sterilization and segregation<sup>5</sup> is well known and is likely to have been the motive behind her “Negro Project.”

Lest one think reproductive racism was merely an issue of the past, current numbers prove the problem persists. Racial targeting by abortion providers, Planned Parenthood being the foremost national provider of abortions, has demonstrably resulted in a disproportionate number of minorities obtaining abortions. White women in the United States are 61% of the female population and account for 36% of all abortions, black women are 14% of the female population and have 30% of abortions, and Hispanic women are 15.8% of the female population and have 25% of abortions.<sup>6,7</sup> According to updated census reports, African Americans are no longer the largest U.S. minority population.<sup>8</sup> Abortion and population control have taken a devastating toll on the African American and Hispanic communities.



Akua Furlow, B.S., M.A. is the author of the book *The Tuskegee Syphilis Study—What Really Happened*. Contact Akua Furlow at [g.kurwie@gmail.com](mailto:g.kurwie@gmail.com).

<sup>1</sup>War Against the Weak: Eugenics and America’s Campaign to Create a Master Race. 2003. | <sup>2</sup>Ibid. | <sup>3</sup>Birth Control Review. January 1933. | <sup>4</sup>Letter from Sanger to Dr. W. E. Burghardt DuBois, 11 November 1930, New York, MSCLC. DuBois served as director of research for the NAACP and as the editor of its publication, *The Crisis*, until 1934. | <sup>5</sup>Sanger, Margaret, *The Pivot of Civilization*. 1922. | <sup>6</sup>U. S. Census Bureau. 2009. | <sup>7</sup>Guttmacher Institute. May 2010. | <sup>8</sup>U.S. Census Bureau. 2008.

## THE OVERPOPULATION MYTH

Ominous warnings of millions starving to death in a world overcrowded with people were prevalent in the late 20th Century. Panic struck. It was no coincidence that family planning programs—including abortion procedures—were developed and accepted at the height of this scare.

However, the 21st century brought the realization that the increase in population was actually due to dramatically increased life expectancies. Earth Report 2000 acknowledged that, “World population increased not because people were breeding like rabbits, but because they stopped dying like flies.”<sup>1</sup>

Although the world’s population has continued to grow, the number of children has decreased drastically and will therefore cause an eventual population decline.

According to Philip Longman of the New America Foundation, “Global fertility rates are half what they were in 1972.”<sup>2</sup> To merely maintain its population, a nation’s fertility rate must be at least 2.1 children per woman.<sup>3</sup>

Unfortunately, every developed country is currently at or below this level.<sup>4</sup> While the average fertility rate of the U.S. is 2.06,<sup>5</sup> the current rate in Europe is a dismal 1.5.<sup>6</sup> In addition, one must consider that 60% of the U.S. population growth since 1990 has come from immigrants and their children.<sup>7</sup> With the acknowledgment of looming economic disaster, governments in Russia,<sup>8</sup> Japan, Australia,<sup>9</sup> and most

European countries<sup>10,11,12</sup> have initiated monetary “pronatal” incentives for having children—incentives that have not yet proven effective in raising fertility rates.

Global demographic trends are continually studied at the highest levels of leadership, dominating any discussion of the United States’ long-term fiscal, economic or foreign policy direction.<sup>13</sup> These studies show that population growth, which supplies an increasing source of workers and consumers, is vital to maintaining a stable economy, national strength and security, and ultimately a free society.<sup>14</sup> However, this information isn’t getting to the average citizen.

Maintaining sufficient workers to share the economic burden of providing Social Security and medical care for the elderly proves crucial to a population that exhibits increased life expectancy. When considering that there are currently 26 elders (those 65 and older) for every 100 working-age adults (20-64), the future looks bleak. Predictions show 42 per 100 by 2030 and 49 per 100 by 2050.<sup>15</sup> Carl Haub, of the Population Reference Bureau, believes tinkering with the economy and adjusting the retirement age will not solve the problem. He says, “You can’t keep going with a completely upside-down age distribution... You can’t have a country where everybody lives in a nursing home.”<sup>16</sup>



<sup>1</sup>Bailey, Ronald. *Earth Report 2000: Revisiting the True State of the Planet*. 2000. | <sup>2</sup>The Empty Cradle: How Falling Birthrates Threaten World Prosperity. 2004. | <sup>3</sup>United Nations Department of Economic and Social Affairs Population Division 2007. | <sup>4</sup>Center for Strategic and International Studies. 2008. | <sup>5</sup>The World Factbook 2011. Washington, DC: Central Intelligence Agency. 2011. [www.cia.gov/library/publications/the-world-factbook/fields/2127.html](http://www.cia.gov/library/publications/the-world-factbook/fields/2127.html) | <sup>6</sup>United Nations Department of Economic and Social Affairs Population Division. 2009. | <sup>7</sup>Demographic Winter. 2008. | <sup>8</sup>The Washington Post. Jan. 3, 2007. | <sup>9</sup>New York Times. May 11, 2006. | <sup>10</sup>BBC News. Mar. 28, 2006. | <sup>11</sup>Bryant, Elizabeth, “European nations offer incentives to have kids” *San Francisco Chronicle*. August 10, 2008. [sfgate.com](http://sfgate.com) | <sup>12</sup>Meyer, Michael. “Birth Dearth” *Newsweek*, Inc. Sept. 27, 2004. [www.newsweek.com](http://www.newsweek.com) | <sup>13</sup>Center for Strategic and International Studies. 2008. | <sup>14</sup>The Empty Cradle. 2004. | <sup>15</sup>Center for Strategic and International Studies. 2008. [csis.org/publication/graying-great-powers-0](http://csis.org/publication/graying-great-powers-0) | <sup>16</sup>The New York Times Magazine. June 29, 2008. *Recommended Resource: Demographic Winter: The Decline of the Human Family*. 2008. (Order at [www.demographicwinter.com](http://www.demographicwinter.com)).

# you might think, “I could never give my baby away.”

Women don't usually consider adoption as the first solution to an unplanned pregnancy. Many times, they think “I could never give my baby away.” However, if a woman isn't ready or able to be a parent, adoption can be a positive solution for her and her baby. When women learn they can research adoption without obligation and find accurate, non-judgmental information, they realize that adoption isn't “giving your baby away.” It's vital to learn the facts about open adoption. Even if adoption isn't right for you, it may be right for a friend. Now, let's address some popular myths behind the response, “I could never give my baby away.”



**MYTH: I don't want to deal with the father or worry about his role in my baby's life.**

**FACT:** With adoption you can totally separate from your baby's father and provide a positive father figure for your baby's future. Your baby's father could participate in the adoption process, if you agree, and can take part in future communication with the adoptive family you choose, even if you don't want to stay in touch.

**MYTH: I don't want to give up my plans.**

**FACT:** With adoption, you can make a future for your baby and pursue the goals you have for your own life. You can choose how involved you want to stay in your child's life after the adoption and be independent of the responsibilities of raising a baby.

**MYTH: I can't tell my family.**

**FACT:** You can make a confidential adoption plan and hide your pregnancy. Only the adoption professionals you trust, the adoptive family you choose, and the loved ones you include will know about your pregnancy and your plans. If needed, you could even relocate temporarily to keep your situation private.

**MYTH: I can't afford to keep this pregnancy.**

**FACT:** Adoption services are FREE to you. If your insurance doesn't pay for medical care, you can get your pregnancy-related expenses covered through the adoption process. When choosing adoption, it is also possible to get help with other expenses during pregnancy, if allowable by your state law.

**MYTH: I wouldn't want someone I didn't know to raise my baby.**

**FACT:** With open adoption you can choose from dozens of approved families waiting to adopt. You can get to know the family or families you like before your baby is born and decide how you want to keep in touch after the adoption. You can even plan future visits with your baby and the adoptive family, if you like.

**MYTH: I'm not sure I could handle wondering about my baby the rest of my life.**

**FACT:** With an open adoption, you have opportunity to find peace about your decision and to always know how your baby is doing. If you want, you can choose a family who will keep in touch with you through pictures, letters, email, websites, phone calls, or even visits. The contact arrangement of your adoption can change over time with your comfort level. Your baby can know who you are and how she was given a life through your loving choice of adoption.

When you hear the comment, “I could never give my baby away,” take it as an invitation to share the truth about open adoption. With caring, compassionate listening, and accurate information, any woman can determine for herself if adoption is a good plan for her and her baby.

For the most recent information about open adoption: 1-800-923-6784 or [www.LifetimeAdoption.com](http://www.LifetimeAdoption.com)  
Request a free book for all women facing unplanned pregnancy at [www.FreeAdoptionBook.com](http://www.FreeAdoptionBook.com)

## WHAT ABOUT RAPE & INCEST?

Kathleen DeZeeuw's son, Patrick, was conceived in rape when she was 16. “I feel personally assaulted and insulted every time I hear that abortion should be legal because of rape and incest,” stated Kathleen. “Having lived through rape and also having raised a child ‘conceived in rape,’ I feel that we're being used by pro-abortionists to further the abortion issue, even though we've not been asked to tell our side of the story.”

Twenty-five years after the abortion of her child, Edith Young, a 12-year-old victim of incest, agonized that, “the abortion which was to ‘be in my best interest’ just has not been. As far as I can tell, it only ‘saved their [my parents'] reputations,’ ‘solved their problems,’ and allowed their lives to go merrily on.”

As traumatic as rape is, abortion does not un-rape the mother. In fact, studies show that most women who become pregnant through rape don't want an abortion. Patricia, a victim of rape, said, “In my experience, abortion only compounded the trauma and pain I was already experiencing... While it may seem to be the quickest and easiest solution to a painful, humiliating ‘problem,’ abortion is a band-aid approach. For me, the effects of abortion are much more far-reaching than the effects of the rape.”<sup>1</sup> In the only major study of pregnant rape victims ever done, Dr. Sandra Mahkorn found that 75 to 85 percent chose against abortion.<sup>2</sup> Joan Kemp, a rape crisis center counselor, said, “I am familiar with no case of incest-related abortion that did not make matters worse for the victim.”<sup>3</sup>

Studies also show that incest victims rarely ever voluntarily agree to abortion. Instead of viewing the pregnancy as unwanted, the incest victim is more likely to see the pregnancy as a way out of the incestuous relationship because the birth of her child will expose the sexual activity.

Researchers David C. Reardon, Julie Makimaa, and Amy Sobie completed a nine-year study on pregnancy outcomes of sexual assault victims. As part of their research the authors found that after any abortion, it is common for women to experience guilt, depression, feelings of being “dirty,” resentment of men, and lowered self-esteem. These feelings are identical to what women typically feel after rape. Abortion only adds to and accentuates the traumatic feelings associated with sexual assault. Rather than easing the psychological burdens, abortion adds to them.

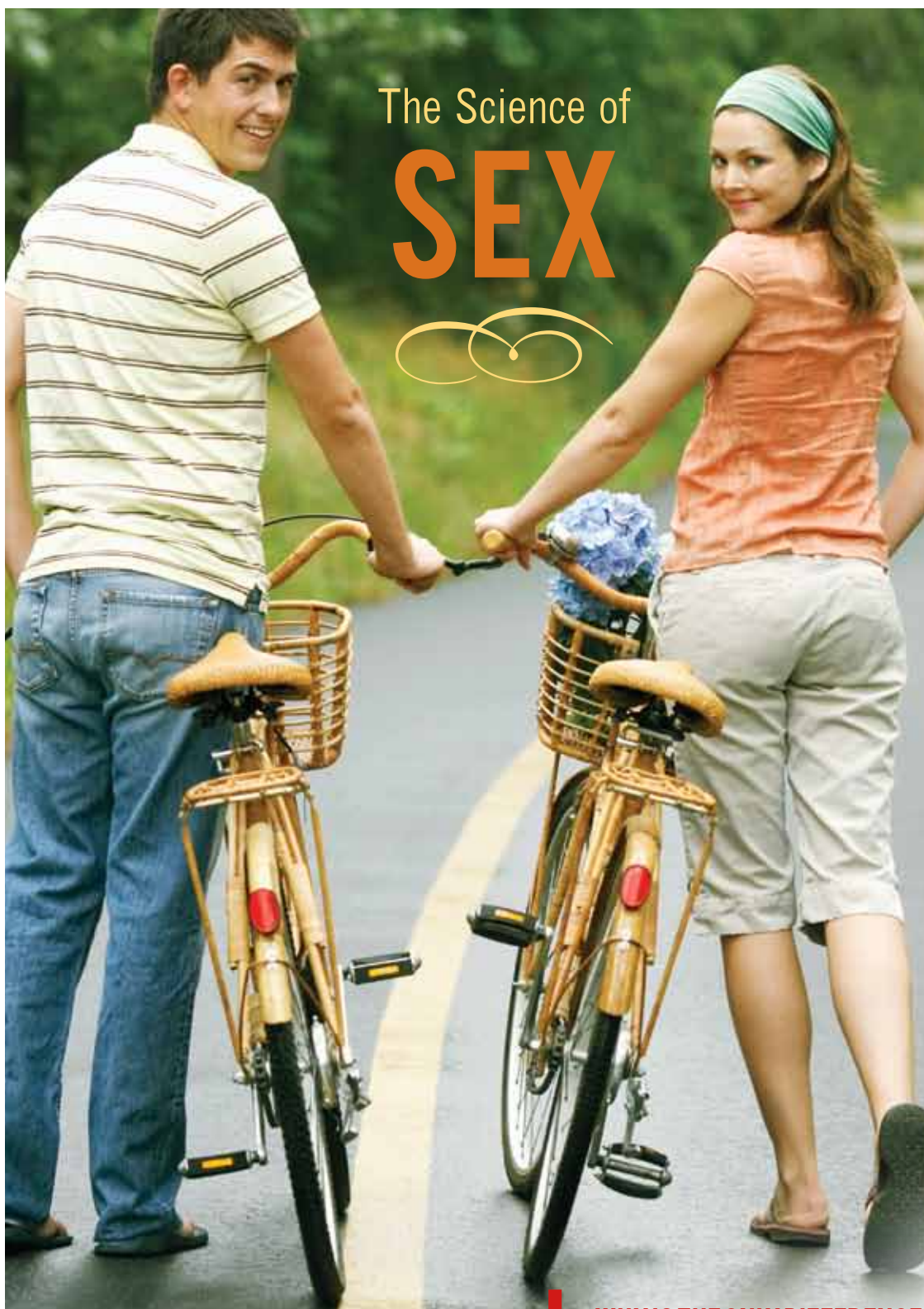
The stories above are just the beginning of what is being exposed surrounding the tragedy of abortion due to rape and incest. Reardon, Makimaa, and Sobie identified testimonies from 192 women who became pregnant as a result of rape or incest and 55 children conceived in sexual assault and compiled them in their provocative book, *Victims and Victors*.<sup>4</sup>

Pregnancy resulting from sexual assault is actually a contraindication for abortion. Doctors treating a sexual assault victim should advise against abortion precisely because of the traumatic nature of the pregnancy. The testimonies and studies confirm that both the mother and child are helped by preserving life, not by perpetuating violence.

<sup>1</sup>The ‘Hard Cases’ of Abortion. 2000. | <sup>2</sup>The Psychological Aspects of Abortion. 1979. | <sup>3</sup>The ‘Hard Cases’ of Abortion. 2000. | <sup>4</sup>Victims and Victors. 2000. | For further information visit [www.afterabortion.org](http://www.afterabortion.org).

Does the abortion industry really care about rape victims? See for yourself in the Mona Lisa Project at [liveaction.org/monalisa](http://liveaction.org/monalisa)

# The Science of SEX



## 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.

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

**During sexual activity**, powerful hormones are released in the brains of men and women that produce lasting bonds with their partner. The most influential of these hormones are oxytocin and vasopressin. Oxytocin is a bonding hormone released during childbirth and nursing that causes the mother to bond with her infant. It is also released during sexual activity and acts as emotional super glue between partners.<sup>1</sup> Both men and women have oxytocin and release it during sexual activity, but women are more affected by oxytocin and men by vasopressin, another bonding hormone released during sex. Vasopressin helps a man bond to his partner and instills a protective instinct toward his partner and children.<sup>2,3</sup>

This bonding effect of sex, due to the hormones oxytocin and vasopressin, can be compared to duct-taping a couple's arms together. Imagine ripping off the tape and using the same piece of duct tape to wrap the girl's arm to a new guy's arm. What happens is not exactly pleasant. By switching partners several times, particles of skin and hair left on the tape reduce the adhesiveness so it doesn't attach effectively. The same is true of sex. Research suggests the ability to bond and produce oxytocin is damaged by the stress hormones released during a break-up. Just like debris on duct tape, previous sexual experiences reduce the ability to bond correctly. Oxytocin levels can return to normal if sexual activity is stopped and time is given to address physical and emotional healing.<sup>4</sup> Refrain from getting into a new relationship for a year or two and commit to save sex for marriage.

Conversely, imagine the duct tape was never removed. The duct tape would begin to feel like a part of the arm and the adhesion would be strong.<sup>5</sup> When a couple waits until marriage to have sex, and remains faithful to each other during marriage, oxytocin and vasopressin increase the biological bond between the husband and wife.

<sup>1</sup>The Female Brain. 2006. |<sup>2</sup>Nature. Oct. 7, 1993. |<sup>3</sup>Progress in Brain Research. 1998. |<sup>4</sup>Keroak, Eric, M.D. "Oxytocin: Is This Nano-Peptide a Chemical Type of Human Super Glue?" 2006. |<sup>5</sup>Ibid.

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

**L Level of Development:** True, embryos and fetuses are less developed than you and me. 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 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 them 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.



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# beyond the rhetoric

## “Yes,” you may say, “but...”

What responses are there to the arguments you hear so often? Here is what you find when you examine the rhetoric.

### My body, my choice!

Is it really? Sixty-four percent of women in a 2004 study reported feeling coerced and forced into their abortions.<sup>1</sup> One study showed the leading cause of death among pregnant women is homicide.<sup>2</sup> In India and China, the preference for sons over daughters coupled with China's one child policy and forced abortions, have led to “gendercide,” sex selective abortion of over 100 million girls.<sup>3</sup> This problem is present in the United States as well among Chinese, Korean, and Native Americans.<sup>4</sup>

### What about quality of life?

Some people choose abortion because they do not want their child to enter a difficult family situation. We do not kill three-year-olds living in unhealthy environments. Instead, we try to help these children and their families. There are more than one million couples waiting, hoping, and praying for a chance to adopt.

### It's just a blob of tissue

Simple tissue does not have a beating heart, brain waves, fingerprints, or unique DNA. Medical science shows that human life begins at fertilization. “The development of a human begins with fertilization, a process by which the spermatozoon from the male and the oocyte from the female unite to give rise to a new organism, the zygote.”<sup>5</sup> After fertilization, nothing new is added to the baby except oxygen, nutrition, and time.

### Women's health

Countries with laws restricting abortion have the lowest maternal mortality rates. Ireland has laws restricting abortion and also has a maternal mortality rate of 1 death per 100,000 live births, the lowest in Europe.<sup>6</sup> The United States, with abortion on demand, has 11 deaths per 100,000 live births.<sup>7</sup> We should ensure that women have access to competent birth attendants and emergency care during their pregnancies.

### Safe, legal, and rare

The end result of an abortion is a dead baby along with potential complications for the mother such as cervical cancer, breast cancer, infertility, psychological pain, and even death. Not all abortionists care if abortion is rare. Aimee Thorne-Thomsen of the Pro-Choice Public Education Project stated that the number of abortions is “too low” and said, “Safe – yes. Legal – absolutely. Rare – not the point.”<sup>8</sup> Contrary to popular arguments, legalizing abortion does not decrease its prevalence. In 1993, Poland passed a law making abortion

illegal, and the number of abortions decreased from 15,000 per year to 174 per year by 2003.<sup>9</sup>

### Women's rights

Our great American freedoms are freedom of speech, freedom of assembly, freedom of religion, etc. 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. As a society, we are “anti-choice” when it comes to theft, arson, murder, and a whole host of other crimes. Why should abortion be any different?

### I'm personally opposed, but...

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.

### What about fetal deformity?

Abortion for fetal deformities is a form of discrimination against disabled people and can lead to eugenics, purposefully working to remove unwanted traits from society by preventing the reproduction of those deemed to be weak or unfit. Recent U.S. studies have indicated that when Down syndrome is diagnosed prenatally, 84% to 91% of those babies will be killed by abortion.<sup>10,11,12,13</sup> This happens despite waiting lists of people who want to adopt a special needs child.

### 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).<sup>14</sup> Any loss of life is tragic, but this is nowhere near the deceptively high number of deaths the abortion industry claimed. Besides, in 1960, “90 percent of illegal abortions [were] being done by physicians,” said Dr. Mary Calderone, then medical director of Planned Parenthood.<sup>15</sup>

<sup>1</sup>Medical Science Monitor. 2004. | <sup>2</sup>Journal of Midwifery & Women's Health. 2001. | <sup>3</sup>The Economist. March 2010. | <sup>4</sup>The New York Times. June 2009. | <sup>5</sup>Sadler, T.W. Langman's Medical Embryology. 1995. | <sup>6</sup>World Economic Forum. Global Gender Report 2010. | <sup>7</sup>Tbid. | <sup>8</sup>RH Reality Check. Apr. 2009. | <sup>9</sup>Center of Information Systems of Health Care. 2001-2003. | <sup>10</sup>Prenat Diagn. 1999. | <sup>11</sup>Am J Med Genet. 1998. | <sup>12</sup>Genet Med. 1998. | <sup>13</sup>GeneLetter. 1997. | <sup>14</sup>Centers for Disease Control and Prevention. 2007. | <sup>15</sup>Calderone, Mary. Illegal Abortion as a Public Health Problem. July 1960.

