UNITED FAMILIES INTERNATIONAL

GUIDE TO FAMILY ISSUES

Abortion

About United Families International

United Families International (UFI) is a 501 (c)(3), nondenominational, public charity devoted to strengthening the traditional family as the fundamental unit of society, at the local, national and international level. UFI is a worldwide organization, accredited with the Economic and Social Council of the United Nations. United Families International seeks to educate government, community and religious leaders and citizens at the grass roots level on issues affecting the family and promotes public policies and programs that preserve the traditional family.

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United Families International has included what we believe to be the best, most current research available at the time of publication of this *Guide to Family Issues*. We recognize that there are thousands of studies available and that additional research is released continuously. If you become aware of additional data that you believe should be included in future editions of the Guide, please contact us at our mailing address, or email us at guide@unitedfamilies.org.

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Purpose of the Guide

This *Guide to Family Issues: Abortion* has been prepared by United Families International to be the most comprehensive resource available providing peer-reviewed scientific research, social science data, expert commentary and sound, logical arguments to support pro-life positions on the controversial issue of abortion. The guide was created to serve the following purposes:

To educate the public, governments, nongovernmental organizations, religious organizations, families and individuals on facts about abortion and on the negative consequences of abortion to individuals and society;

To provide women with factual information that will enable them to make informed decisions regarding abortion;

To equip policy makers with research, facts, statistics and logical arguments in favor of the protection of human life;

To enable all individuals to easily articulate the pro-life position.

The guide was also created to aid in the following situations:

Legislative debates
School board meetings
Preparing letters to the editor
Classroom debates
Community involvement
Discussions with friends and neighbors

Each portion of the **Questions & Answers About Abortion** section provides insights into various topics frequently raised in discussions and publicity about abortion. The **Fast Facts and Commentary** section provides a wealth of peer-reviewed social science data, research and thoughtful commentary to debunk myths and misrepresentations.

The overwhelming preponderance of social science data and research support the pro-life positions presented in this guide. Although United Families International promotes religious freedom, defends the presence and importance of the religious voice in the public square, and is supported by people from many faiths across the world, UFI is not a religious organization and does not use religious arguments to support its positions.

UFI has published similar guides on other relevant topics. UFI's *Guides to Family Issues* continue to be works in progress as new studies and research is constantly being released. Updates on each issue can be found on our website (www.unitedfamilies.org) as new data becomes available.

United Families International hopes that this *Guide to Family Issues: Abortion* will provide motivation and encouragement to responsible citizens in the continuing battle to preserve and protect the family as the fundamental unit of society.

Introduction

Definition of Abortion

For the purposes of this guide, abortion is defined as a deliberate act or procedure intended to end human life in the womb.

History of Abortion

Throughout the centuries and around the world, abortion has been generally considered to be a criminal or immoral act subject to legal punishment and/or social disapproval in the vast majority of civilized cultures. In the past few decades however, restrictions on abortion have been loosened in some countries, and in others, abortion has become legal. Estimates are that during the 20th century more than one billion babies were aborted.

Most countries place some level of legal restrictions on abortion such as:

- mandatory waiting periods
- requirements to inform women about potential complications or alternatives to abortion
- parental consent in the case of pregnant minors
- regulations mandating safe clinical conditions
- restrictions as to which trimester of pregnancy abortion is allowed
- bans on partial birth abortion

Language is important. Sometimes, where abortion is illegal, the law allows exceptions if the life of the mother is threatened or in the case of rape or incest. More controversial is an exception based on the "health of the mother," a term which is ambiguous and hard to define. Loopholes in abortion laws, resulting from overly broad language such as permitting abortion to preserve "the health of the mother," a much lower threshold test than preserving the life of the mother, are often used to justify almost any reason for abortion. For example, in the United States, "health" is defined as including "mental" or "emotional" health, allowing a woman who is merely upset that she is pregnant to claim that she has the right to an abortion.

When women are given full and accurate information with regard to the life in their womb,

such as the abortion procedure itself, alternatives to abortion, and the well-documented negative consequences abortion can have for them and their families, they will then be empowered to make lifesaving instead of life-ending decisions. It is our hope that this guide will help empower women to make informed choice when considering an abortion.

Common Abortion Techniques

First trimester — Surgical

Suction Aspiration/Vacuum Curettage
A powerful suction tube with a sharp cutting edge is inserted into the womb through the dilated cervix. The suction dismembers the body of the developing baby and removes the placenta from the wall of the uterus, aspirating blood, amniotic fluid, placental tissue and fetal parts into a collection bottle.

Dilatation and Curettage (D & C)
In this technique the cervix is dilated or stretched to permit the insertion of a loop-shaped steel knife. The body of the baby is dismembered and removed, and the placenta is scraped off the uterine wall.

First trimester — Chemical

RU-486 – Mifepristone, Misoprostol, French abortion pill
The RU-486 technique uses two powerful synthetic hormones to chemically induce abortions in women five to nine weeks pregnant. The RU-486 procedure requires at least three trips to an abortion facility. In the first visit, the woman is given a physical exam, and if she has no obvious contraindications ("red flags" such as smoking, asthma, high blood pressure, obesity, etc., that could make the drug deadly to her), she swallows the RU-486 pills. RU-486 blocks the action of progesterone, the natural hormone vital to maintaining the nutrient-rich lining of the uterus. The developing baby starves as the nutrient lining disintegrates.

At a second visit 36 to 48 hours later, the woman is given a dose of artificial prostaglandins, usually misoprostol, which initiates uterine contractions and usually causes the embryonic baby to be expelled from the uterus. Most women abort during the four-hour waiting period at the clinic, but about 30 percent abort later at home, work, etc., as many as five days later. A third visit about two weeks later determines whether the abortion has occurred or if a surgical abortion is necessary to complete the procedure (five to 10 percent of all cases).

Drug Plan B
According to the U.S. Food and Drug Administration, "Plan B is emergency contraception, a backup method to birth control. It is in the form of two levonorgestrel pills (0.75 mg in each pill) that are taken by mouth after unprotected sex. Levonorgestrel is a synthetic hormone used in birth control pills for over 35 years. Plan B can reduce a woman's risk of pregnancy when taken as directed if she has had unprotected sex. It is currently available only by prescription."

Methotrexate
Methotrexate is used in another multi-visit abortion procedure similar to the one using RU-486, though administered by an intramuscular injection instead of a pill. Methotrexate attacks the fast growing cells of the "life support system" (trophoblast) for the developing child. Deprived of the food, oxygen, and fluids the embryo needs to survive, the baby dies. Three to seven days later (depending on the protocol used), a vaginal suppository of misoprostol (the same prostaglandin used with RU-486) is used to trigger expulsion of the embryo from the woman's uterus. Sometimes this occurs within the next few hours, but often a second dose of the prostaglandin is required, making the time lapse between the initial administration of methotrexate and the actual completion of the abortion as long as several weeks. A woman may bleed for weeks (42 days in one study), even heavily, and may abort anywhere — at home, on the bus, at work, etc. Those found to be still pregnant in later visits (at least 1 in 25) are given surgical abortions.

Second and Third Trimester — Surgical

Dilatation and Evacuation (D&E)
Used to abort unborn children as old as 24 weeks, this method is similar to the D&C. The difference is that forceps with sharp metal jaws are used to grasp parts of the developing baby, which are then twisted and torn away. This continues until the child's entire body is removed from the womb. Because the baby's skull has often hardened to bone by this time, the skull must sometimes be compressed or crushed to facilitate removal.

Partial-Birth Abortion
Sometimes referred to "Dilation and Extraction" (D&X), or "intact D&E" (IDE), this procedure is used on women who are 20 to 32 weeks pregnant — or even later into pregnancy. Guided by ultrasound, the abortionist reaches into the uterus, grasps the unborn baby's leg with forceps, and pulls the baby into the birth canal, except for the head, which is kept just inside the womb. (At this point in a partial-birth abortion, the baby is alive.) Then the abortionist inserts scissors into the back of the baby's skull and spreads the tips of the scissors apart to enlarge the incision. A suction catheter is inserted into the skull to remove the baby's brain. The collapsed head is then removed from the uterus.

Hysterotomy
Similar to the Caesarean Section, this method is generally used if chemical methods such as salt poisoning or prostaglandins fail. Incisions are made in the abdomen and uterus. The baby, placenta, and amniotic sac are then removed. Babies are sometimes born alive during this procedure, raising questions as to how and when these infants are destroyed.

Second and Third Trimester — Chemical

Instillation Method Abortions
These methods involve the injection of drugs or chemicals through the abdomen or cervix into the amniotic sac to cause the death of the child and his or her expulsion from the uterus.

Salt Poisoning

Otherwise known as "saline amniocentesis," "salting out," or a "hypertonic saline abortion," this technique is used after 16 weeks of pregnancy, when enough fluid has accumulated in the amniotic fluid sac surrounding the baby. A needle is inserted through the mother's abdomen, and as much as a cup of amniotic fluid is withdrawn and replaced with a solution of concentrated salt. The baby breathes in, swallowing the salt, and dies after about an hour. The mother goes into labor about 33 to 35 hours after instillation.

Source: National Right to Life

Abortion

"If there are any self-evident and universal truths that can act for the human race as a guide or light in which social and human justice can be grounded, they are these: that life has intrinsic value; that each individual human being is unique and irreplaceable; that the cherished role of a mother and her relationship with her child, at every moment of life, has intrinsic worth and beauty; that the intrinsic beauty of womanhood is inseparable from the beauty of motherhood; and that this relationship, in its unselfish nature, and, in its role in the survival of the human race, is the touchstone and core of all civilized society. This relationship, its beauty, its survival, its benefits to the mother and child…and society as a whole, all rest in the self-evident truth that a mother is not the owner of her child's life, she is the trustee of it." — **Report of the South Dakota Task Force to Study Abortion, December 2005**

Position Statement

United Families International fully recognizes the value of life during all stages and promotes the protection of human life from conception until natural death. Human life begins at fertilization, when the sperm and ovum meet to form a single cell and begin the human growth process. Reverence for life — including that of the unborn — is an essential part of the basis for peace in the world and goodwill among nations, and is part of the fabric of successful and happy families. Defenseless preborn children are full members of the human family and deserve legal protection.

We oppose abortion except in extremely rare cases when continuing a pregnancy threatens the life of the mother. In such cases, every attempt should be made to save the life of the baby as well. We oppose the practice of "partial-birth abortion," which is a form of infanticide, and we oppose the legalization of the abortion drug RU-486. Every child is wanted by someone, and United Families International encourages adoption in cases where the mother is unable or unwilling to care for her child.

Where abortion is legal, women should be fully informed with regard to the development of the baby, the potential physical and psychological risks of abortion and alternatives to abortion, such as adoption. We strongly support informed consent and parental consent provisions in public policy.

QUESTIONS & ANSWERS
ABOUT ABORTION

*Documentation and commentary to support the points made in the Questions & Answers About Abortion section can be found in the Fast Facts and Commentary section.

QUESTION 1: In scientific terms, when does human life begin?

ANSWER: Embryologists and embryology text books confirm that human life begins at conception.

Scientific research shows that at the moment of fertilization, two separate cells join to form one new life, genetically distinct from every other human being. Every distinctive characteristic of this new human being is programmed into that single tiny, initial cell.

SEE FAST FACTS AND COMMENTARY #1-21.

QUESTION 2: Is the fetus "human" and does it deserve legal protection?

ANSWER: The fetus is a rapidly developing human being worthy of protection.

Sonograms vividly confirm the humanness of preborn children. From the earliest stages of development, the unborn are distinct, living and complete human beings.

In an effort to dehumanize the unborn child, the word "tissue" is deliberately used to replace the words "baby" or "child," as it is more acceptable to eliminate or remove excess "tissue" rather than to kill a "baby."

The following stages of human development have been scientifically documented:

Day 1: At fertilization, chromosomes from the sperm and ovum unite to produce a new human being whose development from that instant is self-directed by its chromosomes.

Day 6: The embryo begins to implant in the uterus.

Day 22: The heart begins to beat, circulating the child's own blood.

Week 3: The child's backbone, spinal column and nervous system are forming; the liver, kidneys and intestines begin to take shape.

Week 5: Eyes, legs and hands begin to develop.

Week 6: Brain waves are detectable, the mouth and lips are present, and fingernails are forming.

Week 7: Eyelids and toes form, the nose is distinct, and the baby is kicking and swimming.

Week 8: Every organ is in place, bones begin to replace cartilage, fingerprints begin to form, and the baby can hear sounds.

Weeks 9-10: Teeth and fingernails are forming, the baby can turn his/her head, frown and hiccup.

Week 11: The baby can "breathe" amniotic fluid, urinate, grasp objects placed in its hand, all organ systems are functioning; the baby has a skeletal structure, nerves and an operating circulation system.

Week 12: The baby can feel pain, has nerves, spinal cord and thalamus, vocal cords are complete; the baby can suck its thumb.

Week 16: Bone marrow is forming; the baby is eight to ten inches in length and half of its birth weight.

Week 17: The baby can dream.

Week 20: The baby recognizes its mother's voice.

Geraldine Lux Flanagan, Beginning Life: The Marvelous Journey from Conception to Birth, (New York: DK Publishing Inc., 1996). Janet Hopson, "Fetal Psychology," Psychology Today 31, 5 (September/October 1998).

SEE FAST FACTS AND COMMENTARY #1-21, 293-299.

QUESTION 3: Is abortion ever a medical necessity?

ANSWER: Only in extremely rare cases is abortion necessary to save the life of the mother. Most women choose abortion for social and economic reasons, and for many it is a last-resort form of contraception.

Abortion, in almost all cases, is the intentional and willful destruction of a pre-born child for the express purpose of ending the life of that child. In extremely rare cases, a child is removed from the womb in order to save the life of the mother. But even then, it may be possible to remove the child without ending its life.

SEE FAST FACTS AND COMMENTARY #247-256.

QUESTION 4: Is abortion mainly a matter of confidentiality between a woman and her doctor?

ANSWER: Abortion affects numerous people.

Abortion results in the death of an unborn child and has potentially severe physical and psychological repercussions for the woman. In addition, abortion can negatively affect the father, parents and other members of the family, friends and even the abortionists themselves. Post-abortive women are at increased risk for sterility, death, internal injuries, post-traumatic stress disorder and other psychological problems, including suicide. Children are at greater risk of abuse from post-abortive mothers. Husbands and boyfriends are often impacted by the physical and behavioral changes experienced by the post-abortive woman. Relationships often suffer and many break up in the aftermath of abortion. Abortion can have a psychologically haunting affect for many women and men.

SEE FAST FACTS AND COMMENTARY #23-121, 226-228, 231-234, 242-247, 249-256, 293-299, 321, 338-339.

QUESTION 5: Does abortion allow a woman to end a crisis pregnancy and move forward to a normal life again?

ANSWER: Women who have had an abortion can experience problems conceiving and carrying future pregnancies to term.

Post-abortive women run a higher risk of problems when attempting to have children later in life. Among these risks are miscarriage, complications due to abortion injuries, sexual dysfunction and others.

SEE FAST FACTS AND COMMENTARY #43-45, 61-65, 70, 72, 76-77.

QUESTION 6: Is a woman's right to choose an abortion the most important consideration in a crisis pregnancy?

ANSWER: The "right to choose" does not trump the inalienable right to life of a child whether born or unborn.

The act of intentionally ending the life of a child in the womb is not a civil right. There is no right to kill an innocent person. Although in some countries abortion has been legalized, it does not follow that abortion is a universal civil right for women. Abortion violates the most basic civil right of unborn children — the right to life itself.

With deference to choice, America's Declaration of Independence declares: "We hold these truths to be self-evident, that all men are created equal, that they are endowed by their Creator with certain unalienable rights, that among these are life, liberty and the pursuit of happiness."

Widely used terms such as "reproductive rights," "civil rights," "women's rights," "the right to choose," etc., are merely euphemisms meant to soften the harsh reality that the implementation of these "rights" will kill an unborn child. Ironically, a woman's legitimate right to be informed about potential complications and alternatives to abortion is often ignored by organizations that stand to profit from the abortion procedure.

A highly important consideration for women is discernment when faced with a crisis pregnancy. Women experience true choice when given the opportunity to view their pre-born child through ultrasound technology. This experience frequently creates a bonding experience between mother and child (John C. Fletcher and Mark I. Evans, "Maternal Bonding in early fetal ultrasound examinations," The New England Journal of Medicine 308 (Feb. 17, 1983): 392-93) and results in a choice to allow the birth of a live child.

SEE FAST FACTS AND COMMENTARY #141-147, 165-169, 201-209, 231-234, 261-268.

QUESTION 7: Is abortion indicative of a culture that does not value human life?

ANSWER: Abortion on demand is an example of man's inhumanity to man and has contributed to the pervasive devaluation of human life in the world.

Once a society devalues life at one stage of a person's existence it is easier to devalue it at other stages. As abortion on demand has become more common in various nations, it has also become easier to allow euthanasia, embryonic stem cell research and human cloning. All of these destructive practices reflect the diminished value and importance that society now places on human life, and they permit the powerful to decide whether the powerless will live. There is an emerging trend in the world to use a "quality of life" standard when determining whether life should be ended or not. This new standard puts at risk children and adults with physical and mental handicaps or those who are advancing in age or who suffer chronic or terminal illnesses.

An example of the implementation of this standard is the "Groningen Protocol" adopted by a hospital in the Netherlands which allows doctors to end the life of suffering children up to the age of 12. This is a logical extension of the abortion activists' position. Many of the same arguments used to support abortion rights, can be used to support euthanasia, destructive embryonic stem cell research and human cloning – all of which run counter to a healthy respect for humanity.

SEE FAST FACTS AND COMMENTARY #22-121, 170-176, 199-200, 242-246, 269-292, 319-332.

QUESTION 8: Are there any noteworthy documents that speak to the sanctity of human life?

ANSWER: Although there are powerful entities that promote abortion internationally, numerous national constitutions and UN documents express support for and call for the protection of the unborn.

The UN Declaration of the Rights of the Child (1959) states: "Whereas the child, by reason of his physical and mental immaturity, needs special safeguards and care, including appropriate legal protection, before as well as after birth," he "shall enjoy special protection, and shall be given opportunities and facilities, by law and by other means, to enable him to develop physically, mentally, morally, spiritually and socially in a healthy and normal manner and in conditions of freedom and dignity," and to this end "special care and protection shall be provided both to him and to his mother, including adequate pre-natal and post-natal care." "The child shall in all circumstances be among the first to receive protection and relief" and he "shall be protected against all forms of neglect, cruelty and exploitation."

The Convention on the Rights of the Child (1989) basically says the same things as the 1959 Declaration. It states that a child "needs special safeguards and care, including appropriate legal protection, before as well as after birth."

However, Article 6 of the Convention declares: "1. States Parties recognize that every child has the inherent right to life. 2. States Parties shall ensure to the maximum extent possible the survival and development of the child." In Article 24 it requires "2. States Parties shall pursue full implementation of this right and, in particular, shall take appropriate measures: (a) To diminish infant and child mortality ... ."

Article 37 further requires "States Parties shall ensure that: (a) No child shall be subjected to torture or other cruel, inhuman or degrading treatment or punishment ... ."

The Universal Declaration of Human Rights (1948) and the International Covenant on Civil and Political Rights (1966) both guarantee the right to life.

Many nations across the world have pro-life language in their constitutions.

SEE FAST FACTS AND COMMENTARY #261-268.

QUESTION 9: Is abortion universally safe and rare?

ANSWER: Abortion is the most commonly performed medical procedure. It is anything but rare, and it is not always safe.

The killing of unborn children is becoming more and more pervasive throughout the world, and in fact, the abortion procedure is becoming routinely used as a method of birth control. It is estimated that over 1 billion abortions have been

performed worldwide since World War II.

SEE FAST FACTS AND COMMENTARY #22-135, 170-176, 269-285, 328-332.

QUESTION 10: Is abortion safer for women than childbirth?

ANSWER: Birth is safer than abortion.

"The World Mortality Report: 2005," published by the United Nations Population Division, nations with permissive abortion laws do not experience lower rates of maternal mortality compared to nations with restrictive abortion laws.

Although abortion advocates contend that abortion restrictions lead to high rates of maternal mortality, the data from this report which measure mortality — maternal and infant — for all the world's countries, over a five-year period show that this is not the case.

Ireland (five deaths for every 100,000 births) and Poland (13 deaths for every 100,000 births), nations with restrictions on abortion, have lower maternal mortality rates than nations with legal abortion: Russia (67 deaths for every 100,000 births) ; China (56 deaths for every 100,000 births); and the United States, (17 deaths for every 100,000 births).

The dangers of childbirth are exaggerated by those who encourage abortion, especially where modern medical care is available. Healthy women with proper prenatal care seldom experience problems delivering children, and even women with high risk pregnancies can deliver safely. In developing countries where maternal mortality rates are high, there is a need for improved prenatal health care rather than a need to eliminate pregnancy through abortion.

Induced abortion is the premature, willful, and violent penetration of a closed and safeguarded system — a system in which nearly every cell, tissue and organ of a woman's reproductive system has been specially transformed and activated to carry out the function of sustaining and nourishing the developing child. The violation of the integrity of that system can lead to serious complications. Physical problems can include hemorrhaging, infection, sterility and death. Psychological effects range from depression and mental trauma to divorce and suicide.

A study from Finland identified all the women who died within 12 months of giving birth, suffering a miscarriage or undergoing an abortion and determined that the death rate for post-abortive women was 400 percent higher than that for women who gave birth or who had a miscarriage. In other words, abortion proved to be four times as dangerous as childbirth or miscarriage. The study revealed that deaths were not only due to medical problems, but were also the result of suicide, homicide and accidental deaths.

Deaths due to abortion or to complications of abortion are commonly misreported or underreported. Similar to AIDS reporting, women who die from abortions are frequently listed as having died from a symptom brought on by abortion — such as infection. Statistically, some complications and deaths attributed to subsequent pregnancies may actually be related to prior abortions.

SEE FAST FACTS AND COMMENTARY #22-135.

QUESTION 11: Does abortion subject women to health risks?

ANSWER: Many women have died or have been injured during an abortion procedure. Many have suffered psychologically for long periods of time following an abortion.

Abortion is a risky procedure with the potential for any of several serious consequences. The list of potential complications includes:

Death: women who aborted in the year prior to their deaths were 60 percent more likely to die of natural causes, 7 times more likely to commit suicide, 4 times more likely to have fatal accidents and 14 times more likely to die from homicide.

Heavy bleeding, especially if the uterine artery is torn, often requiring a blood transfusion.

Abdominal pain and cramping, nausea, vomiting and diarrhea.

Infection: a serious infection can result in fever over several days and extended hospitalization.

Incomplete abortion: some fetal parts may not be removed during an abortion causing bleeding or infection.

Allergic reaction to drugs: a woman runs the risk of an allergic reaction — convulsions, heart attack, and, in extreme cases, death — to the anesthesia used during abortion surgery. Adverse reactions to anesthesia lead to the death of more than a dozen women each year.

Tearing of the cervix by abortion instruments.

Permanent scarring of the uterine lining by suction tubing and other abortion instruments.

Perforation of the uterus by abortion instruments, possibly requiring major surgery, including a hysterectomy.

Damage to internal organs such as the bowel and bladder.

Emotional and physical problems over a period of a few days or many years, including guilt, anger, anxiety, depression, suicidal thoughts, anniversary grief, flashbacks of abortion, sexual dysfunction, relationship problems, convulsions, eating disorders, sleep disorders, alcohol and drug abuse, memory repression, psychological reactions.

Breast cancer: twenty-eight international studies have found a link between abortion and breast cancer. One study found a 50 percent greater risk of breast cancer for post-abortive women.

Miscarriage: abortion injuries can prevent or place at risk future wanted pregnancies. The rate of miscarriages increases for women who abort their first pregnancy.

Hepatitis: increased risk from blood transfusions, blood clots and embolisms.

Sterility: two to five percent of abortions result in sterility.

Tubal pregnancies: abortion increases this risk from 8-fold to 20-fold.

Cervical, ovarian and liver cancer: women with one abortion face a relative risk of cervical cancer 2.3 times higher than non-aborted women.

Infertility: abortion can lead to infertility, a serious long-term complication that often goes undetected for many years.

Sources:
http://www.pregnancycenters.org/abortion.html

http://www.aaacpc.com/abortion_risks.html
http://www.family.org/pregnancy/articles/a0030193.cfm
http://www.geocities.com/pregnancyhelpnow/risks_of_abortion.html
Gissler, M., et al., "Pregnancy-associated deaths in Finland 1987-1994 - definition problems and benefits of record linkage," Acta Obstetricia et Gynecolgica Scandinavica 76:651-657 (1997).

SEE FAST FACTS AND COMMENTARY #22-135, 210-225.

QUESTION 12: Does the United States Constitution include a right to abortion on demand?

ANSWER: No right to abortion exists in the U.S. Constitution. *Roe v. Wade* was a classic case of judicial activism.

The late William Rehnquist, one of the two dissenters in the 7-2 *Roe v. Wade* decision, pointed out that it was more an example of judicial legislation and not a determination of the intent of the drafters of the Fourteenth Amendment to the U.S. Constitution. The other dissenter, Byron White, called it "an exercise of raw judicial power."

In *Roe v. Wade*, the Supreme Court invented a right in the Fourteenth Amendment that did not exist and was completely unintended by its drafters. We know this because at the time it was adopted, there were 36 state or territorial laws limiting abortion. Yet there was no discussion at that time or any anticipation that the Fourteenth Amendment would ever invalidate any of these laws.

In addition, the fact that the majority of states had restrictions on abortion for at least a century before *Roe v. Wade* also indicates that abortion was not "so rooted in the traditions and conscience of our people as to be ranked as fundamental," as was claimed by the Court. Since apparently there was no question concerning this provision challenged in Roe or any of the other state laws restricting abortion when the Fourteenth Amendment was adopted, the only conclusion possible from this history is that it was not intended to take away the power of the states to restrict abortion. Since no right to abortion exists in the U.S. Constitution, the Supreme Court Justices in *Roe v. Wade* violated the states' rights to prohibit or regulate it. This was a classic case of judicial activism. Prominent liberal constitutional scholars have criticized *Roe v. Wade* for its failure to find a justification in the Constitution.

SEE FAST FACTS AND COMMENTARY #148-162.

QUESTION 13: Has the legalization of abortion resulted in a reduction of child abuse?

ANSWER: Child abuse in the United States has dramatically increased since the 1973 *Roe v. Wade* court decision legalizing abortion.

Advocates of abortion claimed that if abortion became legal, child abuse would become less frequent. However, the rate of child abuse in the U.S. doubled from 1980 to 1993, a period during which the number of abortions steadily increased.

This could be explained in part by the fact that post-abortion parents often report difficulty bonding with subsequent children because of fear, shame or guilt over a previous abortion. Lack of adequate bonding has been identified as one of the most significant risk factors for child abuse. When inadequate bonding is combined with feelings of anger and rage, which are often among the aftereffects of abortion, the result can be dangerous for children.

SEE FAST FACTS AND COMMENTARY #141-147, 201-209.

QUESTION 14: Were there a great number of deaths attributed to illegal abortions prior to the *Roe v. Wade* decision by the U.S. Supreme Court in 1973?

ANSWER: Deaths from illegal abortions were rare prior to the *Roe v. Wade* decision.

It is estimated that one billion abortions have been performed worldwide. This staggering number of abortions has led to more women experiencing the numerous negative consequences and complications associated with abortion. Deaths due to illegal abortions prior to *Roe v. Wade* in 1973 were not only rare, but were decreasing dramatically. A former director of Planned Parenthood wrote in the *American Journal of Public Health*, "In 1957, there were only 260 deaths in the whole country attributed to abortion of any kind. In New York City in 1921, there were 144 abortion deaths, but by 1951 there were only 15." In 1972, there were 39 deaths nationwide.

The National Abortion Rights Action League's co-founder, Dr. Bernard Nathanson, admitted that in the early 1970s his organization made up grossly inflated figures about the number of illegal abortion deaths. This was done to manipulate public opinion and make legalized abortion more acceptable to the public.

Before *Roe v. Wade*, abortion advocates claimed that fewer women would die if abortion was legalized. However, since it was legalized in 1973 in the U.S., the number of abortions has dramatically increased, thereby increasing the number of women experiencing abortion-related complications or death.

SEE FAST FACTS AND COMMENTARY #138-139, 316-318.

QUESTION 15: Did most Americans favor the legalization of abortion prior to the *Roe v. Wade* decision?

ANSWER: The majority of Americans actually opposed abortion at the time of *Roe v. Wade*. In fact, referenda to legalize abortion had been defeated in many states. The co-founder of the National Abortion Rights Action League, Dr. Bernard Nathanson, has admitted that he and others made up fake public polling statistics because they knew the majority of Americans did not approve of abortion. The mainstream media ran with the fabricated figures and perpetuated the myth about public support for abortion.

In recent years, polling has indicated a trend toward increased support for the pro-life position, while support for the pro-abortion position is declining.

SEE FAST FACTS AND COMMENTARY #138-139.

QUESTION 16: Were the *Roe v. Wade* and *Doe v. Bolton* rulings by the U.S. Supreme Court examples of sound judicial reasoning?

ANSWER: The two landmark abortion cases, *Roe v. Wade,* which legalized abortion, in the U.S. and *Doe v. Bolton,* which required a broad health exception to be included in any law that attempts to limit abortion, were based on fraud and deception, and poor jurisprudence.

Norma McCorvey, the plaintiff "Roe" in *Roe v. Wade*, and Sandra Cano, the plaintiff "Doe" in *Doe v. Bolton*, have both stated that they were exploited by abortion advocates in their respective legal cases. Both women have since become pro-life advocates. McCorvey said she was used by pro-abortion attorneys in their quest to legalize abortion. She was never raped as was claimed in the case, and now works to over-

turn *Roe v. Wade*. Likewise, Cano claims that she was exploited by attorneys and that she never intended to have an abortion nor sought to legalize abortion. In addition to the deception in these two court cases, abortion advocates fabricated phony opinion polling data and lied about the number of women's deaths due to illegal abortion.

Harvard law professor Laurence Tribe stated, "One of the most curious things about Roe is that behind its own verbal smokescreen, the substantive judgment on which it rests is nowhere to be found." In 1985, future U.S. Supreme Court Justice Ruth Bader Ginsburg, speaking of the *Roe v. Wade* decision, said that the "heavy-handed judicial intervention was difficult to justify and appears to have provoked, not resolved, conflict."

SEE FAST FACTS AND COMMENTARY #148-164.

QUESTION 17: Is the claim that a link exists between abortion and breast cancer valid?

ANSWER: The vast majority of scientific studies on this topic have found links between abortion and breast cancer.

Twenty-eight international scientific studies have directly linked abortion to increased likelihood of breast cancer. A 1994 study in the *Journal of the National Cancer Institute* found: "Among women who had been pregnant at least once, the risk of breast cancer in those who had experienced an induced abortion was 50 percent higher than among other women."

Links between abortion and breast cancer have been well-documented in numerous studies around the world. When a woman becomes pregnant, her breasts begin to change in preparation for the arrival of her baby. An induced abortion can create an abrupt cessation of the cell differentiation process in the woman's breasts, leaving her with an increased number of undifferentiated cells. These cells are vulnerable to carcinogens which can lead to breast cancer. Pregnancies carried to term and ending in the delivery of a child allow for full differentiation of the breast tissue. Therefore, a woman who carries a child — especially her first child — to term will be statistically less susceptible to breast cancer.

Miscarriages do not appear to carry the same risk of higher breast cancer rates.

SEE FAST FACTS AND COMMENTARY #210-225.

QUESTION 18: Do abortion clinics provide adequate information to women about the potential risks associated with abortion?

ANSWER: Many women are not given information on the risks of abortion when they go to an abortion clinic and are rarely informed of alternatives to abortion by the clinics that profit financially from abortion.

Many post-abortive women have complained that abortion clinics did not provide adequate information on the risks associated with their abortion, nor were they informed about alternatives to abortion such as support groups, pregnancy resource centers or adoption.

Women have also complained that they were misinformed with regard to the development of their baby, being told it was just a "glob of tissue" when in reality the child had a beating heart and all of its other organs intact. Guided by the profit motive, abortion counselors can sometimes be strongly biased toward recommending abortion.

Far less significant medical procedures than abortion, and even dental procedures, require practitioners to fully inform their patients regarding the risks, potential complications and alternatives. Abortion, which takes the life of an unborn child and poses potential serious health risks to women, is a medical procedure which should require informed medical consent.

SEE FAST FACTS AND COMMENTARY #242-246.

QUESTION 19: Is the health of the mother a legitimate justification for partial-birth abortion?

ANSWER: The American Medical Association is on record as stating that the "health of the mother" is never an issue with women undergoing the partial-birth abortion procedure.

Partial-birth abortion is a euphemism for infanticide. During the partial-birth abortion procedure, the abortionist pulls the baby through the birth canal, leaving the head still inside the mother. Next the abortionist inserts scissors into the back of the baby's skull and uses suction to remove the baby's brain. This procedure enables the abortionist to make sure the baby

is dead before complete delivery and keeps the rest of the body undamaged so parts of the baby's body can potentially be sold to other companies for experiments.

Partial-birth abortion is one of the most gruesome and cruel practices known to man, and it violates the right to life of the unborn child. In rare cases, it may be necessary to end a pregnancy by extracting a nearly full term infant to save the life of the mother, resulting in the death of the infant. However, it is never medically necessary to intentionally kill the baby during the extraction procedure.

SEE FAST FACTS AND COMMENTARY #193-195, 197-198.

QUESTION 20: Are women empowered by having the right to choose abortion?

ANSWER: A woman is not empowered by killing her unborn child, especially when she is pressured to do so against her own conscience.

Parents, boyfriends, concerned adults and friends often pressure and/or coerce women into having an abortion which they later regret.

Studies show that many women who have abortions believe that it is "wrong." So why are women "choosing" abortion? In many cases their situation has left them vulnerable and desperate and they feel they have "no choice."

Women report experiencing the following pressures preceding their choice to have an abortion: threats of abandonment or violence from the father, poverty, homelessness, lack of education, unemployment, emotional problems, incest, rape, fetal abnormalities and others. Although abortion may seem like a good choice at the time, studies show that later, many women deeply regret that choice and experience subsequent confusion and grief.

Women are empowered when their unique life-giving and nurturing role is recognized and highly valued. Women faced with an unwanted pregnancy are empowered when they are provided with alternatives to abortion and are offered economic, emotional and medical support to help them successfully give birth to their child. There is no "choice" if other alternatives are not made available.

Once a woman is pregnant, the choice is not simply between having a baby or not having a baby. The choice is between (1) having a baby or (2) having the experience of an abortion. Both are life-changing experiences. Both have significant psychological consequences, either contributing to, or hindering a woman's mental health.

SEE FAST FACTS AND COMMENTARY #22-121, 177-186, 242-256.

QUESTION 21: Is the abortion industry regulated sufficiently in order to assure safe treatment for women?

ANSWER: The abortion industry is under-regulated and in some cases, works with government to ensure less restrictive regulations.

The abortion industry, which is a multimillion dollar industry, effectively lobbies government to ensure favorable regulations. Internationally, special interest groups such as International Planned Parenthood, Center for Reproductive Rights, Catholics for a Free Choice, and others work tirelessly to liberalize abortion laws and regulations. In the U.S., large election campaign contributions have been made to political candidates by abortion groups such as Planned Parenthood and NARAL Pro-Choice America to try to influence abortion legislation.

In addition, pro-abortion businesses such as Planned Parenthood work with the Centers for Disease Control and Prevention (CDC), a division of the U.S. Department of Health and Human Services, to promote abortion. Several CDC officials have attended conferences of Planned Parenthood and the National Abortion Federation at U.S. taxpayer expense, and in the past, CDC employees have provided information to the U.S. Supreme Court in favor of easing regulations on the abortion industry.

Over the last several years, the CDC has reduced the staff assigned to investigate abortion complications and deaths, and its hotline now offers marketing data, including how to advertise abortion and whom to target, and refers callers to the Alan Guttmacher Institute – the research arm of Planned Parenthood.

In the U.S., the public is becoming more aware of the problems stemming from the under-regulation of the abortion industry and is seeking to remedy the problem. According to

the annual report of the pro-abortion group NARAL on the state of abortion laws in the U.S., in 2005, state legislatures enacted 58 varying measures to limit abortions, twice the number of pro-life bills that were approved and signed into law in 2004.

Those measures included bills to require abortion clinics to give women information about abortion risks and alternatives, waiting periods before an abortion can be performed, parental notification and consent laws, and safety regulations of abortion businesses.

SEE FAST FACTS AND COMMENTARY #27, 31, 36, 39, 60, 68, 74, 78, 84, 85, 88, 94, 99, 102.

QUESTION 22: Is abortion safe?

ANSWER: There is no such thing as a safe abortion, as the procedure always results in the death of an unborn child. Though abortion is legal in many parts of the world, the procedure is not always safe for the mother and it is anything but rare.

Due to variations in reporting standards worldwide, it is difficult to track the exact number of abortions, however, it is estimated that 46 million pre-born are killed annually by abortion. Approximately half of all pregnancies are terminated by an abortion. It is estimated that more than a billion pre-born children have been aborted worldwide. This number is more than 10 times the number of people that were killed in World War I, World War II, the Korean War, the Vietnam War and the Civil War combined. It is more than the number of deaths during the flu epidemic of 1918, more than the number of AIDS deaths, and greater than the number of deaths attributed to disasters such as volcano, earthquake, tornado, flood, hurricane and tsunami combined. In 2005, more pre-born children died due to abortion than individuals died from heart disease, lung cancer and AIDS combined.

History shows that when abortion is legal the number of abortion procedures performed increases, thereby putting more women at risk for complications or death. In the United States alone, there are 144,000 abortion complications annually. Each year and around the world, there are many deaths attributed to abortion.

SEE FAST FACTS AND COMMENTARY #22-120, 177-186, 210-225, 242-246.

QUESTION 23: Do unborn children feel pain during abortion?

ANSWER: A child in the womb can and does feel pain during the abortion process.

Assertions that pre-born children do not feel pain when their arms and legs are being severed during an abortion are ludicrous. Although the unborn child cannot "self-report," there are certain pain indicators that can be measured such as facial grimace, withdrawal, release of stress hormones, change in pulse rate/breathing/blood pressure, etc.

Studies show that within four to five weeks after conception, pain receptors appear around the mouth, followed by nerve fibers which carry stimuli to the brain. By 18 weeks, pain receptors have appeared throughout the body. Unborn children respond to touch during the sixth week. In weeks 6-18, the cerebral cortex develops. By 18 weeks the cortex has a full complement of neurons. In adults, the cortex has been recognized as the center of pain consciousness. But even before nerve tracts are fully established, the unborn child may feel pain.

SEE FAST FACTS AND COMMENTARY #293-293.

QUESTION 24: Does the over-population of the world serve as justification for abortion?

ANSWER: There is no worldwide population crisis serving as justification for abortion or other population-reducing procedures.

Overall, worldwide fertility rates are in decline and several countries are experiencing population implosions, meaning there are not enough people being born to support their economies and to provide for their aging populations. In some nations, governments are now providing financial incentives for women to give birth to children.

In developing nations, the problem is not overpopulation; it is a lack of developed resources and/or the misallocation of resources. There is also a lack of good medical care for pregnant mothers which contributes to higher maternal mortality rates. The solution to this problem is not to encourage a woman to end the life of her child, but instead it is to pro-

vide basic health care services that will enable her to successfully carry and deliver a healthy baby.

SEE FAST FACTS AND COMMENTARY #285-292.

QUESTION 25: Is the abortion of a baby conceived in rape an ethical decision by a woman?

ANSWER: Babies born from rape have brought great joy to their mothers and have become positive contributors to society. These babies are innocent of wrongdoing and do not deserve a death sentence.

Many women who choose to give birth to a child conceived through rape do not regret their decision. Pregnancy from rape or incest is rare, but it does occur, and the perpetrators of rape and incest are deserving of judgment and punishment. In cases where rape results in pregnancy, there are two innocent victims; the mother and the child. Researchers have found that some women who aborted babies conceived through rape later experienced feelings that they had been put through a second act of violence. There are well-documented examples of children that were conceived from rape that have gone on to have healthy, happy and productive lives and have become positive contributors to society. The best option for rape victims who do not wish to keep their children is to place them up for adoption, rather than aborting them.

SEE FAST FACTS AND COMMENTARY #201-209.

QUESTION 26: Is it humane and compassionate to abort pre-born children who have diseases and deformities?

ANSWER: Every human has intrinsic value and an inherent right to life.

If unborn children can be denied the right to life because of their disabilities, then it could follow that children or even adults who contract disabilities after birth should not have the right to life as well.

Many parents who have raised children with disabilities have found that these children bring great joy to their lives. Credible studies have shown no difference between handicapped and healthy persons in their degree of life satisfaction, outlook of what lies ahead and vulnerability to frustration.

SEE FAST FACTS AND COMMENTARY #319-327.

QUESTION 27: Shouldn't only "wanted" children be allowed to be born?

ANSWER: Every child is wanted by somebody. There is a huge demand for children from couples seeking to adopt.

The mere fact that a pregnancy was not planned does not mean the child will be unwanted after birth. The South Dakota Task Force to Study Abortion heard "compelling evidence that large percentages of women wished they did not have their abortion," and "found no evidence that women who decided to keep the children ever regretted it. There is simply no evidence that the parenting of children who are 'unwanted' is in any way affected by the availability of legal abortion."

Thousands of married couples are on waiting lists hoping to adopt children and provide them with a good home. In recent years, Americans have increasingly gone overseas to adopt children. Estimates claim that about 1 million children in the U.S. live with adoptive parents, and that two to four percent of American families include an adopted child. (Stolley, 1993). The National Surveys of Family Growth from 1973, 1982, 1988, and 1995 indicated that nearly 10 million women had considered adoption, 16 percent had taken steps towards adoption and 31 percent had actually adopted a child. (National Center for Health Statistics, 1999). The 1988 National Survey of Family Growth estimated 3.3 adoption seekers for every actual adoption. When teens become pregnant, very few choose to place their children for adoption. A 1995 survey showed that 51 percent of teens that become pregnant give birth, 35 percent seek abortions and 14 percent miscarry. Less than one percent choose to place their children for adoption. (ChildTrends, 1995). China and Russia were the top two nations allowing adoption from non-resident parents in 2003.

SEE FAST FACTS AND COMMENTARY #247-256, 328-332.

QUESTION 28: Are most people pro-choice?

ANSWER: Polls show that the majority of people oppose abortion.

Polling conducted by credible organizations such as Gallup, Zogby, CNN/USAToday, the Latino Coalition and the *Los Angeles Times* indicate majority support for the sanctity of life.

Abortion rates are steadily dropping around the United States. In 2005, abortions dropped seven percent in Tennessee and reached their lowest levels since 1977. Abortions in Georgia dropped five percent, and Minnesota's abortion totals fell to a 30-year low. Abortion in Washington state is at the lowest level since the state started collecting data in 1980. Wisconsin reports the lowest abortion totals since 1974. Furthermore, Michigan abortions decreased 11 percent, and since 1987 abortions dropped by 46.5 percent.

An MORI poll found 47 percent of British women agree that the 24-week limit for legal abortions should be lowered. Ten percent of British women favor a complete ban on abortion. Just 31 percent of women and 35 percent of men agreed that the current abortion law is "about right."

A poll by the independent research company Market Facts showed 51 percent of Australians opposed abortion in most circumstances, and 53 percent said they did not want abortions to be funded with their tax dollars through the country's Medicare program. Seventy-eight percent opposed tax funding of late-term abortions, and 67 percent opposed funding any abortions after the first-trimester.

Self-identification poll questions on abortion can be misleading as abortion is a complicated issue. Some people may consider themselves pro-life but may believe exceptions should be made to save the life of the mother. Others may believe abortion should also be allowed in the case of rape or incest. Others may consider themselves "pro-choice" but do not believe abortion should be legal in all circumstances such as partial-birth abortion or third trimester abortion. Polls are more accurate when they take this into account.

SEE FAST FACTS AND COMMENTARY #306-318.

QUESTION 29: Is RU-486 a safe way for women to abort unwanted children?

ANSWER: RU-486 has claimed several lives since it was cleared for the market.

In a marketing campaign to promote RU-486, pro-abortion activists promised that it would make abortion "easier," "safer" and "more private." However, women have died and hundreds have suffered serious complications from using RU-486. After receiving reports of death, serious bacterial infection, sepsis, bleeding and ectopic pregnancies that have ruptured, legislation was introduced in the U.S. Congress to remove RU-486 from distribution.

RU-486 causes a complete abortion only about 60 percent of the time, leaving women vulnerable to hemorrhaging and serious infections caused by fetal remains left in the womb. A professor of obstetrics and gynecology at the University of Kentucky, Dr. David Hager, said that many women view RU-486 as a way to avoid the trauma of the surgical abortion procedure. There is a danger that a woman could take the RU-486 pills and believe she is aborting her baby, when she is actually rupturing a tubal pregnancy. That complication is serious and could lead to chronic injury, infertility or even death.

SEE FAST FACTS AND COMMENTARY #122-135.

QUESTION 30: Do members of the abortion industry have any reservations about what they do?

ANSWER: Some doctors have left the abortion industry because they felt what they were doing was wrong.

Some former abortionists have abandoned the abortion industry and some have taken leading roles in the defense of human life. For example, Carol Everett, president and founder of The Heidi Group, owned a Dallas, Texas abortion clinic for six years and is now committed to safeguarding the health of women and their babies. The Heidi Group was formed to network resources for women and pregnancy resource centers. Everett wrote a book titled "Blood Money – Getting Rich off a Woman's Right to Choose." Everett now says, "I cannot tell you one thing that happens in an abortion clinic that is not a lie…. The girls that walk out of there are the lucky ones."

Another example is Dr. Bernard Nathanson who directed an abortion clinic in New York City that claimed 75,000 victims before making a 180-degree turn to the pro-life position. He has authored several books, including, "From Death to Life: Reflections of an Ex-Abortionist." Dr.

Nathanson produced a landmark pro-life film called "The Silent Scream." He now speaks openly of his early involvement in attempts to manipulate the public and the media into support for abortion: "I remember laughing when we made those slogans up. We were looking for some sexy, catchy slogans to capture public opinion. They were very cynical slogans then, just as all of these slogans today are very, very cynical. … We persuaded the media that the cause of permissive abortion was a liberal, enlightened, sophisticated one. Knowing that if a true poll were taken, we would be soundly defeated, we simply fabricated the results of fictional polls. We announced to the media that we had taken polls and that 60 percent of Americans were in favor of permissive abortion. … We aroused enough sympathy to sell our program of permissive abortion by fabricating the number of illegal abortions done annually in the U.S. The actual figure was approaching 100,000, but the figure we gave to the media repeatedly was 1,000,000." (Bernard Nathanson, "The True Story of "The Silent Scream.")

SEE FAST FACTS AND COMMENTARY #226-228.

QUESTION 31: Should parents have the right to be involved in decisions about their children's pregnancies?

ANSWER: Parents, who are legally and financially responsible for their children, should be informed of and involved in all medical decisions affecting them, and especially with decisions regarding an abortion procedure which can have serious and lasting complications.

Most societies do not grant legal adult status to children until they reach the age of 18, for good reasons. Youth throughout their teen years are still developing and maturing and can benefit from the guidance of parents who have their best interest at heart. A teenage girl with an unwanted pregnancy is not prepared to make decisions alone that can affect her for the rest of her life. It is the right of parents, who are legally and financially responsible for their child, to be informed of her medical condition and to be involved in any medical decisions affecting her. When parents are informed and involved, they can support a daughter facing an unexpected pregnancy and assure that she receives adequate prenatal and postnatal care, thereby protecting their daughter's health. Parental consent or notification legislation appropriately ensures protection for the rights of parents to be involved in the medical decisions regarding their children.

A mature person develops a capacity to set goals, delay gratification and accept reality. Parents are more likely to surpass their children in these areas of maturity, as well as in decision-making abilities. The wisdom of parents often helps children recover from and learn from the mistakes they make. With adequate parental emotional support and loving guidance, a pregnancy does not have to be a crippling factor for teenage girls.

SEE FAST FACTS AND COMMENTARY #333-334, 337-340.

QUESTION 32: Is abstinence education a realistic tool in the effort to reduce teen pregnancy?

ANSWER: More than half of teens abstain from premarital sexual activity, and abstinence education has proven effective in preventing sexual activity among children.

The percentage of high school students abstaining from sex has climbed steadily since the early 1990s. Teen pregnancies are trending downward, and abstinence messages are having an effect.

In two nationally representative surveys of teenagers conducted by the National Campaign to Prevent Teen Pregnancy, 58 percent said sexual activity for high school-age teens is not acceptable, even if the teens take steps to prevent pregnancy and sexually transmitted diseases. Eighty-seven percent don't think it's embarrassing to acknowledge being a virgin, and 93 percent think it's important for society to send a strong message that teens should abstain from sex.

A poll conducted by Time and Nickelodeon found that 76 percent of teens ages 12-14 say it's "somewhat or very important" to delay the initiation of sexual intercourse until marriage. The same trend is continuing among older teens as well. In a University of California at Los Angeles survey of incoming freshman, 60 percent – the highest in the history of the survey – said they believe it's not okay for two people to have sex even if they "really like each other."

SEE FAST FACTS AND COMMENTARY #341-344.

QUESTION 33: Is abortion truly a matter of privacy, as *Roe v. Wade* asserted?

ANSWER: Women in several nations have the legal right to have an abortion, but another human's life is worthy of consideration in that decision.

Abortion is not a private decision because it involves the life of a defenseless human being that merits protection by society and government. Research and regretful personal testimonies show that many individuals can be affected when a woman chooses to have an abortion — including the father of the child. In *Roe v. Wade*, the United States Supreme Court claimed that abortion is a constitutionally guaranteed matter of privacy between a woman and her doctor. This decision has been ridiculed by legal scholars on both sides of the abortion issue. Abortion impacts the woman, her doctor, her existing children, her husband, her parents and siblings, her co-workers, friends and neighbors and others with whom she comes into contact.

SEE FAST FACTS AND COMMENTARY #1-100, 245.

QUESTION 34: Does abortion place women at risk for psychological harm?

ANSWER: The psychological harms suffered by many post-abortive women are well-documented by social science research.

In addition to the physical risks and complications of abortion, there can be emotional and psychological side effects lasting for decades. The mother/child bond that can begin at the earliest stages of pregnancy is a bond that is not easily severed without consequences. This bond, when abruptly interrupted — either by choice or due to natural causes — can trigger severe emotional and/or psychological trauma.

Most abortion advocates ignore or deny that a bond can exist between a mother and her unborn child and leave the post-abortive woman with little or no support to deal with the trauma of losing her child. This trauma is sometimes temporarily repressed, but it can resurface in future years, forcing the mother to come to terms with the fact that she willingly chose to end the life of her child.

SEE FAST FACTS AND COMMENTARY #26-28, 30, 32-33, 35, 37, 40-42, 45, 48, 50-51, 53, 72, 75, 77, 80, 90, 96-98, 100.

QUESTION 35: Does legislation aimed at restricting abortion actually reduce abortion rates?

ANSWER: Research shows that in the United States, there is a significant correlation between the enacting of legislation restricting abortion and a decrease in abortion rates.

A trend of annual increases in abortions in the U.S. reversed itself during the 1990s, according to a study done at the Harvard-MIT Data Center. The number of legal abortions from 1990-1999 declined by 18.4 percent. Experts cite the impact of state laws requiring parental consent and informed consent, as well as partial-birth abortion bans. Academic and policy studies found a correlation between the passage of pro-life legislation and a reduction in the incidence of abortion.

SEE FAST FACTS AND COMMENTARY #335-336.

FAST FACTS AND COMMENTARY

Index to Fast Facts

Humanity of the Unborn

FACTS/RESEARCH

1. The following stages of human development have been scientifically documented:

Day 1: fertilization unites all chromosomes and a unique human life begins.

Day 6: embryo begins implantation in the uterus.

Day 22: the heart begins to beat with the child's own blood.

Week 3: the child's backbone, spinal column and nervous system are forming; the liver, kidneys and intestines begin to take shape.

Week 5: eyes, legs and hands begin to develop.

Week 6: brain waves are detectable; mouth and lips are present; fingernails are forming.

Week 7: eyelids and toes form, nose is distinct; the baby is kicking and swimming.

Week 8: every organ is in place, bones begin to replace cartilage, fingerprints begin to form, the baby can hear sounds.

Weeks 9-10: teeth and fingernails are forming, the baby can turn his/her head, frown and hiccup.

Week 11: the baby can "breathe" amniotic fluid, urinate, grasp objects placed in its hand, all organ systems are functioning; the baby has a skeletal structure, nerves and operating circulation system.

Week 12: the baby can feel pain, has nerves, spinal cord and thalamus, vocal cords are complete; the baby can suck its thumb.

Month 4: bone Marrow is forming; the baby is 8-10 inches in length and half of its birth weight.

Week 17: the baby can dream.

Week 20: the baby recognizes its mother's voice.

G. Flanagan, Beginning Life: The Marvelous Journey from Conception to Birth (New York: DK Publishing Inc., 1996). Janet Hopson, "Fetal Psychology," Psychology Today 31(5) (September/October 1998

2. The Mississippi Supreme Court ruled that an unborn child is a person and wrongful death lawsuits may be filed when these children are killed. The decision came about when Tracy Tucker pursued a wrongful death lawsuit when a mistake by doctors caused her to have a miscarriage in 1997. The unborn child was 19 weeks old at the time. 66 Federal Credit Union v. Tucker, 853 So. 2d 104 (Miss. 2003). Mississippi Lawyer.

3. Dr. Dianne Irving, a biomedical researcher and bioethicist, said: "When the 23 chromosomes of the sperm and the 23 chromosomes of the ovum are combined, a new, unique living individual with 46 chromosomes (the number and quantity specific for the human species) is formed. The chromosomal (genetic) make-up of the human embryo and fetus is different from the genetic identity of the mother or the father. Thus the human embryo or fetus is not only a human being, it is clearly not, scientifically, just a 'blob' of the mother's tissues." The Subcommittee on Separation of Powers, Report to Senate Judiciary Committee S-158, 97th Congress, First Session, 1981.

4. California Penal Code Section 187. (a) Murder is the unlawful killing of a human being, or a fetus with malice aforethought. (3) The act was solicited, aided, abetted, or consented to by the mother of the fetus. (c) Subdivision (b) shall not be construed to prohibit the prosecution of any person under any other provision of law. California State Code 187.

STATEMENTS & REPORTS

5. At only 14 weeks gestation, a routine medical exam showed that Samuel Armas had a severe form of spina bifida, a condition in which the spine is exposed, possibly leading to brain damage and profound physical handicaps. His parents agreed to have Samuel undergo an experimental operation — at an unprecedented 21 weeks, while he was still in the womb — to help correct the problem. During the surgery at Vanderbilt University, a photograph captured Samuel raising his arm and grasping Dr. Joseph Bruner's finger in a show of the humanity of the unborn. Samuel was born December 2, 1999. "Fetal Surgeries Provide Evidence of the Humanity of the Unborn, March 1, 2002, Tennessee Right to Life: Life Lines News Archive.

6. Human development is a continuous process that begins when an oocyte (ovum) from a female is fertilized by a spermatozoon (sperm) and ends at death. It is a process of growth and differentiation which transforms the zygote, a single cell, into a multi-cellular adult human being. K. Moore and T. Persaud, "The Developing Human; Clinically Oriented Embryology," W.B. Saunders Company; 6th edition (January 15, 1998), p. 1.

7. In the early 1970s, researchers confirmed the fetal heart beat at seven weeks gestation and obstetrical ultrasound machines became commercially available for the first time. Also, in the early 1970s, diagnostic fetoscopy was used for the first time to look for birth defects in fetuses as young as 15 weeks. In the same era, perinatology — the branch of medicine devoted to the care of the fetus and the newborn — became a certified specialty. Since the early 1970s, science and technology have continued to reveal more and more about the humanity of the unborn child. Ultrasound has progressed from grainy black and white shadows to color images. Fetoscopy has gone from a diagnostic tool to a fetal surgical instrument used to repair congenital abnormalities, as early as 14 weeks into pregnancy. Obstetricians now have a greater respect for the unborn and more attention and care are given to the well-being of the fetus and the mother. With the humanity of the unborn technologically confirmed, only five percent of American gynecologists are willing to perform abortions. Dr. S. Smith, "Technology and Life's Dominion," Tech Central Station, January 30, 2003.

8. Human embryo defined: "An organism in the earliest stage of development; in a man, from the time of conception to the end of the second month in the uterus." I. Dox, et al. The Harper Collins Illustrated Medical Dictionary. New York: Harper Perennial, 1993, p. 146.

9. Dr. Jerome Lejeune, genetics professor at the University of Descartes, in Paris, and the man who discovered the Down syndrome chromosome, said: "To accept the fact that after fertilization has taken place a new human being has come into being is no longer a matter of taste or opinion." The Subcommittee on Separation of Powers, Report to Senate Judiciary Committee S-158, 97th Congress, First Session, 1981.

10. Dr. Hymie Gordon, co-founder and co-chair of the Program in Human Rights and Medicine at the University of Minnesota and founder and director of the Mayo Clinic's world renowned program in medical genetics, said: "By all criteria of modern molecular biology, life is present from the moment of conception." The Subcommittee on Separation of Powers, Report to Senate Judiciary Committee S-158, 97th Congress, First Session, 1981.

11. Dr. Landrum Shettles, who discovered male- and female-producing sperm, said: "... I accept what is biologically manifest – that human life commences at the time of conception ..." L. Shettles, "Rites of Life: The Scientific Evidence for Life Before Birth," (Zondervan: 1983), p. 103.

12. The United States Congress was told by Harvard University Medical School's Professor Micheline Matthews-Roth, "In biology and in medicine, it is an accepted fact that the life of any individual organism reproducing by sexual reproduction begins at conception...." She supported her evidence with references from more than 20 embryology and other medical textbooks that human life began at conception. The Subcommittee on Separation of Powers, Report to Senate Judiciary Committee S-158, 97th Congress, First Session, 1981.

13. "Although life is a continuous process, fertilization is a critical landmark because, under ordinary circumstances, a new genetically distinct human organism is formed." R. O'Rahilly and F. Muller, "Human Embryology and Teratology," 2nd edition (1996), p. 8.

14. "Zygote: this cell results from the union of an oocyte and a sperm. A zygote is the beginning of a new human being (i.e., an embryo). Human development begins at fertilization ... This highly specialized, totipotent cell marks the beginning of each of us as a unique individual." K. Moore and T.

Persaud, "The Developing Human; Clinically Oriented Embryology," W.B. Saunders Company; 6th edition (January 15, 1998)."

15. "Human development begins after the union of male and female gametes or germ cells during a process known as fertilization (conception)." R. O'Rahilly and F. Muller, Human Embryology & Teratology (New York: Wiley-Liss, 1994), p. 2.

16. "The development of a human being begins with fertilization, a process by which two highly specialized cells, the spermatozoon from the male and the oocyte from the female, unite to give rise to a new organism, the zygote." J. Langman, Medical Embryology, 3rd ed. Baltimore: Lippincott, Williams and Wilkins, 1975, p. 3.

17. "The formation, maturation and meeting of a male and female sex cell are all preliminary to their actual union into a combined cell, or zygote, which definitely marks the beginning of a new individual." L.B.Arey, " Developmental anatomy: A text-book and laboratory manual of embryology," (W.B. Saunders: 1974).

18. A tactic of the National Abortion Rights Action League was to suppress and denigrate all scientific evidence that supported the conclusions that a human embryo or fetus was a separate human being. "The abortion industry would routinely deny the undeniable, that is, that the human embryo and fetus is, as a matter of biological fact, a human being." Declaration by Dr. Bernard Nathanson, p. 14. (2005). Report of the South Dakota Task Force to Study Abortion, pp. 5, 6, 19-21.

19. Nine new recombinant DNA technologies provide scientific evidence about the unborn child's existence and early development and its ability to react to the environment and feel pain prior to birth. There can no longer be any doubt that each human being is totally unique from the very beginning of his or her life at fertilization. "[U]ntil the development of molecular biology and modern molecular biological techniques first began in the 1970's and exploding throughout the 1980's and 1990's, most scientific knowledge concerning human identity and human development prior to birth was based solely upon gross morphological observations and biochemical studies. ... The new techniques developed through the exploding revolution over the past ten to eighteen years permits scientists to observe human existence and development at a molecular level, which is applicable in determining genetic uniqueness, genetic diseases and related information through the analysis of human genes well in advance of the old gross, anatomical observation." Declaration by Dr. David Fu-Chi Mark, a distinguished molecular biologist. (2005) Report of the South Dakota Task Force to Study Abortion, pp. 5, 6, 19-21.

20. "The wholeness (or completeness) of the human being during the embryonic ages cannot be fully appreciated without an understanding of how the genetic information is packaged, and how the information becomes unfolded and cascades into visible structures. ... The post implantation human embryo is a distinct human being, a complete separate member of the species *Homo sapiens*, and is recognizable as such." Declaration by Dr. Bruce Carlson, human embryologist at the University of Michigan Medical School and author of the textbook "Human Embryology and Developmental Biology." (2005). Report of the South Dakota Task Force to Study Abortion, pp, 3, 4.

21. A human being at an embryonic age and that human being at an adult age are naturally the same. The biological differences are due only to the differences in maturity. Changes in methylation of cytosine demonstrate that the human being is fully programmed for human growth and development for his or her entire life at the one-cell stage. Declaration by Dr. David Fu-Chi Mark, a distinguished molecular biologist. (2005). Report of the South Dakota Task Force to Study Abortion, pp.21-25. **Modern molecular biology has discovered that by the third cell division (long before implantation) all control of growth and development are established by the child's DNA. This means that immediately after conception, all programming for growth of the human being is self-contained.** Declaration by Dr. David Fu-Chi Mark, a distinguished molecular biologist. (2005). Report of the South Dakota Task Force to Study Abortion, p. 26.

Dangers, Harms and Abuses of Abortion

22. In 2001, the U.S. Senate unanimously passed

an amendment that recognizes the existence of "post-abortion depression and post-abortion psychosis" and calls for additional research on the syndrome. The amendment passed uncontested and without debate. Congressman Joe Pitts, sponsor of the bill, said, "Some women don't come to terms with the emotional impact of their abortion until years later. I believe that increased research on post-abortion depression will lead to a greater awareness of this issue and the development of compassionate outreach and counseling programs to help post-abortive women." U.S. Senate, Congressman Joseph Pitts, Pennsylvania, speaking in the U.S. House of Representatives on the Post-Abortion Depression Research and Care Act, August 2, 2001.

23. Dr. Hanna Söderberg, the lead author of a study, conducted interviews with women one year after their abortions. Her research team found that approximately 60 percent of the women in their sample of 854 women had experienced emotional distress after their abortions. This distress was classified as "severe," warranting professional psychiatric attention, among 16 percent of the women. The research team noted that over 70 percent of the women stated that they would never consider an abortion again if they faced an unwanted pregnancy. H. Söderberg, C. Andersson, L. Janzon and N. Sjöberg. Selection bias in a study on how women experienced induced abortion. European Journal of Obstetrics & Gynecology and Reproductive Biology 77 (1998): 67-70. H. Söderberg, L. Janzon N. Sjöberg. (1998). Emotional distress following induced abortion: A study of its incidence and determinants among abortees in Malmo, Sweden. European Journal of Obstetrics & Gynecology and Reproductive Biology (1998): 173-178.

24. Data was compiled from available Canadian statistics which showed that death to Canadian children from social causes rapidly increased after early abortion became available on demand in 1969. British Columbia and Ontario, with the highest rates of abortion, were the provinces with the highest rates of child abuse. New-Foundland, Prince Edward Island and New Brunswick, with low rates of abortion, had low rates of child abuse. Since then, research on three continents over the past 10 years demonstrated a strong connection -- almost causal connection -- between child abuse and abortion. Dr. P. Ney, "Induced Abortion and its Relationship to Child Abuse and Neglect," Life Issues.

25. Personal testimonies of women and men have revealed a direct correlation between their unresolved post-abortion feelings and subsequent patterns of emotional or physical abuse of their living children. For example, one woman described feelings of intense rage whenever her newborn baby cried. The woman said, "I did not understand why her crying would make me so angry. She was the most beautiful baby and had such a placid personality. What I didn't realize then was that I hated my daughter for being able to do all these things that my lost [aborted] baby would never be able to do." D. Reardon, *Aborted Women, Silent No More* (Chicago, Loyola University Press), p. 130.

26. In a study of post-abortion patients eight weeks after their abortion, 55 percent of the women expressed at least some guilt feelings, 44 percent complained of nervous symptoms, 36 percent had experienced sleep disturbances, 31 percent had regrets about their decision, 11 percent had been prescribed psychotropic medicine by a doctor, eight percent believed they had make a mistake by having an abortion and eight percent reported worsening guilt feelings. J.Ashton, "The Psychosocial Outcome of Induced Abortion," British Journal of Obstetrics & Gynaecology 87 (1980): 1115-1122.

27. Women who have had abortions are significantly more likely than others to subsequently require admission to a psychiatric hospital. At especially high risk are teenagers, separated or divorced women and women with a history of more than one abortion. R. Somers, "Risk of Admission to Psychiatric Institutions Among Danish Women who Experienced Induced Abortion: An Analysis on National Record Linkage," Dissertation Abstracts International, Public Health 2621-B, Order No. 7926066 (1979); H. David, et al., "Postpartum and Post-abortion Psychotic Reactions," Family Planning Perspectives 13 (1981): 88-91.

28. During the recovery period, when the symptoms of the presenting problem had largely disappeared, and much deeper and more spontaneous feelings began to emerge, all the women in a study spoke of their accord about their feelings

concerning their abortions, expressing deep pain and bereavement and love for "the child that should have been born." They now came to regard the abortion as self destructive, and a form of symbolic suicide by identification. A number of these women experienced a succession of apparently intrapunitive, unconsciously motivated and life-threatening accidents. It is suggested that the tendency of some of these women to multiple abortions may be regarded as a form of fractional suicide. The women usually interpreted their abortions at this stage as gratification of their rejecting mothers, who in a number of cases were known to have wished to abort their daughters. By identification with the mother on the one hand and the pre-born child on the other, these patients had symbolically enacted their own death, which their mothers had consciously or unconsciously desired. The women's conscious awareness of these identifications helped bring this behavior to an end. None of these patients would now willingly put themselves in a position in which abortion seemed necessary. Ian Kent and William Nicholls, "Bereavement in Post-Abortive Women: A Clinical Report," World Journal of Psychosynthesis 13 (Autumn-Winter 1981): 3-4.

29. A review and meta-analysis summary of literature documents a remarkably consistent, significant and positive association between induced abortion and breast cancer incidence, independent of the effect an induced abortion has in delaying first full-term pregnancy. The increased risk is seen in prospective and retrospective studies from around the world, in populations with the widest imaginable differences in ethnicity, diet, socioeconomic and lifestyle factors and social mores. This broad base of statistical agreement rules out any reasonable possibility of bias or other confounding variable. The statistical association is compatible with existing knowledge of human biology, oncology and reproductive endocrinology and is supported by a coherent body of laboratory data as well as epidemiological data on other risk factors involving estrogen excess, all of which together point to a plausible and likely mechanism by which the surging estradiol of the first trimester of any normal pregnancy, if aborted, may add signifcantly to a woman's breast cancer risk. J. Brind, V. Chinchilli and W. Severs, "Induced abortion as an independent risk factor for breast cancer: a comprehensive review and meta-analysis," Journal of Epidemiology and Community Health 50 (199 6): 481-496.

30. A 17-year study of women's mortality in Finland determined that post-abortive women suffered significantly higher rates of death, accidents, suicides and homicides. M. Gissler, R.Kauppila, J.Merilainen, H.Toukomaa, E.Hemminki, "Pregnancy-associated deaths in Finland 1987-1994 — definition problems and benefits of record linkage," Acta Obsetricia Gynecologica Scandinavica 76 (1997): 651-657.

31. A study in India revealed that one in 250 abortions performed in a hospital resulted in a perforated uterus, and more than half of the injuries came from the suction machine. S. Mittal and S.L. Misra, "Uterine Perforation Following Medical Termination of Pregnancy by Vacuum Aspiration," International Journal of Gynaecology and Obstetrics 23 (1985): 45-50.

32. Dr. Anne Speckhard, of the University of Minnesota, published a study on women who had abortions. These women reported:

Preoccupation with the aborted child	**81%**
Flashbacks of the abortion experience	**73%**
Feelings of "craziness" after abortion	**69%**
Nightmares related to the abortion	**54%**
Perceived visitations from dead child	**35%**
Hallucinations related to the abortion	**23%**

A. Speckhard, Psycho-social Stress Following Abortion (Kansas City: Sheed & Ward, 1987).

33. Forty-six percent of post-abortive Russian women experienced post-traumatic stress disorder. N. Mufel, A. Speckhard and S. Sivuha, Predictors of Posttraumatic Stress Disorder Following Abortion in a Former Soviet Union Country, Journal of Prenatal and Perinatal Psychology and Health 17(1) Fall 2002.

34. Saline solution, injected directly into the amniotic fluid, was first used by abortionists in Rumania in 1939. After World War II, saline solution was used extensively in Japan and not without many serious problems. Sixty women died in a five-year period, and more than 70 papers were published documenting the hazards of saline solution abortions. The Japanese Obstetrical and Gynecological Society reported the risks were too great, and Japanese abortionists eventually abandoned the technique. Nevertheless, other nations started using saline solution, including

Western nations. In 1966, British researchers reported that instillation abortions could cause damage to the brain and spinal cord of women. As the death toll mounted in the United States, Sweden and the Soviet Union abandoned saline solutions. Y. Manabe, "Artificial Abortion at Midpregnancy by Mechanical Stimulation of the Uterus," American Journal of Obstetrics and Gynecology, September 1, 1969. As cited by M. Crutcher, Lime 5: Exploited by Choice (Denton, Texas: Life Dynamics, 1996), p. 126.

35. A major random study found that a minimum of 19 percent of post-abortion women suffer from diagnosable post-traumatic stress disorder (PTSD). Approximately half had many, but not all, symptoms of PTSD, and 20 to 40 percent showed moderate to high levels of stress and avoidance behavior relative to their abortion experiences. C. Barnard, The Long-Term Psychological Effects of Abortion (Portsmouth, N.H.: Institute for Pregnancy Loss, 1990).

36. Many women have reported injuries during attempted "abortions" when in fact they were not even pregnant. One such example of this occurred June 17, 1985 when a woman suffered a perforated uterus and another permanent injury, requiring surgery. She was not actually pregnant. Oakland County, Michigan Circuit Court Civil Action No. 86 320211.

37. The stress abortion places on a woman may put a strain on the relationship with her husband. Abortion may cause temporary personality changes among women and may force husbands and wives to grow apart, even if temporarily. L.B. Francke, The Ambivalence of Abortion (New York: Random House, 1978), p. 93.

38. An ectopic pregnancy is one in which the embryo does not reach the uterus, but instead adheres to the lining of the Fallopian tube. Ectopic pregnancies are the leading cause of maternal deaths in the United States during the first trimester. "Ectopic Pregnancy-United States, 1990-1992," Morbidity and Mortality Weekly Report: Centers for Disease Control 44 (January 27, 1995): 46-48. **Since the legalization of abortion, the number of ectopic pregnancies has increased four-fold.** "Ectopic Pregnancy-United States, 1987," Morbidity and Mortality Weekly Report 39 (June 22, 1990): 401-404.

39. Government-funded abortions have resulted in higher rates of health complications than privately-financed abortions. C. Tietze and S. Lewit, "Joint Program for the Study of Abortion (JPSA): Early Medical Complications of Legal Abortion," Studies in Family Planning 3, No. 6 (1971).

40. Women with a history of sexual abuse, including incest, molestation or rape may respond with great anxiety to abortion plans, including an initial pelvic examination. On a conscious or unconscious level, these women may associate gynecological and abortion procedures with previous aggressive violations. R. Zakus, "Adolescent Abortion Option," Social Work in Health Care 12(4) (1987): 87. S. Makhorn, "Sexual Assault & Pregnancy," New Perspectives on Human Abortion, Mall & Watts, eds., (Washington, D.C.: University Publications of America, 1981).

41. Approximately 60 percent of women who experience post-abortion sequelae report suicidal ideation, with 28 percent actually attempting suicide, and half attempted suicide two or more times. Researchers in Finland identified a strong statistical association between abortion and suicide in a records-based study. They identified 73 suicides associated within one year to a pregnancy ending either naturally or by induced abortion. The mean annual suicide rate for all women was 11.3 per 100,000. Suicide rate associated with birth was significantly lower (5.9). Rates for pregnancy loss were significantly higher. For miscarriage, the rate was 18.1 per 100,000 and for abortion 34.7 per 100,000. The suicide rate within one year after an abortion was three times higher than for all women, seven times higher than for women carrying to term and nearly twice as high as for women who suffered a miscarriage. Suicide attempts appear to be especially prevalent among post-abortion teenagers. A. Speckhard, Psycho-social Stress Following Abortion (Kansas City: Sheed & Ward, 1987). M. Gissler, E. Hemminki and J. Lonnqvist, "Suicides after pregnancy in Finland, 1987-94: register linkage study," British Journal of Medicine 313 (1996): 1431-4.C. N.Campbell, K.Franco, and S. Jurs, "Abortion in Adolescence," Adolescence, 23(92) (1988): 813-823. H.Vaughan, "Canonical Variates of Post-Abortion Syndrome," Portsmouth, NH: Institute for Pregnancy Loss, 1990.

42. Post-abortion stress is linked with increased cigarette smoking. Women who abort are twice as likely to become heavy smokers and suffer the corresponding health risks. Pregnant women reporting previous induced abortion are at greater risk of an unfavorable pregnancy outcome, including stillbirth, and their children are at greater risk of death in infancy and congenital malformations. Their babies weigh less at birth and have a tendency to bleed, vomit and require medication during the first trimester. S. Harlap, "Characteristics of Pregnant Women Reporting Previous Induced Abortions," Bulletin World Health Organization 52 (1975): 149. N. Meirik, "Outcome of First Delivery After 2nd Trimester Two Stage Induced Abortion: A Controlled Cohort Study," Acta Obsetricia et Gynecologica Scandinavica 63(1) (1984): 45-50.

43. Women who had had two or more prior induced abortions had a two-fold to three-fold increase in risk of first-trimester spontaneous abortion, loss between 14 to 19 and 20 to 27 weeks. The increased risk was present for women who had legal induced abortions since 1973. It was not explained by smoking status, history of prior spontaneous loss, prior abortion method or degree of cervical dilatation. No increase in risk of pregnancy loss was detected among women with a single prior induced abortion. Multiple induced abortions increase the risk of subsequent pregnancy losses up to 28 weeks' gestation. A. Levin, S.Schoenbaum, R.Monson, P.Stubblefield and K.Ryan, "Association of Induced Abortion with Subsequent Pregnancy Loss," Journal of the American Medical Association 243 (June 27, 1980): 2495-2499.

44. Spontaneous abortion was correlated with low birth weight as well as with delivery before 37 weeks of gestation. The frequency increased with increasing rate of spontaneous abortion. E. Obel, "Pregnancy Complications Following Legally Induced Abortion: An Analysis of the Population with Special Reference to Prematurity." Danish Medical Bulletin 26 (1979): 192- 199. Martin, "An Overview: Maternal Nicotine and Caffeine Consumption and Offspring Outcome," Neurobehavioral *Toxicology and Tertology* 4(4) (1982): 421-427.

45. About 20 percent of all abortions taking place in the U.S. today are performed on teens. L.M. Koonin et. al., "Abortion Surveillance United States, 1996, Centers for Disease Control," Morbidity and Mortality Weekly Report, 48(SS4) (July 30, 1999): 1. **Teenage abortion has been linked to a number of physical and psychological problems, including drug and alcohol abuse, suicide attempts** H. Amaro, et al., "Drug use among adolescent mothers: profile of risk," Pediatrics 84 (1989): 144-150. and suicidal ideation, and other self-destructive behaviors. B.Garfinkel, et al., "Stress, Depression and Suicide: A Study of Adolescents in Minnesota: Responding to High Risk Youth," Minneapolis: University of Minnesota, Minnesota Extension Service, 1986. A. Sobie and D. Reardon, Detrimental Effects of Adolescent Abortion. The Post-Abortion Review, Vol. 9(1), Jan.-March 2001. (2001), Elliot Institute.

46. Drug users are more likely to have had a history of elective abortion and venereal disease than nonusers. H. Amaro, et al., "Drug Use Among Adolescent Mothers: Profile of Risk," *Pediatrics* 84 (1989): 144-150.

47. A survey of post-abortive women in Russia and the United States yielded the following findings: 64 percent of American women felt pressured by others to choose abortion compared to 37 percent of Russian women surveyed. Just 25 percent of American women reported receiving adequate counseling prior to their abortions compared to 64 percent of Russian women. American women were more likely to attribute to their abortion subsequent thoughts of suicide (36 percent), increased use of drugs or alcohol (27 percent), sexual problems (24 percent), relationship problems (27 percent), guilt (78 percent) and an inability to forgive themselves (62 percent). Approximately two percent of the American women studied attributed a subsequent psychiatric hospitalization to their abortion. V. Rue, P. Coleman, P. Rue, D. Reardon, Induced abortion and traumatic stress: A preliminary comparison of American and Russian women. MedSciMonit.com 2004; 10(10): SR5-16.

48. Nearly a dozen peer-reviewed studies linked abortion to increased risk of depression, anxiety, substance abuse, suicidal behavior and higher rates of death from heart disease, which investigators believe may be a long term effect of elevated rates of anxiety and depression. Finnish and American studies showed an elevated risk of death from cardiovascular diseases. This finding was most dramatic in the American study which examined longer term effects. It found that compared to women who delivered, those who had abortions were nearly three times more likely to die of circulatory disease and five times more

likely to die from cerebrovascular disease during the subsequent eight-year period. Researchers believe that higher levels of depression and anxiety following abortion may explain this result. "Death Rate of Abortion Three Times Higher than Childbirth," (2004, March 5), News release by After Abortion.

49. Doctors have treated or reviewed records from the following complications resulting from abortions: retained products (parts of human fetus) with infection resulting in hysterectomy (surgical removal of female organs), retained products requiring D&C and antibiotic therapy (due to infection), late second trimester or early third trimester rupture of membranes due to instrumentation at an abortion center resulting in intrauterine fetal demise secondary to infection, hepatitis contracted after abortion, ectopic pregnancy after abortion resulting in adolescent's death, retained products of conception resulting in passage of fetus several days after the attempted abortion procedure (i.e. the mother had to deliver her aborted child at home), uterine perforation (tearing) resulting in bowel injury requiring major surgery, bowel resection and long term gastro-intestinal debility in the patient, an RH negative patient who failed to be given rhogam prophylaxis after the abortion procedure due to error in their blood typing. (Subsequent children, if RH +, would be in serious danger), post-abortion infection resulting from the patient being put out on the street without transportation who was sexually assaulted the day of her abortion procedure, amputation of fetal limb with survival and delivery of fetus at term (this case was presented at the Armed Forces division of the American College of OB/GYN in 1973). List of Abortion Complications Seen Personally by an OB-GYN. Physicians for Life.

50. Some individuals feel guilty about abortion, and psychiatric difficulties may result. Physicians may be reluctant to recognize that a "therapeutic" procedure may produce morbidity. J. Spaulding, et al., "Psychoses Following Therapeutic Abortion, American Journal of Psychiatry 125(3) (1978): 364.

51. Abortion is linked with increased depression, suicide attempts, violent behavior, alcohol and drug abuse, promiscuity, anger and rage, replacement pregnancies and reduced maternal bonding with children born subsequently. These factors are closely associated with child abuse and would appear to confirm individual clinical assessments linking post-abortion trauma with subsequent child abuse. D. Reardon, Aborted Women — Silent No More (Chicago: Loyola University Press, 1987), pp. 23, 129-30.

52. In women who felt less close to their partner as a result of the abortion, or were lacking emotional support, unsatisfactory sexual adjustment was found more than twice as often as in women who felt closer to their partner or were receiving adequate support. Three months after abortion, 11 percent of women had not resumed sexual relations, and 26 percent were coded as having mediocre or unsatisfactory sexual relations. E.M. Belsey, et al., "Predictive Factors in Emotional Response to Abortion: King's Termination Study - IV," Social Science and Medicine 11 (1977): 71- 82.

53. A study indicated that women who abort a first pregnancy are at greater risk of subsequent long-term clinical depression compared to women who carry an unintended first pregnancy to term. An average of eight years after abortion, married women were 138 percent more likely to be at high risk of clinical depression compared to similar women who carried their unintended first pregnancies to term. D. Reardon and J. Cougle, "Depression and unintended pregnancy in the National Longitudinal Survey of Youth: a cohort study," British Medical Journal, 324(2001): 151-152.

54. The leading causes of abortion-related maternal deaths within a week of the surgery are hemorrhage, infection, embolism, anesthesia and undiagnosed ectopic pregnancies. A. Kaunitz, "Causes of Maternal Mortality in the United States," Obstetrics and Gynecology 65(5) (May 1985).

55. A significant elevation of risk of breast cancer was associated with a history of induced abortion. H.L. Howe, et al., "Early Abortion and Breast Cancer Risk Among

Women Under Age 40," International Journal of Epidemiology 18(2) (1989): 302.

56. Women with one abortion face a 2.3 relative risk of cervical cancer, compared to non-aborted women, and women with two or more abortions face a 4.92 relative risk. Similar elevated risks of ovarian and liver cancer have also been linked to single and multiple abortions. These increased cancer rates for post-aborted women are apparently linked to the unnatural disruption of the hormonal changes which accompany pregnancy and untreated cervical damage. "Abortion Facts and Your Concerns," AAA Pregnancy Options.

57. Between two and three percent of all abortion patients may suffer perforation of their uterus, yet most of these injuries will remain undiagnosed and untreated unless laparoscopic visualization is performed. S. Kaali, et al., "The Frequency and Management of Uterine Perforations During First-Trimester Abortions," American Journal of Obstetrics and Gynecology 161 (August 1989): 406-408. M.White, "A Case-Control Study of Uterine Perforations documented at Laparoscopy," American Journal of Obstetrics and Gynecology 129 (1977): 623.

58. Young teenagers undergoing abortions appeared to be more susceptible than older women to cervical injury. W. Cates, "The Risks Associated with Teenage Abortion," New England Journal of Medicine 309(11) (1983): 612-624.

59. Cervical lacerations are rare but potentially more dangerous at the time of dilation and extraction or several days later because of occasional severe hemorrhage, which may require vaginal or abdominal sutures and, at times, uterine vessel or hypogastric artery ligation. Sometimes a hysterectomy is the only alternative. Uterine perforation or rupture was frequently present (71 percent) among patients who died of hemorrhage. The risks associated with late abortions are much higher than those associated with abortion performed in early pregnancy. Tyler calculated that between 16 and 20 weeks' gestation, the risk of death is 25 times greater than before eight weeks' gestation. Similarly, morbidity increases markedly during the second trimester, an average of 20 percent per week for major complications. R. Castadot, "Pregnancy Termination: Techniques, Risks, and Complications and Their Management," Fertility and Sterility, 45(1) (1986): 11. **In addition to overt injury to the cervix during suction curettage, covert trauma is also important. Microfractures of the cervix may occur during forceful dilatation of the cervix, which may lead to persistent structural changes, cervical incompetence, premature delivery and pregnancy complications.** K.Schulz, et al., "Measures to Prevent Cervical Injuries During Suction Curettage Abortion," The Lancet (May 28, 1983): 1182-1184.

60. A possible explanation for the increased incidence of placenta previa subsequent to induced first trimester abortion is related to the endometrial curettage. The vigorous uterine curettage performed during an induced abortion may cause significant scarring of the endometrium. In addition, the use of suction aspiration, as occurred in at least six of the patients with placenta previa in this study, may cause damage to the endometrium. J. Barrett, et al., "Induced Abortion: A Risk Factor for Placenta Previa," American Journal of Obstetrics &Gynecology, 141 (1981): 7.

61. A study showed the occurrence of low birth rate was 1.4 times higher among the women whose first pregnancy had ended in abortion than among those who had delivered their first pregnancy. The rate of low birth rate weight was 1.6 times higher in the abortion group than among the women whose first pregnancy had ended in a live birth and who were seeking to carry their second pregnancy to term. Women whose first pregnancy had been terminated were 3.4 times more likely than were those whose first pregnancy had resulted in a live birth to have a mid-trimester spontaneous abortion during their second pregnancy. C. Hogue, W. Cates and C. Tietze, "Impact of Vacuum Aspiration Abortion on Future Childbearing: A Review," Family Planning Perspectives 15(3) (May-June 1983).

62. Abortion is significantly related to an increased risk of subsequent ectopic pregnancies.

Induced abortion increased the odds of ectopic pregnancy four-fold over live birth. Ectopic pregnancies, in turn, are life threatening and may result in reduced fertility. A. Levin, S. Schoenbaum, P. Stubblefield, S. Zimicki, R. Monson and K. Ryan., "Ectopic Pregnancy and Prior Induced Abortion," American Journal of Public Health 72 (1982): 253. C.S. Chung, "Induced Abortion and Ectopic Pregnancy in Subsequent Pregnancies," American Journal of Epidemiology 115 (6) (1982): 879-887.

63. Infertility in otherwise healthy women can be caused by fetal bone fragments left embedded in the uterus after an abortion, causing chronic irritation and interfering with future pregnancies. Bony tissue fragments can work their way into the muscular uterine lining. Infertility Linked to Fetal Fragment Remains From Abortion. Physicians for Life.

64. At least 17 studies cite induced abortions as a cause for increased pre-term birth risk. A study of 61,000 Danish women found the relative risk of a pre-term birth (before 34 weeks' gestation) for women with one previous induced abortion is doubled (1.99 times). The relative risk of a pre-term birth for women with two previous evacuation type abortions is multiplied 12.55 times. Abortion, Preterm Birth & Cerebral Palsy Link. Physicians for Life.

65. A 1981 study initially funded by the U.S. National Cancer Institute, found a 137-percent increased risk of breast cancer. The researchers concluded that "a first-trimester abortion ... before first full-term pregnancy appears to cause a substantial increase in risk of subsequent breast cancer." M. Pike, B. Henderson, J. Casagrande, "Oral contraceptive use and early abortion as risk factors for breast cancer in young women, " British Journal of Cancer 43 (1981):72-76. As cited by: Dr. J. Brind, "Talk given to Endeavour Forum Inc. at Malvern," Coalition on Abortion Breast Cancer Link. 24 August 1999.

66. Although C trachomatis may cause endometritis, it is still speculative as to how frequently an asymptomatic cervical infection with Chlamydia develops into a symptomatic uterine infection, and which factors contribute to the development. One factor may indeed be induced abortion, as it has been documented that dilation of the cervical canal and curettage of the uterine cavity can stimulate canalicular spread of an unrecognized cervical infection to the uterine cavity. M. Barbacci, et al., "Post- Abortal Endometritis and Isolation of Chlamydia Trachomatis," Obstetrics and Gynecology 68(5) (1986): 668-690

67. Endometritis is a post-abortion risk, especially for teenagers, who are 2.5 times more likely than women 20-29 to acquire endometritis following abortion. The occurrence of endometritis was the only complication found more frequently among the adolescents in this study to a significant degree. R. Burkman, M. Atienza, T. King, "Morbidity Risk Among Young Adolescents Undergoing Elective Abortion" Contraception 30 (1984): 99-105. first initial R. Burkman, M. Atienza, T. King, "Post-Abortal Endometritis and Isolation of Chlamydia Trachomatis," Obstetrics and Gynecology 68 (5) (1986): 668- 690.

68. Approximately 10 percent of women undergoing elective abortion will suffer immediate complications, of which approximately one-fifth are considered life threatening. The nine most common major complications which can occur at the time of an abortion are: infection, excessive bleeding, embolism, ripping or perforation of the uterus, anesthesia complications, convulsions, hemorrhage, cervical injury, and endo-toxic shock. The most common "minor" complications include: infection, bleeding, fever, second degree burns, chronic abdominal pain, vomiting, gastrointestinal disturbances and Rh sensitization. P.Frank, et al., "Induced Abortion Operations and Their Early Sequelae," Journal of the Royal College of General Practitioners (April 1985),35(73):175-180; Grimes and Cates, "Abortion: Methods and Complications", Human Reproduction, 2nd ed., 796-813; M. A. Freedman, "Comparison of complication rates in first trimester abortions performed by physician assistants and physicians," American Journal of Public Health, 76(5):550-554 (1986).

69. Complication rates for Canadian teenagers were higher because teens were more likely to have late-term abortions. S. Wadhera, "Legal Abortion Among Teens, 1974-1978," Canadian Medical Association Journal 122 (June 1980): 1,386-1,389.

70. In a survey of 1,428 women, researchers found that pregnancy loss, and particularly losses due to induced abortion, was significantly associated with an overall lower health. Multiple abor-

tions correlated to an even lower evaluation of "present health." While miscarriage was detrimental to health, abortion was found to have a greater correlation to poor health. These findings support previous research which reported that during the year following an abortion, women visited their family doctors 80 percent more for all reasons and 180 percent more for psychosocial reasons. The authors also found that "if a partner is present and not supportive, the miscarriage rate is more than double and the abortion rate is four times greater than if he is present and supportive. If the partner is absent, the abortion rate is six times greater." P. Ney, et al., "The Effects of Pregnancy Loss on Women's Health," Social Science & Medicine 48(9) (1994): 1193-1200. Badgley, Caron, & Powell, Report of the Committee on the Abortion Law, Supply and Services, Ottawa, 1997: 319-321.

71. Women who had one, two, or more previous induced abortions are, respectively, 1.89, 2.66 or 2.03 times more likely to have a subsequent preterm delivery, compared to women who carry to term. Prior induced abortion not only increased the risk of premature delivery, it also increased the risk of delayed delivery. Women who had one, two or more induced abortions are, respectively, 1.89, 2.61 and 2.23 times more likely to have a post-term delivery (over 42 weeks). Z. Weijin, et al., "Induced Abortion and Subsequent Pregnancy Duration," Obstetrics & Gynecology 94 (6) (December 1999): 948-953.

72. When compared to birth, abortion is associated with a significantly greater risk for psychological disturbance among low income women. P. Coleman and D. Reardon, (June, 2000). "State-funded abortions vs. deliveries: A comparison of subsequent mental health claims over six years." Poster presented at the American Psychological Society, 12th Annual Convention, Miami, FL.

73. A few studies have found significantly higher rates of alcohol consumption and use of illicit drugs, such as cocaine, methamphetamines and opiates, among pregnant women with a history of induced abortion compared with pregnant women with no known history of abortion. One study employing a nationally representative sample revealed that pregnant women with a prior history of induced abortion, compared with women with a prior history of live birth, were significantly more likely to use marijuana (odds ratio: 10.29), various illicit drugs (odds ratio: 5.60) and alcohol (odds ratio: 2.22). One study revealed that women with four or more induced abortions were more likely to smoke during pregnancy (41 percent) compared with women with one induced abortion (28.1 percent) and with no prior abortions (18.1 percent). The results of this study also revealed that women with multiple abortions were less likely to receive prenatal care than women with no history of induced abortion (73.4 percent vs. 80.1 percent). P. Coleman, D. Reardon, and J. Cougle, "Substance use among pregnant women in the context of previous reproductive loss and desire for current pregnancy," British Journal of Health Psychology 10(2) (2005) (May 2005): 255–268. J. Kuzma, and D. Kissinger, Patterns of alcohol and cigarette use in pregnancy. NeurobehavioralToxicology and Teratology 3:211-221, 1981. V. Rue and L.Shutova, (March, 2001). Posttraumatic Stress Symptoms and Elective Abortion: A Comparison of U.S. and Russian Women. Paper presented at the 1st World Congress on Women's Mental Health, Berlin. P. Coleman, D. Reardon, V. Rue, and J. Cougle. (2002). Prior history of induced abortion and substance use during pregnancy. American Journal of Obstetrics and Gynecology, 187, 1673–1678. M. Mendelson, C. Maden, and J. Daling. (1992). Low birth weight in relation to multiple induced abortions. American Journal of Public Health, 82, 391–394.

74. Among the sanitation hazards found in California abortion clinics were: instruments that were not sterilized, untrained people assisting in operations, a refusal to employ registered nurses or trained assistants, improper disposal of dead baby parts. P. Warrick, "Watching a watchdog," Los Angeles Times, 31 January 31, 1993, pp. E1, E2.

75. A study of 1,020 women found that women with a history of induced abortion are three times more likely to use illegal drugs during a subsequent pregnancy. The study supports a growing body of evidence which suggests later pregnancies may arouse unresolved grief over prior abortions which women may seek to suppress by increased reliance on drugs and alcohol. P. Coleman, D. Reardon, and J. Cougle, "Substance use among pregnant women in the context of previous reproductive loss and desire for current pregnancy," British Journal of Health Psychology (2005), 10:255-268.

76. A prior first-trimester abortion is linked to an increased risk of premature birth. (2006, July). "Preterm Birth: Causes, Consequences, and Prevention." Institute of Medicine, Report Brief. National Academy of Sciences, pp. 60, 137, 518, 519.

77. Actress Jennifer O'Neill said: "Millions of men and women regret abortion. ... Abortion hurts women and it hurts families. ... They still say abortion is as simple as a trip to the dentist's office. That's when I say it's my experience over their theory. ... There is a good risk of depression, cancer, drug abuse, relational difficulties; abortion is not safe. Each year, there are 140,000 immediate medical needs after abortions. ... Women have been pitted against their own babies. We've been sold a bill of goods that choice is an inalienable right." D. Durband, (2005, April 10), Actress/Model Jennifer O'Neill's Message to Arizona Women: Making Abortion Unthinkable, The Arizona Conservative. Get "In the Know": Questions About Pregnancy, Contraception and Abortion. Alan Guttmacher Institute.

78. Prior to her conversion to the pro-life position, Norma "Jane Roe" McCorvey worked at abortion clinics. She described the typical clinic as having plaster and light fixtures falling from the ceiling, rat droppings in the sinks, backed up sinks and blood splattered on the walls. Worst of all were the dead baby parts room where dismembered fetuses were stacked up for a week at a time, and the rooms were never cleaned up. Sanitary conditions were so bad that one abortionist worked shirtless and shoeless. Neither the procedures nor the risks were ever explained to the women. She said, "Veterinary clinics I have seen are cleaner and more regulated than the abortion clinics I worked in." Affidavit of Norma McCorvey to the United States District Court for the Northern District of Texas, Dallas Division, June 17, 2003. The Smoking Gun. S. Ertelt, McCorvey Asks Court to Overturn Roe Case, Life

79. In an interview, Norma McCorvey – the "Jane Roe" of the *Roe v. Wade* court decision which legalized abortion in the U.S., said: "I don't think there is a good reason for an abortion, but [the doctor] made me really realize that it was just a racket. You know, he was just doing it for the money. He didn't care about the women, he didn't care if they got their two-week checkups. You know, he didn't care if they had their medications. You know, I mean he never told them you know, like when you have to get this, and this and this. And it's essential that you take it. He didn't care." An Interview with Norma McCorvey, the "Roe" of *Roe vs. Wade*. Priests for Life.

80. "Most women have deeply conflicted feelings about their past abortions. Later pregnancies may arouse or aggravate unsettled emotions. Some women will experience increased anxiety, perhaps about the health of their unborn baby. Others are so awed by the life within them that they begin to question their past choice and feel drowned in self-blame. Still others may find that they have a lot of unmourned grief related to a past abortion that is interfering with their ability to enjoy and bond with their new baby. Whatever the individual experience, it is clear that pregnant women with a history of abortion are at greater risk of trying to suppress their turbulent emotions by relying on more alcohol, cigarettes, or illegal drugs." Another Study Finds Higher Substance Use Rates Among Women After Abortion. Physicians for Life.

81. Former abortion clinic owner Carol Everett said, "[W]e were seeing a tremendous amount of complications. Yes, we had a death. A 32-year-old woman with a 17-year-old son and a 2-year-old son. Never made the papers. Her boyfriend felt guilty for his part in the abortion and he didn't want to deal with it. Her family thought, yes, she had probably had an abortion, but they didn't want to deal with it. It never came out. No lawsuit." C. Everett, Former Abortion Provider and Clinic Owner." Vanderbilt University Students for Life.

82. Carol Everett, former owner of an abortion clinic, said: "I've never been able to come up with the words to describe the abortion procedure. There are no words to describe how bad it really is. It kills the baby. I've seen sonograms with the baby pulling away from the instruments that are introduced into the vagina. And I've seen D&Es through 32 weeks done without the mother being put to sleep. Yes, they are very painful to the baby. But, yes they are very, very painful to the woman. I've seen six people hold a woman on the table while they did the abortion." C. Everett, Former Abortion Provider and Clinic Owner. Vanderbilt University Students for Life.

83. A 15-year-old who had an abortion in Portland won a settlement after suing the clinic for failing to warn her of the link between abortion and breast cancer. She had a family history of breast cancer and indicated a history of cancer on the clinic intake forms. J. Price, Woman settles with clinic in suit over abortion risks. Washington Times. (2005, January 27).

84. "[A]s more and more data came into our office, we began to see that rape and sexual assault in abortion clinics is not uncommon at all. What is really alarming is that we have probably uncovered no more than a tiny fraction of the total number of these instances. A recent government study estimated that at least 84 percent of all rapes go unreported. However, since women who are assaulted by abortionists have additional issues to deal with that other rape victims do not, it is reasonable to believe that the percentage of unreported rapes is even higher for them. ... [I]t would be hard to argue that there is any business establishment in America in which a woman is more likely to be raped than in an abortion clinic." The Crutcher book chronicles several rapes and sexual assaults by abortionists on both patients and non-patients, one as young as age five. M. Crutcher, Lime 5: Exploited by Choice (Denton, Texas: Life Dynamics, 1996), p. 83-84, 103.

85. An Australian girl was born with cerebral palsy as a result of the uterine rupture her mother sustained previously during an abortion. She is confined to a wheelchair and cannot speak. The girl's family sued her mother's obstetrician, claiming he miscalculated her expected due date. As a result, the family claimed its daughter was born between two-and-a-half and six weeks late, causing the placenta to deteriorate, a condition known as "placental insufficiency." A court stated that the after-effect of the mother's abortion was a more likely cause of the brain damage. M. Gallagher, (2004, April 10). Australian Cerebral Palsy Lawsuit Touches on How Abortion Hurts Women. Life News.

86. A New York abortion doctor had his medical license suspended in 1991 for his negligence and incompetence in a series of abortions. An 18-year-old woman died of a "hemorrhage due to incomplete abortion," a 36-year-old woman had an emergency hysterectomy after suffering a lacerated uterus and a portion of an 18-year-old woman's bowel was delivered through her cervix, a court record stated. His license was revoked for "negligent treatment of five patients" from 1983-1990 and poor record keeping. Actual Cases of Physical Damage from Legal Abortion. (2004, March 24). Physicians for Life.

87. A 39-year-old woman in Phoenix, Arizona was hospitalized with complications from an abortion and had an emergency hysterectomy at St. Luke's Medical Center. Actual Cases of Physical Damage from Legal Abortion. Physicians for Life. Christina Leonard and Jodie Snyder, "Another Botched abortion victim in Arizona," *Arizona Republic*, 6 February 2001.

88. In September 2004, an ambulance transported a woman "visibly writhing in pain" from a Kansas abortionist's clinic to Wesley Medical Center. In January 2005, the same doctor botched another abortion and an unconscious woman had to be transported from his abortion clinic to Wesley Hospital where she was admitted in serious condition. Abortion practitioners frequently use private vehicles or taxis to transport injured women to the hospital. S. Ertelt, (2005, January 13). Woman Rushed to Hospital After Botched Abortion in Kansas. LifeNews.

89. A California abortionist went on trial for a second-degree murder charge in the abortion death of a 27-year-old woman at an abortion clinic in Moreno Valley. The doctor was placed on medical probation in 1996 because of problems with other abortions, including perforations of the uterus. Actual Cases of Physical Damage from Legal Abortion. Physicians for Life.

90. At a 2001 pro-life rally in Arizona, a post-abortive woman explained the circumstances of her abortion: "I had my abortion in 1974. When I went, I don't remember anyone counseling me or asking me about my decision. I don't remember anyone explaining to me what was about to happen. My recovery was very bad; I had a lot of pain and bleeding. I was hallucinating; regret was

immediate. I wanted to die, and in a way I had. I exercised my right to choose, and I chose a dead baby. Now I get to live with that secret. I ended up in an abusive marriage. I tried drinking and drugs to numb the pain. I cried a lot, I was angry. My life had no value, no worth. Silence and secrecy kept me bound in shame for 25 years. Abortion hurts." D. Durband, (2004), Arizona's Women Deserve Better than Abortion. The Arizona Conservative.

91. At an international population conference, a World Health Organization (WHO) official — Dr. Gunta Lazdane, the European regional adviser to WHO on reproductive health and research — admitted that legal abortions are not safe for women: "Up to 20 percent of maternal deaths are due to abortion; even in those situations where abortion is legal there is a question whether 'safe' abortion is safe." Lazdane's statement is contrary to the WHO's regular claim that legal abortion is safe, and only illegal abortions are unsafe. (2004, May), LifeNews Pro-Life Report #3266.

92. "A pregnant woman should never have surgery, let alone major abdominal surgery like abortion. Her blood coagulation factors are extremely vulnerable, and she can easily bleed to death. Shock, coma and death can happen within a few minutes after the onset of hemorrhaging, yet clinics can't be equipped for emergency blood transfusions." Abortion suction machines can damage a woman's uterus and cause blood poisoning by sucking in fecal material from the intestines. Blood poisoning can also occur when abortions are incomplete. "Cadaver parts remain inside the mother's womb and general blood poisoning [septicemia] sets in. That's often fatal." E.Schuster, (2001, August). Report Newsmagazine. Pro-Life Infonet. Abortion More Dangerous Than Pro-Abortionists Claim. Physicians for Life.

93. "In light of the evidence, it is hard to see how abortion has served to empower women. It has not made them richer, or happier, or more successful. Indeed, it has served mainly to achieve all of the opposite effects. ... Abortion does not free women. It simply enslaves them in a new way." T. Strahan, "Women Increasingly Receive Public Assistance as Abortion is Repeated," *Association for Inter-disciplinary Research in Values and Social Change Newsletter*, 4(2) (1991): 3-7. The Storer Foundation.

94. Many women have reported abuses suffered in abortion clinics. One woman was held prisoner for three days in the home of a clinic employee. Among the other complaints of abuses were: sexual molestation, crude and insulting remarks, ridicule and degradation, being bound during the abortion, being physically roughed up, physician operating under the influence of alcohol, intentionally inflicting pain or performing abortion without anesthesia. M. Crutcher, Lime 5: Exploited by Choice (Denton, Texas: Life Dynamics, 1996), pp. 208-209.

95. A 22-year-old post-abortive woman had her arm amputated because, according to the abortionist's own admission, he might have misinjected drugs during the abortion. M. Crutcher, Lime 5: Exploited by Choice (Denton, Texas: Life Dynamics, 1996) p. 71. *Houston Chronicle*, 18 July 1985.

96. A New Jersey woman experienced a "psychotic episode" the day after her abortion which resulted in the beating death of her 3-year-old son, Shawn. She told the court psychiatrist that she "knew that abortion was wrong" and "I should be punished for the abortion." The psychiatrist who was the prosecution's expert witness testified that the killing was clearly related to the mother's psychological reaction to her abortion. Unfortunately, the victim of her rage and self-hatred was her own son Shawn. D. Reardon, Aborted Women, Silent No More (Chicago, Loyola University Press, 1987) 129-130.

97. A woman's first flashback hit her violently when she had her first ultrasound while pregnant with a "wanted" child. As time went on, she would get frequent intrusive thoughts concerning her abortion when looking at the faces of her babies. She also began to experience habitual, obsessive and scary thoughts about hurting her children. She imagined stabbing her children with a knife one by one, suffocating them with pillows and strangling them. T. Karminski Burke and D. Reardon, Abortion Trauma and Child Abuse. Theresa Karminski Burke, "Forbidden Grief: The Unspoken Pain of Abortion," (Acorn Books: Springfield, Ill., June, 2002).

98. A 25-year longitudinal study produced evidence that in young women exposure to abortion was associated with a detectable increase in risks of concurrent and subsequent mental health problems. Young women reporting abortions had elevated rates of mental health problems when compared with those becoming pregnant without abortion and those not becoming pregnant. D. Ferguson, L. Horwood, and E. Ridder, "Abortion in Young Women and Subsequent Mental Health," Journal of Child Psychology and Psychiatry 47(1) (2006): 16-24.

99. About 20,000 women's deaths annually in India are believed to be related to abortion. H. Johnston, R. Ved, N. Lyall, and K. Agarwal, (2003). "Where Do Rural Women Obtain Postabortion Care? The Case of Uttar Pradesh, India." Alan Guttacher Institute. Volume 29, Number 4, December 2003.

100. A survey of Chinese women who had experienced abortion portrayed it as "always a bitter experience for a woman," and "so bitter that no words can describe it." Chinese women viewed abortion as bitter, astringent, painful and agonizing. It was viewed as more than physically painful, as something that affects emotional or spiritual well-being. The sources of bitterness included immediate physical pain, various anxieties, long-term emotional distress, perceived negative impacts over general health and the productive capacity, the feeling of the aborted fetus as a child, being forced to abort because of the government's one-child policy, incompetence of the abortionists, bad relationships with men and abortion as a reminder of the miserable fate of women. Chinese women indicated they feel powerless. N.Jing-Bao, "Behind the Silence: Chinese Voices on Abortion," (Rowman & Littlefield Publishers, Inc.: Lanham, 2005), pp. 160-161.

Abortion Deaths

FACTS/RESEARCH

101. The Centers for Disease Control and Prevention reported the following abortion-related death totals:

Year	Abortion Deaths
1974-76	66
1977-79	48
1980-82	28
1983-85	34
1986-88	34
1989-91	28

102. The World Health Organization estimates that 68,000 women die per year from complications from "unsafe" abortions. "Unsafe Abortion." Global and regional estimates of the incidence of unsafe abortion and associated mortality in 2000. World Health Organization. (2004).

103. A survey revealed that 28.2 percent of post-abortive women had attempted suicide and nearly half of those had attempted suicide two or more times. D. Reardon, (1994). Psychological Reactions Reported after Abortion. The Post-Abortion Review, 2(3):4-8, Fall 1994.

104. Women who carried to term had a significantly lower death rate than non-pregnant women. Pregnancy contributes to a "healthy pregnant women effect." M. Gissler, C. Berg, and M.H. Bouvier-Colle, "Pregnancy-Associated Mortality after Birth, Spontaneous Abortion or Induced Abortion in Finland, 1987-2000," American Journal of Obstetrics & Gynecology 190 (2004): 422.

105. A study in Finland found that the mortality rate associated with abortion is 2.95 times higher than that associated with pregnancies carried to term. The study included the entire population of women ages 15-49, for the time period of 1987-2000. The researchers linked birth and abortion records to death certificates. The annual death rate of women who had abortions in the previous year was 46 percent higher than that of non-pregnant women. As cited by: Death Rate by Abortion Is 2.95 Higher Than Death Rate by Childbirth. Physicians for Life. M. Gissler, C. Berg, and M.H. Bouvier-Colle, "Pregnancy-Associated Mortality after Birth, Spontaneous Abortion or Induced Abortion in Finland, 1987-2000," American Journal of Obstetrics & Gynecology 190 (2004): 422

106. A report from the National Institutes of Health finds that not only are girls and young women more likely to think about committing suicide, they're *much more likely to follow through*. Abortion is partly to blame for the increase. B. Waring. Brent Shares Research on Adolescent Suicide, NIH Record, National Institutes of Health. (2006, March 24). S. Ertelt, (2004, March 2).

Abortion Contributes to Increased Suicide Rates Among Young Women. LifeNews.

107. Women who had abortions were seven times more likely to commit suicide than women who gave birth. D. Reardon, P. Ney, F. Scheuren, J. Cougle, P. Coleman, and T. Strahan, "Deaths Associated With Pregnancy Outcome: A Record Linkage Study of Low Income Women," Southern Medical Journal 95 (2002, August): 834-841.

108. A record-based study compared deaths following abortion and childbirth-linked Medicaid records for 173,279 California women who had state-funded abortions or deliveries in 1989 to death certificates from 1989 to 1997. Projected to the national population of women having abortions, the California findings would suggest between 2,132 and 7,036 excess deaths per year among women with a history of abortion. This would project to 60,000 to 210,000 excess deaths over a course of 30 years. This is a conservative estimate since relative risk identified in the study is most likely much lower than the "true" rate due to lack of complete obstetric history and the subsequent misclassification of women with a history of abortion as having had no history of abortion. This misclassification would tend to dilute the relative risk and thereby bias these calculations toward a low estimate. This estimate assumes 1.4 million women having abortions each year and applies the low and high odds ratios determined by the 95 percent confidence interval for aborting women compared to delivering women who had a base rate of 507.7 deaths per 100,000 for all causes of death over an eight-year follow up period. D. Reardon; T. Strahan; J. Thorp; M. Shuping. Deaths Associated with Abortion Compared to Childbirth — Review of Data & Implications. Journal of Contemporary Health and Law Policy 2004; 20(2):279-327.

109. A 15-year study of nearly one million women showed that the number of children a woman has is strongly and inversely related to the relative risk of suicide. Research has also shown that a greater sense of family obligations and a fear of hurting one's children are associated with fewer suicide attempts and suicidal thoughts. In a study of women with a prior history of psychiatric problems, none of those who carried babies to term subsequently committed suicide over an 8-13-year follow-up, while five percent of those who aborted subsequently committed suicide. These findings suggest that for women with prior psychological problems, childbirth is likely to reduce the risk of subsequent suicide attempts. G.Hoyer and E.Lund, "Suicide among women related to number of children in marriage," Archives of General Psychiatry 50(2) (February 1993): 134-7. M.Linehan, J.Goodstein, S.Nielsen, and J.Chiles, "Reasons for staying alive when you are thinking about killing yourself: The reasons for living inventory," Journal of Counseling Clinical Psychology 51(2) (1993): 276-286. B. .Jansson, "Mental disorders after abortion," Acta Psychiatrica Scandinavica 41(1) (1965): 87-110.

110. Teens are generally at higher risk for both suicide and abortion. In a survey of teen-aged girls, researchers at the University of Minnesota found that the rate of attempted suicide in the six months prior to the study increased 10-fold — from 0.4 percent for girls who had not aborted during that time period to 4 percent for teens who had aborted in the previous six months. B.Garfinkle, H.Hoberman, J.Parsons and J.Walker, Stress, Depression and Suicide: A Study of Adolescents in Minnesota (Minneapolis: University of Minnesota Extension Service, 1986). "Abortion Is Four Times Deadlier Than Childbirth," Life Issues.

111. A study found that teenage girls who have had abortions are more likely to commit suicide on or near the anniversary of their abortions than at any other time. C.Tischler, "Adolescent suicide attempts following elective abortion," Pediatrics 68(5) (1981): 670-671.

STATEMENTS & REPORTS

112. A doctor was sentenced in 1995 to serve a 25-year-to-life term for his role in the death of a 33-year-old mother of four, who bled to death from a three-inch tear in her uterus in 1993. Associated Press, 23 March 2001. Actual Cases of Physical Damage from Legal Abortion. Physicians for Life.

113. A 21-year-old Ohio woman died after an abortion at the Dayton Women's Services abortion facility. (2000, October 22). Actual Cases of Physical Damage from Legal Abortion. Physicians for Life.

114. An abortionist was convicted of manslaughter for botching the legal abortion of a 33-year-old who died in 1998 at the A-Z Women's Center

in Phoenix, Arizona. The woman hemorrhaged to death, becoming the second woman in three years to die at this doctor's hands. The doctor had previously been censured for the first death. The clinic administrator refused to call 911 for four hours while the woman lie bleeding to death in the clinic. The owner/abortionist of the Women's A to Z Center had previously been investigated for the deaths of two women, one only 15-years-old. (2000, October 22). Actual Cases of Physical Damage from Legal Abortion. Physicians for Life.

115. In the year 2000, 11 American women died as a result of complications from known legal induced abortion. No deaths were associated with known illegal abortion. L. Strauss, J. Herndon, J. Chang, W. Parker, S. Bowens, S. Zane, and C. Berg, "Abortion Surveillance — United States, 2001," Division of Reproductive Health National Center for Chronic Disease Prevention and Health Promotion.

116. A Florida woman had both her legs amputated to stop gangrene related to her botched abortion. She died soon after. Actual Cases of Physical Damage from Legal Abortion. Physicians for Life.

117. An Alabama mother of five was killed by an abortionist who knew before the legal abortion that she was at risk because of low hemoglobin levels. T. Wagner, (2001), Biskind trial shows abortion endangers women. Miami Herald, 7 February 2001.

118. On March 3, 1984, a 16-year-old suffered a deep laceration passing through the entire cervical wall, during an abortion. The abortionist then left her alone to go and perform other abortions. She eventually bled to death in the abortion clinic. *Daily Breeze*, 2 March 1985. Los Angeles Herald-Examiner, 3 March 1985. Los Angeles County Coroner's Report and Amended Coroner's Report No. 84-2948.

119. A 23-year-old woman died after brutal treatment at an abortion clinic December 8, 1994. The abortionist perforated her uterus and removed parts of her bowel. While she bled profusely, he called the hospital to ask for directions. The hospital advised him to summon an ambulance. The abortionist went on to perform additional abortions and a half hour went by before an ambulance was summoned. Paramedics arrived to find the woman in a pool of blood. The attorney for the clinic stated, "We don't believe this [case] was below the standard of care, nor do we believe it is malpractice." The same abortionist had lost his state license in 1992 and had served eight months in prison for 17 felony counts, including forging prescriptions, grand theft, Medi-Cal fraud, aiding in furnishing of a dangerous drug without a prescription, assisting in unlicensed practice of medicine and aiding abetting unlawful prescription of a controlled substance. San Diego Union-Tribune, 13 December 1994. South Bay Judicial District, California Superior Court Case No. S6003494. San Diego County Superior Court Case No. 661720. San Diego County Court Case No. 643695. Los Angeles County Superior Court Case No. SEC 76210.

120. A 32-year-old woman in Maryland went into cardiac arrest during an abortion, and when paramedics arrived, they discovered that clinic personnel had tried to revive her with the incorrect medicine. Paramedics also found that an oxygen mask had been placed upside-down on the woman. There was no anesthesiologist present to administer the drug or monitor the woman's vital signs. Emergency equipment had not been made immediately available by the clinic. The women spent four months in a coma, she suffered extensive brain damage and was rendered almost completely paralyzed. In 1989, another woman undergoing an abortion at the same clinic also went into cardiac arrest and died a few days later. The same clinic failed on three occasions to complete an abortion for a 15-year-old girl, while managing to perforate her uterus. The administrator of the clinic did not meet qualifications to manage the facility, and she had operated another abortion clinic previously which had submitted false billings to Medicaid and had been closed down. R. Hill, "Abortion clinic scrutinized after two cases end badly: patient who was left paralyzed files suit," Washington Post, 13 August 1990, A1, A6.

121. In addition to causing death in some instances, abortions resulted in perforated uterus, hemorrhaging, pelvic infection, endometritis, infections, cervix injuries, fever and other serious complications. Many patients required treatment after their abortions. Complication rates were 3-4 times higher during second-trimester abortion, compared to first-trimester abortion. C. Tietze and S.

Lewis, "Joint Program for the Study of Abortion," (JPSA): Early Medical Complications of Legal Abortion," Studies in Family Planning 3(6), June 1972.

Abortion and RU-486

FACTS/RESEARCH

122. RU-486 is identified by the names Mifeprex, Mifepristone, Mifeprez, Early Option, Cytotec and the generic name of Misoprostol. Did You Know: Questions and Interesting Facts. The Answer Center for Women.

STATEMENTS & REPORTS

123. "That it has a stand-alone failure rate of between 15 and 41 percent – and yet is still taken seriously – is a marvel of modern medicine." One out of every 20 RU-486 abortions fail, compared to one in 200 surgical abortions needing to be repeated. American Druggist, August 1991. G. Grant, Grand Illusions: The Legacy of Planned Parenthood (Nashville, Tenn.: Cumberland House Publishing, 1998), p. 93. Chemical Abortion – RU486. Life Resource Network, p. 1.

124. "FDA [U.S. Food and Drug Administration] ALERT– [07/2005] FDA is aware of four women in the United States who died from sepsis (severe illness caused by infection of the bloodstream) after medical abortion with Mifeprex and misoprostol. Sepsis is a known risk related to any type of abortion. The symptoms in these cases were not the usual symptoms of sepsis. We do not know whether using Mifeprex or misoprostol caused these deaths. Patients should contact a healthcare professional right away if they have taken these medicines and develop stomach pain or discomfort, or have weakness, nausea, vomiting or diarrhea with or without fever, more than 24 hours after taking misoprostol. These symptoms, even without a fever, may indicate sepsis. Make sure your healthcare practitioner knows you are undergoing a medical abortion." Women are advised not to buy Mifeprex over the Internet because they will bypass important safeguards designed to protect their health. (2006, April 10). Mifeprex (mifepristone) Information, U.S. Food and Drug Administration.

125. "There are no quick fixes or magical pills to make an unplanned pregnancy go away. My family, friends and community were deeply saddened and are forever marred by Holly's preventable and tragic death. It is my vibrant memory of Holly and her premature death that have inspired me to make the public aware of the serious and lethal effects of the RU-486 regimen." Testimony by Monty Patterson to United States House of Representatives' Subcommittee on Criminal Justice, Drug Policy & Human Resources Hearing entitled "RU-486 – Demonstrating a Low Standard for Women's Health?" May17, 2006. Patterson's daughter Holly died from an infection brought on by the Mifeprex abortion drug in September 2003. Her death came one week after taking the RU-486 abortion pill. S. Ertelt, (2005, July 19). Abortion Drug Has Likely Killed More Women, Teen's Father Says. LifeNews.

126. The United States Food and Drug Administration acknowledged the deaths of eight women associated with the drug RU-486, nine life-threatening incidents, 232 hospitalizations, 116 blood transfusions and 88 cases of infection. These and other cases have added up to a total of 950 adverse event reports, as of March 31, 2006. The eight reported deaths in the United States following the use of RU-486 suggests that RU-486 may be almost 14 times more dangerous as surgical abortion for the time period during which it is administered. United States House of Representatives' Subcommittee on Criminal Justice, Drug Policy & Human Resources Hearing entitled "RU-486 – Demonstrating a Low Standard for Women's Health?" May17, 2006.

127. Researchers in France developed mifepristone, commonly used in RU-486 abortions, in 1980. Three years later, the U.S. Food and Drug Administration (FDA) granted a testing permit to the Population Council to conduct trials of mifepristone as an early abortion method. In 1988, RU-486 was approved in France, under pressure from the health minister. On his third day in office, American President Bill Clinton in 1993 lifted a ban that had prevented women from importing RU-486 for personal use. In the mid-1990's, a French company gave the Population Council U.S. patent rights for RU-486 and clinical trials began. On Sept. 28, 2000, the FDA approved RU-486 as a method of early medical abortion. J. Noe and S. Grove, (2000), November 13). RU-486: The Abortion Pill, Goshen College. United States House of Representatives' Subcommittee on Criminal Justice, Drug Policy & Human Resources Hearing entitled "RU-486 – Demonstrating a Low Standard for Women's Health?" May17, 2006.

128. Italy's Health Minister suspended Italy's experimental trials of the dangerous RU-486 abortion drug in 2005. The suspension resulted after a hospital in Turin began testing the controversial drug. He made the decision to halt the trials because reports had surfaced showing one in 20 women taking the abortion drugs were having partial abortions at home followed by excessive bleeding. He said the health risks combined with the illegality of abortions not being performed in a hospital prompted him to shut down the experiment. S. Ertelt, (2005, September 23). Italy Health Minister Stops RU 486 Abortion Drug Trials After Problems, LifeNews.

129. Since Mifeprex has been available in the U.S., more than 460,000 American women have chosen it for early abortion. During that time period, the manufacturer, Danco, has received reports of five deaths from serious bacterial infection and sepsis following treatment with Mifeprex and misoprostol. "All of these cases had atypical presentations of infection, and in the first three cases, the bacteria were identified as a very rare anaerobic, gram-positive, spore forming species known as Clostridium *sordellii*," said Richard Hausknecht, M.D., medical director, Danco Labs. One of these cases occurred during a clinical trial in Canada in 2001. The other four cases were reported from California – two in late 2003, one in early 2004, and a recent one in mid-2005. No causal relationship between these events and the use of Mifeprex and misoprostol has been established. Childbirth, menstruation and abortion, whether spontaneous, surgical or medical, all create conditions that can result in serious and sometimes fatal infection, and there is no evidence that Mifeprex and misoprostol present a special risk of infection. (2005, July 18). Danco Laboratories announced today that it is modifying the labeling for Mifeprex® to include updated safety information. Danco Laboratories.

130. The most frequent Adverse Event Reports related to RU-486 in a study were hemorrhage (one fatality, 42 life threatening, 168 serious cases, 68 blood transfusions); infections (three fatal cases of septic shock and four life threatening), including 43 cases requiring parenteral antibiotics; surgical interventions (513); ectopic pregnancies (11 ruptured). The most common fatal adverse event is sepsis. The U.S. clinical trial demonstrated a failure rate of eight percent at 49 days or less from last menstrual period (LMP), 17 percent at 50-56 days from LMP and 23 percent at 57-63 days from LMP, as established by sonographic criteria. Clinics regularly advertise mifepristone use up to 63 days from LMP. M. Gary and D. Harrison, Analysis of Severe Adverse Events Related to the Use of Mifepristone as an Abortifacient. The Annals of Pharmacotherapy 40 (2006, February), pp. 1, 4, 5.

131. The U.S. Food and Drug Administration has acknowledged the deaths of eight women associated with the drug mifepristone. Five of the deaths following the use of RU-486 have been the result of a toxic shock-like syndrome initiated by the bacteria *Clostridium Sordellii*. This bacteria is thought to exist in low numbers in the reproductive tracts of many women, and is normally combated by the immune system. Experts in immunology, pharmacology and maternal-fetal medicine have suggested that because RU-486 interferes with the immune response, the bacteria, if present, is allowed to flourish, causing a widespread, multi-organ infection in the woman. The infections are not accompanied by a fever, and symptoms match those that are expected after taking the RU-486 regimen (cramping, pain, bleeding, nausea, vomiting). Each of the women infected with C. Sordellii after RU-486 were dead within 5-7 days. The rapid growth of the C. Sordellii bacteria likely forecloses effective treatment, and there is no currently identifiable opportunity for treatment once a woman is infected, even with major interventions such as hysterectomy. The fatality rate has been 100 percent for the women who contracted C. Sordellii infection after RU-486. U.S. Representative Mark Souder, Chairman, House Subcommittee on Criminal Justice, Drug Policy and Human Resources, Memorandum calling for Hearing entitled "RU-486 - Demonstrating a Low Standard for Women's Health?" May 17, 2006. Statement of Janet Woodcock, Deputy Commissioner for operations, Food and drug administration, U.S. Department of Health and Human Services, RU-486: Demonstrating a Low Standard for Women's Health?" Before the Subcommittee on Criminal Justice, Drug Policy and Human Resources Committee on Government Reform, U.S. House of representatives, May 17, 2006.

132. Eight deaths have occurred in recent years related to RU-486 abortions: four in California, one in Canada, two in the United Kingdom and one in Sweden. In addition, a Tennessee woman died from a ruptured ectopic pregnancy after undergoing an RU-486 abortion. Patients in U.S.

trials were carefully screened to be in good health, but 14 were hospitalized, eight for severe excessive bleeding. Another 19 patients were treated in emergency rooms, 16 had excessive bleeding; and others experienced chest pain, cramping and nausea and vomiting. Adverse Events and Side Effects, RU486 Fact.

133. Population Council's RU-486 drug trials in Canada were suspended in 2001 following the September 1, 2001 death of a woman participating in the trials, from septic shock due to a bacterial infection. Adverse Events and Side Effects, RU486 Facts.

134. A World Health Organization study recommended giving antibiotics to women for six weeks following mifepristone/misoprostol abortions, finding an infection rate of 29.4 percent among women who had incomplete abortions. World Health Organization, "Pregnancy Termination with Mifepristone and Gemeprost: A Multicenter Comparison Between Repeated Doses and a Single Dose of Mifepristone," *Fertility and Sterility*, 56:1, 1990, pp. 32-40.

135. A group of doctors in Australia urged members of the nation's parliament not to approve the dangerous RU-486 abortion drug. Australians Against RU-486, an ad hoc group created to oppose a vote by Parliament on the controversial drug, released a letter from 86 doctors who said the risks associated with the pills is "unacceptable. Given recent evidence in the United States, including the deaths of at least 11 women and a mortality rate 10 times that of surgical abortion, we believe that RU-486 poses a significant medical risk to Australian women." S. Ertelt, (*2006,* February 7). Doctors Urge Australia Parliament to Not Approve RU 486 Abortion Drug. Life News.

Abortion Advocacy

FACTS/RESEARCH

136. Members of the abortion industry are powerfully and politically connected. They contribute large sums of money to the campaigns of political candidates. The top five pro-abortion contributors in the 2004 U.S. election cycle were: Planned Parenthood, $745,627; NARAL Pro-Choice America, $531,700; Republican Majority for Choice, $128,000; Washington Women for Choice, $115,000; and Republicans for Choice, $37,530. Abortion Policy/Pro-Choice: Top Contributors to Federal Candidates and Parties, Open Secrets, The Center for Responsive Politics.

137. Dr. Frederick Taussig used a non-representative sample of 10,000 case histories drawn from the Margaret Sanger Birth Control Clinic in New York City to estimate a total of 681,600 abortions. His figure later became the basis for the myth of one million illegal abortions. D. Andrusko, A Primer on "Abortion Distortion," National Right to Life Committee.

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138. Dr. Bernard Nathanson, the co-founder of the National Abortion and Reproductive Rights Action League (NARAL) said, "In NARAL, we generally emphasized the drama of the individual case, not the mass statistics, but when we spoke of the latter it was always '5,000 to 10,000 deaths a year.' I confess that I knew the figures were totally false, and I suppose the others did, too, if they stopped to think of it. 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?" B. Nathanson, "Aborting America (Life Cycle Books: Toronto, 1979) p. 93.

139. Dr. Bernard Nathanson aborted 75,000 pre-born children as director of the largest abortion clinic in New York, and he co-founded the National Abortion Rights Action League (NARAL). He freely admits that NARAL lied about abortion in order to win public support prior to *Roe v. Wade*: "We persuaded the media that the cause of permissive abortion was a liberal, enlightened, sophisticated one. Knowing that if a true poll were taken, we would be soundly defeated, we simply fabricated the results of fictional polls. We announced to the media that we had taken polls and that 60 percent of Americans were in favor of permissive abortion. This is the tactic of the self-fulfilling lie. Few people care to be in the minority. We aroused enough sympathy to sell our program of permissive abortion by fabricating the number of illegal abortions done annually in the U.S. The actual figure was approaching 100,000, but the figure we gave to the media repeatedly

was 1 million. Repeating the big lie often enough convinces the public. The number of women dying from illegal abortions was around 200-250 annually. The figure we constantly fed to the media was 10,000. These false figures took root in the consciousness of Americans, convincing many that we needed to crack the abortion law. Another myth we fed to the public through the media was that legalizing abortion would only mean that the abortions taking place illegally would then be done legally. In fact, of course, abortion is now being used as a primary method of birth control in the U.S. and the annual number of abortions has increased by 1,500 percent since legalization." Wish we had a better source. B. Nathanson, Confession of an Ex-Abortionist. House Committee on the Judiciary: Serial No. 109-84, Scope and Myths of *Roe v. Wade*, Volumes I & II.

140. "Fetology makes it undeniably evident that life begins at conception and requires all the protection and safeguards that any of us enjoy. Why, you may well ask, do some American doctors who are privy to the findings of fetology, discredit themselves by carrying out abortions? Simple arithmetic at $300 a time, 1.55 million abortions, means an industry generating $500 million annually, of which most goes into the pocket of the physician doing the abortion. It is clear that permissive abortion is purposeful destruction of what is undeniably human life. It is an impermissible act of deadly violence. One must concede that unplanned pregnancy is a wrenchingly difficult dilemma, but to look for its solution in a deliberate act of destruction is to trash the vast resourcefulness of human ingenuity, and to surrender the public weal to the classic utilitarian answer to social problems." B. Nathanson, Confession of an Ex-Abortionist. House Committee on the Judiciary: Serial No. 109-84, Scope and Myths of Roe v. Wade, Volumes I & II.

Abortion and Child Abuse

FACTS/RESEARCH

141. Under the U.S. Endangerment Standard, the number of abused and neglected children nearly doubled from 1986 to 1993. Physical abuse nearly doubled, sexual abuse more than doubled and emotional abuse, physical neglect and emotional neglect all increased more than two and one-half times. The total number of children seriously injured and the total number endangered both quadrupled during this time. Third National Incidence Study of Child Abuse and Neglect.

142. More children are being abused and neglected than in 1986, and their injuries are more serious. The rise in the number of seriously injured children probably reflects a real increase in child abuse and neglect, because it cannot plausibly be explained on the basis of heightened sensitivity. It is unreasonable to suppose that quadruple the number of seriously injured victims of abuse and neglect existed at the time of the National Incidence Study of Child Abuse and Neglect 2 and somehow escaped notice by community professionals. The fact that the seriously injured group has quadrupled during the seven years since the National Incidence Study of Child Abuse and Neglect 2, and now comprises more than one-half million children, appears to herald a true rise in the scope and severity of child abuse and neglect in the United States. A. Sedlak and D. Broadhurst, Executive Summary of the Third National Incidence Study of Child Abuse and Neglect, U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, National Center on Child Abuse and Neglect, 1996.

143. Mothers in maltreating families were younger, had shorter birth intervals, less prenatal care and were significantly more likely to have had a stillbirth or reported abortion or a prior child death. Abusive families appeared at significantly higher risk for increased number of stillbirths or abortions before the current birth. Ninety-seven (18.2%) abuse mothers previously had one or more stillbirths or abortions as compared to 66 (12.4%) of the non-abuse mothers. M. Benedict, R. White and P. Cornely, P., "Maternal Perinatal Risk Factors and Child Abuse" Child Abuse and Neglect 9:217-224 (1985).

144. The findings that child abuse has increased in the era of abortion on demand are supported by clinical experience. A substantial number of women and men seeking post-abortion therapy have described a link between their unresolved post-abortion feelings and patterns of emotional or physical abuse of their subsequent children. One woman described feelings of intense rage whenever her newborn baby cried: "I did not

understand why her crying would make me so angry. She was the most beautiful baby, and had such a placid personality. What I didn't realize then was that I hated my daughter for being able to do all these things that my lost [aborted] baby would never be able to do." Increased child battery followed the legalization of abortion occurred in Canada, Japan, the United Kingdom and the United States. D. Reardon, Aborted Women: Silent No More (Chicago: Loyola University Press, 1987), p. 130.

145. Between 1976 and 1987, alone, there was a 330-percent increase in the reported cases of child abuse. While a portion of this increase is due to better reporting, experts agree that these figures reflect a real trend toward ever higher rates of abuse. These figures clearly contradict the claim of pro-abortionists that abortion of "unwanted children" prevents child abuse. Ignoring the obvious illogic of suggesting that killing children is better than beating them, there is not a single scientific study that supports this theory. Instead, there is a clear statistical association between increased rates of abortion and increased rates of child abuse. Indeed, statistical and clinical research supports not only an association, but a causal connection between abortion and subsequent child abuse. T. Burke and D. Reardon, "Abortion Trauma and Child Abuse," Originally published in The PostAbortion Review 6(1) Spring 1998.

146. Dr. Vincent Fontana and other researchers have found that child abuse stems from a number of factors, none of which have anything to do with wanting or not wanting a child. Those factors most often cited include: parents who were abused themselves as children, parents caught in the grip of uncontrollable anger, depression, guilt, substance abuse, chronic illness, limited intellectual capacity and others. Dr. V. Fontana, The Maltreated Child (Charles C. Thomas Publisher: Springfield, Ill., 1973) pp.75, 227, 233, 239-41.

147. Abortion increases the rates of child battering and the tendency to batter and abort in succeeding generations. Abortion produces guilt both in the mother and the children who survive abortion and increases the probability of displaced hostility, which results in many battered, murdered children. Living children of abortive women frequently experience confusion and stress. They may experience "survivor syndrome" and may feel vulnerable to feelings of not being wanted. A survey of 87 living children indicated they suffered from anxiety attacks and nightmares, and they became more aggressive, stuttered, ran away from home, felt fearful or hateful toward their mother and there were psychosomatic illnesses and suicide attempts. D. Reardon, Aborted Women: Silent No More. (Loyola University Press: Chicago, 1987), p. 228.

Roe v. Wade

FACTS/RESEARCH

148. In 1971, the United States Supreme Court agreed for the first time to hear a constitutional challenge to the long-standing state laws limiting abortion. On January 22, 1973, the Supreme Court legalized abortion on demand by a vote of 7-2. At that time, Texas and 30 other states had laws dating from the 19th-century that made abortion a crime unless it was performed to save the mother's life. Justice Harry Blackmun intended to write a narrow ruling that would reform abortion laws, not repeal them. Blackmun had said that abortion "must be left to the medical judgment of the pregnant woman's attending physician." So long as doctors were willing to perform abortions and clinics agreed to do so, the court's ruling said they could not be restricted from doing so, at least through the first six months of pregnancy. Blackmun referred to the 14th Amendment, which says that a state may not "deprive any person of life, liberty or property, without due process of law." When the ruling was announced, Chief Justice Warren Burger and Blackmun both indicated that they did not intend to create legal abortion on demand. Blackmun proposed to issue a news release to accompany the decision, issued Jan. 22, 1973. Though it was never issued, Blackmun's proposed statement emphasized that the Court was not giving women "an absolute right to abortion," nor was it saying that the "Constitution compels abortion on demand." D. Savage, "Roe Ruling: More Than Its Author Intended," Los Angeles Times, 14 September 2005.

149. *Roe v. Wade* held that "State criminal abortion laws, like those involved here, that except

from criminality only a life-saving procedure on the mother's behalf without regard to the stage of her pregnancy and other interests involved violate the Due Process Clause of the Fourteenth Amendment, which protects against state action the right to privacy, including a woman's qualified right to terminate her pregnancy. Though the State cannot override that right, it has legitimate interests in protecting both the pregnant woman's health and the potentiality of human life, each of which interests grows and reaches a 'compelling' point at various stages of the woman's approach to term." Syllabus, Supreme Court of The United States, 410 U.S. 113, "*Roe v. Wade*," Appeal from the United States District Court for the Northern District of Texas," Section 3.

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150. "In the 1973 decision, the court eliminated a checkerboard of state laws and made abortion legal across the country. The 7-2 ruling stated that abortion was a private matter and that privacy was a constitutionally protected right. As a result, it pushed a fractured state by state debate into a national one and prompted scattered groups to mobilize into pro-choice and pro-life movements. These activists have become some of the most powerful lobbies in American politics, who wage legal and electoral war over whether the Supreme Court decision can be overturned. ... Abortion opponents have argued that the Supreme Court interfered with the democratic process by removing the debate from state legislatures where it belonged, and instead imposed the will of nine Justices on an entire nation." (1998, January 30). *Roe v. Wade*: What is the legal legacy of the 1973 Supreme Court decision on abortion? Public Broadcast System.

151. "And while individual rights are considered the cherished base of U.S. law, the Constitution does not mention the right of 'privacy' anywhere. Justice Harry A. Blackmun, who argued the idea of privacy rights when he penned the *Roe v. Wade* decision, could not use any specific sections of the Bill of Rights or previous court rulings to explain his argument. Instead he used various Amendments, particularly the Fourteenth Amendment's idea of personal liberty, to explain the basis for his decision." (1998, January 30). *Roe v. Wade*: What is the legal legacy of the 1973 Supreme Court decision on abortion? Public Broadcast System.

152. In a dissenting opinion on *Roe v. Wade*, U.S. Supreme Court Justices Byron White wrote: "I find nothing in the language or history of the Constitution to support the Court's judgment. The Court simply fashions and announces a new constitutional right for pregnant mothers [410 U.S. 222] and, with scarcely any reason or authority for its action, invests that right with sufficient substance to override most existing state abortion statutes. The upshot is that the people and the legislatures of the 50 States are constitutionally dissentitled to weigh the relative importance of the continued existence and development of the fetus, on the one hand, against a spectrum of possible impacts on the mother, on the other hand. As an exercise of raw judicial power, the Court perhaps has authority to do what it does today; but, in my view, its judgment is an improvident and extravagant exercise of the power of judicial review that the Constitution extends to this Court. The Court apparently values the convenience of the pregnant mother more than the continued existence and development of the life or potential life that she carries. Whether or not I might agree with that marshaling of values, I can in no event join the Court's judgment because I find no constitutional warrant for imposing such an order of priorities on the people and legislatures of the States." Human Life Amendment. National Committee for a Human Life Amendment. National Right to Life Committee.

153. The Court held that a woman's right to an abortion fell within the right to privacy (recognized in *Griswold v. Connecticut*) protected by the Fourteenth Amendment. The decision gave a woman total autonomy over the pregnancy during the first trimester and defined different levels of state interest for the second and third trimesters. As a result, the laws of 46 states were affected by the Court's ruling. *Roe v. Wade*, U.S. Supreme Court Multi-media.

154. "What is frightening about Roe is that this super-protected right is not inferable from the language of the Constitution, the framers' thinking respecting the specific problem in issue, any general value derivable from the provisions they included, or the nation's governmental structure. Nor is it explainable in terms of the unusual political impotence of the group judicially protected vis

a vis the interest that legislatively prevailed over it. And that, I believe ... is a charge that can responsibly be leveled at no other decision of the past twenty years." (Mary Spalding Balch quote) (1998, January 30). Roe v. Wade: What is the legal legacy of the 1973 Supreme Court decision on abortion? Public Broadcast System.

155. "Many states responded to the great public argument by leaving their criminal abortion laws intact. And lots of us forget that in New York, which in 1970 suddenly became the most open and accessible legal-abortion state in the country, the legislature turned around the following year, after intense lobbying by abortion opponents, and reversed the legal abortion law. Only Gov. Nelson Rockefeller's veto saved legal abortion in New York." (Cynthia Gorney quote) (1998, January 30). *Roe v. Wade*: What is the legal legacy of the 1973 Supreme Court decision on abortion? Public Broadcast System.

156. The *Doe v. Bolton* and *Roe v. Wade* decisions were both issued by the U.S. Supreme Court on Jan. 22, 1973. In deciding whether an abortion is necessary, Justice Harry Blackmun wrote that doctors may consider "all factors — physical, emotional, psychological, familial and the woman's age — relevant to the well-being of the patient." It soon became clear that if a patient's "emotional well-being" was reason enough to justify an abortion, then any abortion could be justified. D. Savage, "Roe Ruling: More Than Its Author Intended," Los Angeles Times, 14 September 2005.

157. Norma McCorvey said she was "used" by pro-abortion attorneys in their quest to legalize abortion. Seeking an abortion at the age of 21, McCorvey made up a story that she had been raped. She was put in touch with two attorneys who aimed to challenge the Texas abortion statute. McCorvey has never had an abortion; she delivered her child and placed her up for adoption. "Plain and simple, I was used," she said. "I was a nobdy to them. They only needed a pregnant woman to use for their case, and that is it. They cared not about me, but only about legalizing abortion. Even after the case, I was never respected -- probably because I was not an Ivy League-educated liberal feminist like they were." A. Moore, Roe Sues to Overturn *Roe v. Wade* Decision. World Net Daily.

158. "Now ... there is nothing in the United States Constitution concerning birth, contraception, or abortion. Now, the appellee does not disagree with the appellants' statement that a woman has a choice. But, as we have previously mentioned, we feel that this choice is left up to the woman prior to the time she becomes pregnant. This is the time of the choice." Oral Argument of Jay Floyd On Behalf of Appellees. *Roe v. Wade*. United States Supreme Court proceedings.

159. "What is striking about the criticism of these decisions is that it has come from across the political spectrum. Indeed, the Supreme Court decisions have been widely condemned by both the right and the left. Liberal legal scholars in particular have attacked the abortion decisions' utter lack of pedigree in either constitutional text or American tradition. ... To put it simply, Roe was a mistake. A very, very costly one." (2005, June 23). Opening Statement of Senator Sam Brownback, Chairman, Subcommittee On The Constitution, Civil Rights, And Property Rights Subcommittee Hearing: "The Consequences of *Roe v. Wade* and *Doe v. Bolton*.

160. "Thirty years after Roe, the finest constitutional minds in the country still have not been able to produce a constitutional justification for striking down restrictions on early-term abortions that is substantially more convincing than Justice Harry Blackmun's famously artless opinion itself." Professor J. Rosen, "Worst Choice," The New Republic, 24 February 2003. As cited by: D. Andrusko, "Pro-Abortionists Harshly Criticize Roe,"National Right to Life Committee.

161. "Roe, I believe, would have been more acceptable as a judicial decision if it had not gone beyond a ruling on the extreme statute before the court. ... Heavy-handed judicial intervention was difficult to justify and appears to have provoked, not resolved, conflict." Ruth Ginsberg, "Some thoughts on autonomy and equality in relations to *Roe v. Wade*," North Carolina Law Review 63 (1985):375.

162. U.S. Congressman Ron Paul is critical of the *Roe v. Wade* decision: "I think one of the most disastrous rulings of this century was Roe versus Wade. I do believe in the slippery slope theory. I

believe that if people are careless and casual about life at the beginning of life, we will be careless and casual about life at the end. Abortion leads to euthanasia." Congressman Ron Paul, Providing For Consideration of H.R. 2260, Pain Relief Promotion Act of 1999, Congressional Record.

Doe v. Bolton

FACTS/RESEARCH

163. A companion to the *Roe v. Wade decision,* the U.S. Supreme Court on January 22, 1973 invalidated Georgia's reform abortion statute that permitted abortion where continued pregnancy would endanger woman's life or health, including mental health, where the fetus would likely be born with a serious defect or where pregnancy resulted from rape. Like *Roe v. Wade*, the vote on *Doe v. Bolton* was 7-2. The Georgia statute also required that abortion be performed in accredited hospitals with two physicians confirming the performing physician's judgment of the necessity of abortion. *Doe* is cited for its definition of maternal health." Because *Roe* allowed abortion in the second and third trimesters for the "life or health" of the mother, the following definition of "health" has been used to make abortion on demand available through all nine months of pregnancy: "[T]he medical judgment may be exercised in the light of all factors — physical, emotional, psychological, familial, and the woman's age — relevant to the well being of the patient. All these factors may relate to health." *Doe v. Bolton*, 410 U.S. 179, 192 (1973). Cornell Law School. Supreme Court Collection.

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164. "America was founded upon the 'self-evident truth' that all humans are endowed with the unalienable right to life. Yet the wisdom that flowed in 1776 from Jefferson's pen was rejected almost two centuries later, when a divided Supreme Court found a constitutional right to abortion. In *Roe v. Wade*, the Court shaped this right around the three trimesters of pregnancy, even prohibiting the states from regulating post-viability abortions if the 'health' of the mother was involved. In *Doe v. Bolton*, the Court expounded on the meaning of 'health,' describing the term so broadly that several scholars believe this exception to state authority to regulate abortion actually is the rule. (2005, June 23). Opening Statement of Senator Sam Brownback, Chairman, Subcommittee on The Constitution, Civil Rights, And Property Rights Subcommittee Hearing: The Consequences Of *Roe V. Wade* and *Doe V. Bolton*.

Abortion and Minorities

FACTS/RESEARCH

165. A report by the Alan Guttmacher Institute found that abortion disproportionately affects minorities. Blacks and Hispanics make up one-quarter of the American population, but Black and Hispanic women accounted for 52 percent of the abortions in 2000-2001. Black American women account for 32 percent of all abortions. African-Americans make up 12 percent of the population. Hispanics accounted for 20 percent of all abortions. R. Jones, J. Darroch and S. Henshaw, Patterns in the Socioeconomic Characteristics of Women Obtaining Abortions in 2000-2001. Perspectives on Sexual and Reproductive Health, Volume 34, Number 5, September/October 2002. Alan Guttmacher Institute.

166. In the 37 reporting areas for which race was provided classified according to the same categories used in previous years, approximately 54 percent of women who obtained legal induced abortions were known to be White, 36 percent Black, 8 percent other; for 3 percent, race was not known. The abortion rate for black women (29 per 1,000 women) was 3.0 times the rate for white women (10 per 1,000), whereas the abortion rate for women of other races (20 per 1,000 women) was 2.1 times the rate for white women. L. Strauss, J. Herndon, J. Chang, W. Parker, S. Bowens, C. Berg. Abortion Surveillance —- United States, 2002. Centers for Disease Control and Prevention. Division of Reproductive Health National Center for Chronic Disease Prevention and Health Promotion. **About 1,450 Black infants are aborted every day in the United States.** R. Hall, Abortion Causing 'Black Genocide,' Activists Say. CNSNews.

167. In 1939, Margaret Sanger organized the "Negro Project," designed to eliminate members of what she considered an "inferior race." She claimed "the masses of Negroes ... particularly in the South, still breed carelessly and disastrously, with the result that the increase among Negroes,

even more than among whites, is from that portion of the population least intelligent and fit..." "Beyond Birth Control: The Population Control Agenda. L. Gordon, Woman's Body, Woman's Right (New York: Penguin Press, 1990), p. 332. G. Grant, Killer Angel: A Biography of Planned Parenthood's Founder Margaret Sanger (Ars Vitae Press: Franklin, Tenn., 1995), p. 72-73.

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168. For every five African-American women who get pregnant, three have an abortion. R. Hall, Abortion Causing 'Black Genocide,' Activists Say. CNSNews. Say What?! Black Genocide.

169. Margaret Sanger was the founder of Planned Parenthood. She spoke at a Ku Klux Klan rally in 1926 and urged large families to kill infant members. In 1937, she gave a speech on behalf of those "too inarticulate to speak for themselves" and said the following about blocking the procreation of so-called undesirables: "(It) makes possible the spread of scientific knowledge of the elements of sound breeding. It makes possible the creation of a new race; a new generation brought into this world consciously conceived. It makes possible the breeding out of human weeds-the defective and criminal classes-(and) the breeding in of the clean, strong and fit instruments to carry the torch of human destiny." M. Adams, "Margaret Sanger: Intellectual Moron," Front Page Magazine, September 24, 2004. Margaret Sanger, The Pivot of Civilization (New York: Brentano's, 1922), pp. 101, 108. Planned Parenthood acknowledges that Sanger "created access to birth control for low-income, minority, and immigrant women." "The Truth About Margaret Sanger," Planned Parenthood of Connecticut, Inc.

Abortion & Planned Parenthood

FACTS/RESEARCH

170. Margaret Sanger believed that charity extended to ethnic minorities and the poor was a "symptom of a malignant social disease." Virtually all of Planned Parenthood's original board members were eugenicists. G. Grant, Grand Illusions: The Legacy of Planned Parenthood (Nashville, Tenn.: Cumberland House Publishing, 1998), pp. 38, 39.

171. A 1962 Planned Parenthood pamphlet stated: "An abortion kills the life of a baby after it has begun. It is dangerous to your life and health. It may make you sterile so that when you want a child you cannot have it." M. Crutcher, Lime 5: Exploited by Choice (Denton, Texas: Life Dynamics, 1996), p. 203.

172. The United Nations began in 1958 to subsidize Planned Parenthood programs throughout the world. G. Grant, Grand Illusions: The Legacy of Planned Parenthood (Nashville, Tenn.: Cumberland House Publishing, 1998), p. 200.

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173. "Thanks to a stunningly effective long-term public relations campaign, Planned Parenthood has succeeded in making a killing off medicine's evil twin, abortion. But the pro-choice movement is starting to lose its luster, as an increasing number of women choosing abortion claim to have been exploited, abused and destroyed by the nation's number one abortion provider." G. Grant, Immaculate Deception: The Shifting Agenda of Planned Parenthood (Chicago: Northfield Publishing, 1996).

174. In its annual report for the fiscal year ending June 30, 2005, Planned Parenthood Federation of America, Inc., reported more than $272.7 million in government grants and contracts received. Combined Statements of Revenue, Expenses & Changes in Net Assets. Planned Parenthood Federation of America, Inc. June 30, 2005.

175. Planned Parenthood and the National Abortion Federation have made a conscious decision to conceal the sexual exploitation of underage girls and protect the men who commit these crimes. Life Dynamics, a Texas organization, compiled an overwhelming body of statistical evidence showing that the rate at which these two organizations fail to comply with mandatory reporting laws is in excess of 90 percent. In order to confirm these statistics, Life Dynamics conducted a covert investigation in which more than 800 Planned Parenthood and National Abortion Federation facilities were telephoned. The caller portrayed a 13-year-old girl who was pregnant by her 22-year-old boyfriend. Her story was that she wanted an abortion because she and her

boyfriend did not want her parents to find out about the sexual relationship. In every call the ages of the girl and her boyfriend were made perfectly clear. It was also unmistakable that the motivation for the abortion was to conceal this illicit sexual activity from the girl's parents and the authorities. Even though many clinic workers openly acknowledged that this situation was illegal and that they were required to report it to the state, the overwhelming majority – 91 percent — readily agreed to conceal this illegal sexual activity. The Child Predator Investigation Undercover. Life Dynamics, Inc.

176. China has followed Planned Parenthood's suggestions in enforcing a one-child-per-couple policy. After nearly 100 million forced abortions, mandatory sterilizations and coercive infanticides later, Planned Parenthood alleges that China's genocidal approach to population control is a "model of efficiency." G. Grant, Grand Illusions: The Legacy of Planned Parenthood (Nashville, Tenn.: Cumberland House Publishing, 1998), p. 55.

Abortion Clinic Abuses

FACTS/RESEARCH

177. Former Kansas Attorney General Phill Kline was blocked by a federal court in an attempt to obtain medical records from the abortion industry to aide in an investigation of 90 potential statutory abuse cases. Kline was investigating why the girls had potentially illegal abortions and why the abortion businesses did not report the possibility of rapes to authorities. A Shawnee County judge originally issued subpoenas for the records of 90 patients from George Tiller's late-term abortion facility in Wichita and the Overland Park abortion business run by Planned Parenthood. Planned Parenthood resisted the state's attempts to collect information on abortions involving minors. S. Ertelt, (2005, June 13). Kansas Abortion-Sexual Abuse Records Case Has Sept. Hearing. LifeNews.

178. Life Dynamics tape recorded Planned Parenthood's top two national attorneys admitting that child-abuse reporting laws override confidentiality requirements in every state. Yet, Planned Parenthood affiliates in Indiana and Kansas claim doctor-patient confidentiality reasons for resisting state investigations of child rape. (June 8, 2005) Planned Parenthood fights order in fraud probe. WorldNetDaily.

179. Indiana Attorney General Steve Carter sought to obtain the records of 84 girls under the age of 14 who visited Planned Parenthood abortion clinics throughout that state. Marion Superior Court Judge Kenneth Johnson rejected a stay request by Planned Parenthood, which attempted to block the attorney general from collecting information on potential statutory rapes and child molestation. Ertelt, S. (2005, June 2). Indiana Judge Won't Let Planned Parenthood Delay Rape Investigations. LifeNews. Judge Johnson ruled: "The great public interest in the reporting, investigation and prosecution of child abuse trumps even the patient's interest in privileged communication with her physician, because in the end, both the patient and the state are benefited by the disclosure." (2005, June 8). Planned Parenthood fights order in fraud probe. WorldNetDaily.

180. A nurse-anesthetist who worked at two Florida abortion clinics was caught with photographs' of patients' genitals. The same man also fondled women's breasts while they were under general anesthesia, and he paid co-workers to give patients general anesthesia rather than local anesthesia. Florida Board of Nursing Department of Professional Regulation Case No. 89-010853.

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181. A Phoenix, Arizona abortionist was convicted on 22 counts of sexually abusing patients over a 17-year period. C. Sowers and J. Villa, "Abortion physician guilty of sex abuse," *The Arizona Republic*, Dec. 3, 2003.

182. A Lakewood, New Jersey abortion clinic receptionist was charged with performing illegal abortions without a license and theft by deception for accepting payment for the procedures. Her supervisor was charged with operating an abortion clinic without a license to process or store medical waste and dumping the remains of aborted human fetuses down toilets. He was also charged with storing medical waste without a per-

mit from the state regulatory authorities for a time exceeding more than a year and having an expired medical waste permit. M. Tasy, (2005, January 21). Gross Abuses Inside Abortion Industry. Life Issues.net.

183. The National Abortion Federation was sued more than 330 times for malpractice, involving 21 deaths related to NAF members or NAF clinics. The number of lawsuits is believed to be higher than the ones that Life Dynamics actually found out about. M. Crutcher, *Lime 5: Exploited by Choice* (Denton, Texas: Life Dynamics, 1996), p. 114.

184. Abortionist Warren Hern said, "There's a lot of crummy medicine being practiced out there in providing abortion services, and I think that some of the stuff I see coming across my desk is very upsetting. And I think that I have said for 20 years in this movement, we have to do this right or we shouldn't do it." F. Pavone, Crummy Medicine, Priests for Life.

185. Auckland University scientists drew condemnation for conducting research on eyes obtained from babies aborted in the U.S. New Zealand's *Investigate* magazine uncovered what it describes as "Auschwitz-style" experiments on aborted children at the university. *Investigate* reported the university imports slices of aborted fetuses from America in what's believed to be the first research of its kind in New Zealand. A doctor from the Optometry Department won a three-year grant worth $827,930 from the taxpayer-funded Health Research Council to conduct the ethically-challenged research. New Zealand Experiments Use Fetal Eyes from U.S. Abortion Carnage. LifeSite.

186. Planned Parenthood was sued over abortions on a 12-year-old molested Arizona girl. The girl underwent two abortions at Planned Parenthood after being impregnated by an adult foster brother. She said that Planned Parenthood of Central and Northern Arizona failed to give authorities required reports until after the second abortion. Therefore, the girl was subjected to continued molestation and sexual exploitation. The adult foster brother, who was 23 at the time of the first abortion, was eventually sentenced to five years in prison and lifetime probation. A. Steward, (2001, September 2001). The Terrorist Link to Abortion Rights," Associated Press, 2 September 2001.

Partial-Birth Abortion

FACTS/RESEARCH

187. The issue of "partial-birth abortion" first came to the forefront in the United States in 1992 when Ohio abortionist Martin Haskell wrote an instruction paper – "Dilation and Extraction for Late Second Trimester Abortion" — explaining how to perform the procedure. Rather than dismembering pre-born children, this procedure results in what Haskell referred to as "fetal skull decompression." A child is nearly delivered; only the head is left in the birth canal. The surgeon then forces scissors into the base of the skull or into the foramen magnum. Having safely entered the skull, he spreads the scissors to enlarge the opening. The surgeon removes the scissors and introduces a suction catheter into the hole and evacuates the skull contents. With the catheter still in place, he applies traction to the fetus, removing it completely from the mother. M. Haskell, (1992, September 13). Dilation and Extraction for Late Second Trimester Abortion. Presented at the National Abortion Federation Risk Management Seminar.

188. Developed in collaboration with the National Right to Life Committee, the Partial-Birth Abortion Ban Act was introduced by Congressman Charles Canady (Republican-Florida) on June 14, 1995. The House first passed the bill on November 1, 1995, 288-139. The Senate first passed the bill December 7, 1995, 54-44. In the 104th and 105th congresses, Congress approved the ban, but President Bill Clinton vetoed the bills. In both of those congresses, the House overrode the veto and the Senate sustained. In the 106th Congress, both the House and Senate passed similar bills, but no final bill was approved. In 2002, the House passed the ban, but the Senate Democratic leadership blocked it from coming to the Senate floor. In 2003, the bill won final approval in the House, 281-142, and in the Senate, 64-34. President George W. Bush signed

the bill into law, but three federal courts struck it down and a legal battle ensued. D. Johnson, (2003, November 5). The Partial-Birth Abortion Ban Act — Misconceptions and Realities. National Right to Life Committee.

189. The legislative finding section of U.S. Senate Bill 3 states: "For these reasons, Congress finds that partial-birth abortion is never medically indicated to preserve the health of the mother; is in fact unrecognized as a valid abortion procedure by the mainstream medical community; poses additional health risks to the mother; blurs the line between abortion and infanticide in the killing of a partially-born child just inches from birth; and confuses the role of the physician in childbirth." Senate Bill 3, Partial-Birth Abortion Act of 2003, Section II(14)(O).

190. In the case of *Stenberg v. Carhart* in 2000, by a 5-4 vote, the U.S. Supreme Court struck down a Nebraska law banning partial-birth abortions, holding that *Roe v. Wade* guarantees the right of an abortionist to use the method whenever he thinks it is preferable to other methods. The five-justice majority opinion, written by Justice Stephen Breyer, took pains to clarify that it did not intend to limit this doctrine to cases in which there was a pre-existing maternal or fetal health problem, but to any case in which a woman sought an abortion from Dr. Carhart in the second trimester. *Stenberg v. Carhart*, June 28, 2000. Cornell Law School. Supreme Court Collection.

191. "Abortion is defined as the separation of a mother from the fetus before 20 weeks. Most of these so-called operations are performed at 28 to 30 weeks. I happen to know one of the doctors who performs these operations. ... They are really infanticides." Feb. 9, 2000. Ethical Considerations: Dr. Bernard Nathanson Testifies Before Congress on Reproductive Technologies.

192. A survey of physicians on partial-birth abortion by Medical Economics, published in 2002, asked: "Should the procedure that's often called 'partial-birth abortion" remain legal?" Among all physicians, just 27 percent favored keeping it legal, 44 percent said it should not be legal and 28 percent weren't sure. Among the obstetrician-gynecologists, there was a clear majority of 57 percent for the ban, with only 33 percent opposing a ban. D. Pennachio, "Abortion: A right or an outrage?" Medical Economics.

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193. "Partial-birth abortion is never medically necessary to protect a mother's health or her future fertility. On the contrary, this procedure can pose a significant threat to both." Former Surgeon General C. Everett Koop, correspondence to Lisa Binns of CBS News' "60 Minutes," May 17, 1996.

194. "You really can't defend it ... I would dispute any statement that this is the safest procedure to use ... Turning the fetus to a breech position is potentially dangerous. You have to be concerned about causing amniotic fluid embolism or placental abruption if you do that." Dr. W. Hern, Abortionist, American Medical News, November 20, 1995.

195. Hundreds of ob-gyns and fetal/maternal specialists, along with former U.S. Surgeon General Koop have come forward to *unequivocally* state that "partial-birth abortion is *never medically necessary to protect a mother's health or her future fertility*." In fact, the procedure can significantly threaten a mother's health or ability to carry future children to term. The American Medical Association has said the procedure is "not good medicine" and is "not medically indicated" in any situation. "The Partial-Birth Abortion Ban Act of 2003 Key Facts," U.S. House of Representatives.

196. "It is possible — and maybe likely — that the majority of these abortions are performed on normal fetuses, not on fetuses suffering genetic or other developmental abnormalities. Furthermore, in most cases where the procedure is used, the physical health of the woman whose pregnancy is being terminated is not in jeopardy. ... Instead, the 'typical' patients tend to be young, low-income women, often poorly educated or naive, whose reasons for waiting so long to end their pregnancy are rarely medical." B. Vobejda and D. Brown, "Harsh details shift tenor of abortion fight," The Washington Post,

September 17, 1996, pp. A1, A8.

197. Four specialists in OB/GYN and fetal medicine representing the Physicians' Ad Hoc Coalition for Truth, a group of over 500 doctors, mostly specialists in OB/GYN, maternal and fetal medicine, and pediatrics, including former U.S. Surgeon General C. Everett Koop, wrote: "Contrary to what abortion activists would have us believe, partial-birth abortion is *never* medically indicated to protect a woman's health or her fertility. In fact, the opposite is true: The procedure can pose a significant and immediate threat to both the pregnant woman's health and fertility." N. Romer, P .Smith, C .Cook and J. DeCook. "Partial-Birth Abortion Is Bad Medicine," The Wall Street Journal, September 19, 1996.

198. Physicians said that partial-birth abortion is *not* a procedure used in emergency circumstances relating to the mother's life or health. They deny the claim that fetal abnormality would ever indicate partial-birth abortion to safeguard maternal health or fertility: In some cases, when vaginal delivery is not possible, a doctor performs a Caesarian section. But in no case is it necessary to partially deliver an infant through the vagina and then kill the infant. Legislative Notice 15, May 13, 1997, H.R. 1122 — Partial-Birth Abortion Ban Act of 1997 U.S. Senate Republican Policy Committee. New York Times, February 26, 1997.

Abortion and the Fetal Parts Market

FACTS/RESEARCH

199. Life Dynamics obtained tissue logs revealing that an aborted baby can be chopped up and sold to several buyers, resulting in increased profits for the traffickers in baby parts. Life Dynamics' resulting exposé received national attention on the ABC Television News program "20/20" and led to a U.S. House of Representatives hearing. Life Dynamics claims that special interests within the two main political parties conspired to bury the fetal parts scandal and remove evidence of law breaking from consideration. The sale of baby body parts from abortion clinics in the United States continues to net profits for the abortion industry. Congressional hearings on fetal tissue. (2000 March). NAF's Report on Federal and State Action on Abortion Issues.

200. Customers for the fetal tissue business include Johns Hopkins University, the National Institutes of Health, the Environmental Protection Agency, the Cancer Research Institute, the New England Regional Primate Center and SmithKline Pharmaceuticals, among others. Abortion: What is fetal tissue harvesting? American Life League.

Rape, Incest and Abortion

FACTS/RESEARCH

201. In a major study of pregnant rape victims, Dr. Sandra Mahkorn found that 75 to 85 percent of impregnated victims chose *against* abortion. S. Mahkorn, "Pregnancy and Sexual Assault," The Psychological Aspects of Abortion, eds. Mall & Watts, (Washington, D.C., University Publications of America, 1979) 55-69.

202. A number of studies have shown that pregnancy resulting from rape is very uncommon. One study examined 2,190 victims and found a pregnancy rate of 0.6 percent. Studies of rape victims in New York, Oklahoma, Illinois and Minnesota found that there had no been no rape pregnancies in as long as the previous 30 years. An obstetrician-gynecologist said that for a victim raped on the day she ovulates, there is only a 10-percent chance of resulting conception and there is only a four-percent chance of conception if rape occurs at any other time in the menstrual cycle. There is a high rate of sexual dysfunction in sexual assaults and a completed act of intercourse does not occur in most rapes. Rapists are often infertile at the time of the assault because of aberrant sexual behavior. The emotional trauma for the victim may prevent ovulation. Psychological studies have shown that when given proper support, most pregnant rape victims progressively change their attitudes about their unborn child from something repulsive to someone who is innocent and uniquely worthwhile. S. Krason, "Abortion: Politics, Morality and the Constitution," (Lanham, Md.: University Press of America, 1984), pp. 281, 282.

203. **The Brazilian legislature approved a law that provides government support for children born as the result of a rape. Paulo Melo, the legislator who sponsored the bill, said, "This effort avoids the situation in which women have an inducement to abort the child — who, certainly, is not at fault in this unjust situation." The law would provide an annual stipend toward the support of any child who is born to a young woman as the result of a rape. The woman would only be required to report the rape (and if possible identify the perpetrator) to police; the stipends would continue until the child reached the age of 21.** "Brazil Pledges To Support Children of Rape," Catholic World News, 13 November 1998.

204. **Studies show that incest victims rarely ever voluntarily agree to an abortion. "The psychiatric basis for terminating the life of the unborn baby incestuously conceived has absolutely no scientific merit and derives from a blind adherence to a legal formulation espoused by abortion promoters, now including organized psychiatry." Incest reflects very serious problems within a family that will not go away with an abortion and which requires treatment to overcome.** B. Sloan. The Consequences of Incest. The Psychological Aspects of Abortion. University Publications of America, 1979.

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205. **Rebecca Kiessling was conceived during a brutal rape at knifepoint by a serial rapist and then placed for adoption after her birth. Her mother twice considered aborting her. Now a family law attorney and mother of four with one biological child, she travels throughout North America to tell her story of survival, fighting for the rights of the innocent unborn, speaking at public events. Rebecca's story concludes with a strong message of the hope of a person who understands that her value and identity are not established as a "product of rape."** Rebecca Kiessling's Biography. Ambassador Speakers Bureau & Literary Agency.

206. **Conceived in rape, Jennifer Bowman is a woman who rose above her circumstances. She says that people have strange conceptions of children of rape: "They see us as someone to be pitied. They think we will be deformed, that we will be failures in life, that we have evil genes, and that we are just waiting to wreak havoc on our birth mothers who are trying to get on with life." Adopted as an infant, Bowman struggled with self-esteem problems after she found out at the age of 18 that she was conceived in rape. After all, she says, if your father did such a terrible, disgusting act and you resulted from that act, how can you be worth anything? Ardently pro-life, she doesn't think anyone should have the right to abort rape babies. "It's like a mercy killing," she said. "I don't want people who are not in my circumstances making decisions for me. It's my right to decide whether to be alive or not. I wish people would stop equating us to the act that brought us here." Finding comfort in numbers, Bowman established a website for the "Forgotten Victims of Rape." "I felt that I was alone, that I was strange in some way. I wanted to have this website so people would have a place to go."** J. Bowman with A. LeBlanc. The Forgotten Victims of Rape. Rochester Area Right to Life Committee, Inc.

207. **The abortion of a child of incest does not take away the anguish, shame and pain of the woman who was victimized. Further, abortion does not end any form of abuse. In the case of incest, abortion actually empowers the abuser. Incest frequently involves multiple violations of minors that continue unreported for years. Abortion in these cases is more of a convenience for the man involved because the evidence of his crime is destroyed. After the pre-born child is aborted, the incest can again proceed unreported while the young woman suffers further devastation.** American Life League legislative policy: Rape and incest exceptions to abortion law. American Life League.

208. **Dr. J. C. Willke reported to the South Dakota Task Force to Study Abortion that approximately 0.1 percent of rapes result in a pregnancy.** (2005). Report of the South Dakota Task Force to Study Abortion.

209. **A 12-year-old victim of incest impregnated by her stepfather wrote 25 years after the abortion of her child: "Throughout the years I have been depressed, suicidal, furious, outraged, lonely, and have felt a sense of loss ... The abortion**

which was to 'be in my best interest' just has not been. As far as I can tell, it only 'saved their reputations,' 'solved their problems,' and 'allowed their lives to go merrily on' ... My daughter, how I miss her so. I miss her regardless of the reason for her conception." D. Reardon, "Rape, Incest and Abortion: Searching Beyond the Myths," The PostAbortion Review 2(1) Winter 1993.

Abortion-Breast Cancer Link (ABC)

FACTS/RESEARCH

210. Studies on the link between abortion and breast cancer:

Studies that reported more than a two-fold elevation in risk:

M. Segi, et al., "An Epidemiological Study on Cancer in Japan," GANN, Vol. 48, Supplement: April, 1957.

Pike, et al., (1981) British Journal of Cancer 43 Oral contraceptive use and early abortion as risk factors for breast cancer in young women

Nishiyama, (1982) Shikoku Ichi 38: 333-43

Laing et al., (1993) Journal of the National Medical Association 85:931-9 Breast cancer risk factors in African - American women: the Howard University Tumor Resistry experience

Laing, et al., (1994) Genetic Epidemiology 11:A300 Rohan et al. American Journal of Epidemiology September 1988;128(3):478-89.

Rohan, et al., American Journal of Epidemiology 1988 Sep;128(3):478-89

A population-based case-control study of diet and breast cancer in Australia.

Bu, et al., (1995) American Journal of Epidemiology 141:S85

Other studies showing increased risk:

Ye, et al., (2002) British Journal of Cancer 87:977-981

Brinton, et al., (1983) British Journal of Cancer 47:757-62
Reproductive factors in the etiology of breast cancer.

Rosenburg, et al., (1988) American Journal of Epidemiology 127:981-9
Breast cancer in relation to the occurrence and time of induced and spontaneous abortion.

Marcus, et al., American Journal of Public Health 1999 Aug; 89(8):1244-7
Adolescent reproductive events and subsequent breast cancer risk.

Palmer, et al. (1997) Cancer Causes Control 8:841-9
Induced and spontaneous abortion in relation to risk of breast cancer.

Lazovich, et al., Epidemiology 2000 Jan;11(1):76-80
Induced abortion and breast cancer risk.

Daling, et al., American Journal of Epidemiology 1996 Aug 15;144(4):373-80
Risk of breast cancer among White women following induced abortion.

Daling, et al., Journal of National Cancer Institute 1994 Nov 2;86(21):1584-92
Risk of breast cancer among young women: relationship to induced abortion.

Laing, et al., Journal of National Medical Association 1993 Dec;85(12):931-9
Breast cancer risk factors in African-American women: the Howard University Tumor Registry experience.

White, et al., (1994) Journal of the National Cancer Institute 86:505-14
Breast cancer among young U.S. women in relation to oral contraceptive use.

Newcomb, et al., (1996) Journal of the American Medical Association 275:283-7
Pregnancy termination in relation to risk of breast cancer.

Howe, et al., International Journal of Epidemiology 1989 June;18(2):300-4
Early abortion and breast cancer risk among women under age 40.

Andrieu, et al., British Journal of Cancer 1995 Sep;72(3):744-51
Familial risk, abortion and their interactive effect on the risk of breast cancer—a combined analysis of six case-control studies.

Hirohata, et al., (1985) National Cancer Institute Monograph 69:187-90
Occurrence of breast cancer in relation to diet and reproductive history: a case-control study in Fukuoka, Japan.

Ewertz & Duffy (1988) British Journal of Cancer 68:99-104
Risk of breast cancer in relation to reproductive factors in Denmark.

Lipworth, et al., (1995) Int Journal Cancer 61:181-4
Abortion and the risk of breast cancer: a case-control study in Greece

Rookus & van Leeuwan Journal Natl Cancer Inst 88:1759-64
Induced abortion and risk for breast cancer: reporting (recall) bias in a Dutch case-control study

Talamini et al. (1996) Eur Journal Cancer 32A:303-10
The role of reproductive and menstrual factors in cancer of the breast before and after menopause

Watanabe & Hirayama (1968) Nippon Rinsho 26:1853-9

Dvoirin & Medvedev (1978) Meth Prog Breast Cancer Epidemiol Research, Tallin 1978. USSR Acad Sci pp 53-63 (In Russian)

Le, et al., (1984) British Journal of Cancer 72:744-51

Luporsi, (1988) British Journal of Cancer 72:744-51

Wu et al., (1996) British Journal of Cancer 73:680-6

Robertson, Van Den Donk, Primic-Zakelj, MacFarlane, Boyle, The association between induced and spontaneous abortion and risk of breast cancer in Slovenian women aged 25-54. Breast 2001; 10:291-8.

211. Thirteen of 15 studies conducted on post-abortive American women report increased risk of breast cancer. Seventeen studies are statistically significant and 16 found increased risk. Most of the studies were conducted by abortion supporters. The first study was published in an English publication in 1957 and focused on Japanese women. It showed a 2.6 relative risk, or 160-percent, increased risk of breast cancer among women who had abortions. These studies suggest that an induced abortion causes biological changes to occur in a woman's breasts which make her more susceptible to breast cancer. Approximately 1 in 100 women procuring an abortion is expected to die as a result of abortion-induced breast cancer. M. Segi, I. Fukushima and M. Kurihara, An Epidemiological Study on Cancer in Japan, GANN (Japanese Journal of Cancer Research) 48 (Suppl.) (1957): 1-63.

212. Dr. Janet Daling released a study in 1994 indicating a minimum increased breast cancer risk of 50 percent for post-abortive women. The risk for girls aborting before age 18 was 250 percent. Dr. Daling said, "Our data support the hypothesis that an induced abortion can adversely influence a woman's subsequent risk of breast cancer." J. Daling, K.E. Malone, L.F. Voigt, E. White, and N.S. Weiss, "Risk of Cancer of the Breast Among Young Women: Relationship to Induced Abortion," Journal of the National Cancer Institute 86 (1994).

213. The longer women breast feed, the more they are protected against breast cancer. The lack of or short lifetime duration of breastfeeding typical of women in developed countries makes a major contribution to the high incidence of breast cancer in these countries. V. Beral, "Breast cancer and breastfeeding: collaborative re-analysis of individual data from 47 epidemiological studies in 30 countries, including 50,302 women with breast cancer and 96,973 women without the disease," The Lancet 360 (2002): 187-195.

214. There is substantial clinical and some experimental evidence for a long-term action of induced abortion on endocrine, immune, nervous and other systems by a mechanism described by some authors as a "hormonal blow" resulting from the abrupt halt of physiological changes in the mother. The further into gestation the abortion is performed the more severe is the "blow." It has also been suggested that with multiple terminations such shifts may accumulate gradually producing chronic hormonal and immune disorders. The latter may act as co-carcinogenic and/or modifying factors. Inflammatory disease of cervix and endometrium resulting from trauma and possible infection in the course of surgery may also lead to precancerous lesions at these sites. L. Remennick, "Reproductive Patterns and Cancer Incidence in Women: A Population-Based Correlation Study in the USSR," International Journal of Epidemiology 18 (1989): 506.

215. The analysis of abortion statistics for Russia have shown that regional variation of cervical cancer and, to a lesser extent, breast cancer incidence is strongly related to all present abortion indicators, when controlled for other study variables. L. Remennick, "Reproductive Patterns and Cancer Incidence in Women: A Population-Based Correlation Study in the USSR," International Journal of Epidemiology 18 (1989): 506.

216. A first-trimester abortion before the first full-term pregnancy — whether spontaneous or induced — is associated with an increase in the risk of breast cancer. B.E.Henderson, R.Ross, L.Berstein, "Estrogens as a cause of human cancer: The Richard and Hinda Rosenthal Foundation Award Lecture," Cancer Research 48 (1988): 246-253.

217. A 25-year-old woman having an abortion increases her relative breast cancer risk by about 33 percent. S. Epstein, The Breast Cancer Prevention Program (MacMillan Publishing Company: 1998), 36-37.

218. "... [A]n early first full-term pregnancy would provide the greatest protection against breast cancer by drastically reducing, early on, the presence of undifferentiated and hence vulnerable breast cells, thereby decreasing the risk of subsequent transformation . . . Other types of pregnancies, however, might increase risk of breast cancer. If a woman's first pregnancy resulted in a first trimester abortion, the dramatic rise in undifferentiated cells that takes place during the first trimester would not be followed by the marked differentiation occurring during the second and third trimesters. The consequent sharp increase in the number of vulnerable cells would thus elevate breast cancer risk." N. Krieger, "Exposure Susceptibility and Breast Cancer Risk." Breast Cancer Research and Treatment 13 (1989): 205-23.

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219. Planned Parenthood admits, "It is known that having a full-term pregnancy early in a woman's childbearing years is protective against breast cancer. ... Interruption during the first trimester of a first pregnancy causes a cessation of cell differentiation, which may result in a subsequent increase in the risk of cancerous growth in these tissues." (1997, September 5). Planned Parenthood Federation of America, Inc. Abortion and Breast Cancer: The Issues 3.

220. Dr. Dave Weldon, a member of the United States House of Representatives, wrote a letter to his congressional colleagues stating: "Numerous studies have been done demonstrating a statistical link between induced abortion and the occurrence of breast cancer. Last fall, the British Medical Association's *Journal of Epidemiology and Community Health* published a comprehensive review and analysis of all previously published studies on the possible relationship between induced abortion and the incidence of breast cancer. Nineteen out of 23 studies indicated increased risk to women. In one study, Dr. Janet Daling and a team of researchers at Seattle's Fred Hutchinson Cancer Research Center reported that, 'among women who had been pregnant at least once, the risk of breast cancer in those who had experienced an induced abortion was 50 percent higher than among other women.'" Informed Consent: Women's Right to Know About the Breast Cancer & Abortion Link. Coalition on Abortion/Breast Cancer.

221. "If you look at the number of studies that show a connection, they vastly outnumber the ones that don't, and the ones that don't have been criticized for serious methodological flaws." J. Dougherty, (2002, March 27). Can doctors be sued over abortion? Those who don't inform patients of breast cancer link could be targets," World Net Daily.

222. Breast cancer is the greatest cancer killer among American women between the ages of 20 and 59. The incidence of cancer climbed 40 percent in the last quarter of the 20th Century – following the *Roe v. Wade* decision that legalized abortion in the United States in 1973 — while the incidence for all other cancers has either remained the same or declined. (2001, June 5). Breast Cancer Numbers Up, But U.S. Cancer Deaths Drop. Reuters, Coalition on Abortion/Breast Cancer.

223. Professor Joel Brind said: "Of course abortion alters hormone levels in a way that could increase breast cancer risk: it terminates the pregnancy! That means it terminates all the hormonal changes that occur with pregnancy, including those which cause breast maturation and decrease breast cancer risk. This is indisputable. What is in dispute is whether or not the changes induced by the pregnancy up until the time of abortion, i.e., the stimulation of rapid growth of breast tissue, is strong enough and long-lasting enough to increase the risk of breast cancer beyond what it would have been in the absence of pregnancy at all. The overwhelming majority of valid epidemiological evidence says it does." K. Malec, (2005, September 22). Coalition on Abortion/Breast Cancer news release: Redbook, Breastcancer.org Mislead Women about Abortion-Cancer Link, says Coalition on Abortion/Breast Cancer. Coalition on Abortion/Breast Cancer.

224. Geographical variations in breast cancer rates across the British Isles can be explained by the abortion rate. Ireland, which prohibits abortion, has the lowest breast cancer rate in the British Isles. London and the Southeast, where abortion is most prevalent, have the highest breast cancer rates. M. Malec, (2005, September 8). Abortion-

Cancer Research Presented at National Institute for Demographic Studies. Coalition on Abortion/Breast Cancer.

225. As of March, 2002, there have been published in the worldwide medical literature 37 studies reporting data on the risk of breast cancer among women with a history of induced abortion. Twenty-eight of these studies report increased risk. Thirteen of the 15 American studies report increased risk, eight with statistical significance (at least 95 percent probability that the result is not due to chance) irrespective of age at first full-term pregnancy. The relative risk increase of the 37 studies combined is 30 percent. (2002, July). AAPLOG Statement on Abortion & The Risk of Breast Cancer, Physicians for Life.

Abortion's Impact on Men

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226. Abortion has an impact on the people doing the abortions. An abortionist said: "I feel emotionally beaten up. And when I leave here every day, I have a hard time turning it off, and turning on the next thing ... And I think it wouldn't be so bad if my work were not this kind of painful and draining as it is to me, here ... The drain is from what the system is like, in addition to whatever the procedure is like. And the emotional built-in thing, because it's abortion. A lot of the drain is from the way people don't work or tell lies to each other all the time. It's a horrible environment to work in." M. Denes, In Necessity and Sorrow (New York: Basic Books, Inc., 1976), p. 80.

227. An abortionist said, "It's (abortion) a nasty, dirty, yucky thing and I always come home angry." Washington Post, 3 March 1980.

228. A doctor who had done abortions said: "And I just decided it's not worth it to do, because I have had such terribly strong feelings that it's turned me off. I feel that I am destroying life. I feel that I'm actually killing them." M. Denes, In Necessity and Sorrow (New York: Basic Books, Inc., 1976), p. 144.

229. The controlled male approach seems characteristic among men whose women abort. Males typically approach abortion in an abstract and aloof way. What is perceived by many women as coldness is the standard male effort to control emotions. A. Shostak, "Men and Abortion: Lessons, Losses, and Love," (New York: Praeger Publishers, January 1, 1984).

230. The "Don Juan" figure, a man who gets his pleasure and shares none of the consequence with an impregnated woman, crops up again and again in women's accounts of abortion experience. One such woman said: "Men will come and men will go, but they are selfish creatures at best. A child's love is forever, but a man's is passing." M. Kenny, Abortion: The Whole Story (London: Quartet Books, 1986), p. 69.

231. Following an abortion, a father can suffer emotionally and mentally as much as a mother. Fathers may tend to feel responsible for the death of their child, oftentimes blaming themselves and grieving deeply over the child's death. Abortion is a man's issue, as well as a woman's issue. "Abortion: Is abortion only a woman's issue?" American Life League.

232. Men typically experience a higher level of anger after the abortion of their child. It is also highly likely that men will act on their anger in a way that is harmful to themselves or someone else. "Abortion — Men Hurt Too," Physicians for Life.

233. Future relationships with women are often difficult for men whose child has been killed by abortion. Women have total control over the decision to abort babies, leaving men no legal recourse. This often generates considerable resentment and mistrust toward the woman. As a result of a past abortion, a man may not want to be put into a situation where another pregnancy may occur and he has no control of the outcome. "Abortion — Men Hurt Too," Physicians for Life.

234. Men impacted by the abortion of their child may experience sleeplessness, panic attacks, poor coping skills, flashbacks, nightmares, self-imposed isolation or suicidal tendencies. "Abortion — Men Hurt Too," Physicians for Life.

235. Men are the progenitors of the "problem

pregnancy," and they are sometimes viewed as the villain who impregnated a woman against her will, before the age of majority or without concern for the outcome. Some men pressure their partners into abortion because they do not intend to engage in a committed relationship or assume responsibility for a child. However, many men have profound feelings about the pregnancy, abortion, their responsibility and exclusion from decision making. These men may display rage, guilt and feelings of helplessness and loss, or it may lead to their maturation. The abortion may prevent their only or long-anticipated chance to become a father, and the abortion may represent an act of rage and destruction against him. Some men have sought court injunctions against abortions. N. Stotland, Psychiatric Aspects of Abortion (Washington, D.C.: Psychiatric Press, Inc., 1991), p. 12.

Abortion and the Courts

FACTS/RESEARCH

236. *Planned Parenthood of Southeastern Pennsylvania v. Casey* (1992) was a landmark case among abortion rulings. By a vote of 5-4, the U.S. Supreme Court reaffirmed the essential holding of *Roe v. Wade*. The Court upheld provisions of a Pennsylvania statute that required (1) physicians to provide patients with informed consent booklets, including medical risks of abortion and childbirth as well as pictures of the unborn child at various stages of development; (2) a mandatory 24-hour reflection period following receipt of information; (3) the filing of abortion reports for statistical compilation, including information such as age of woman, gestational age of aborted child, and reason for abortion; and (4) a one-parent consent requirement for minors with a judicial bypass. The Court ruled that prior to viability a woman's right to abortion cannot be restricted. The plurality, however, abandoned the "strict scrutiny" standard of review applied to fundamental rights for a new "undue burden" standard of review, which these restrictions passed. Two justices voted to continue subjecting state restrictions to strict scrutiny. Five justices voted to strike down a provision that barred a married woman from obtaining an abortion unless she notified her husband. Four justices voted to uphold all challenged provisions and overturn Roe completely. (1992). *Planned Parenthood of Southeastern Pennsylvania v. Casey.* Findlaw for Legal Professionals.

237. The late U.S. Supreme Court Chief Justice William Rehnquist and Justices Byron White, Antonin Scalia and Clarence Thomas concurred in part with *Planned Parenthood of Southeastern Pennsylvania v. Casey* and dissented in part. Their dissent centered on its ties to *Roe v. Wade*. Among their most poignant remarks were these: "In the end, having failed to put forth any evidence to prove any true reliance, the joint opinion's argument is based solely on generalized assertions about the national psyche, on a belief that the people of this country have grown accustomed to the *Roe* decision over the last 19 years and have 'ordered their thinking and living around' it. ... *Roe* v. *Wade* adopted a 'fundamental right' standard under which state regulations could survive only if they met the requirement of 'strict scrutiny.' While we disagree with that standard, it at least had a recognized basis in constitutional law at the time *Roe* was decided. The same cannot be said for the 'undue burden' standard, which is created largely out of whole cloth by the authors of the joint opinion. It is a standard which even today does not command the support of a majority of this Court. And it will not, we believe, result in the sort of 'simple limitation,' easily applied, which the joint opinion anticipates. In sum, it is a standard which is not built to last." *Planned Parenthood of Southeastern Pennsylvania*, et al., Petitioners 91-744 *v.* Robert P. Casey, et al., etc. Robert P. Casey, et al., etc., Petitioners 91-902 on Writs of Certiorari to the United States Court of Appeals for the Third Circuit, June 29, 1992.

238. In 1975, the West German constitutional court, struck down a law liberalizing access to abortion on the grounds that life developing within the womb is constitutionally protected. Judgment of February 25, 1975, 39 BVerfGE I (translated in Jonas & Gorby, West German Abortion Decision: A Contrast to *Roe v. Wade*, 9 John Marshall Journal of.Practice & Procedures 605 (1976)).

239. In 1988, the Canadian Supreme Court struck down a law restricting abortion. This was the case *of Dr. Henry Morgentaler, Dr. Leslie Frank Smoling and Dr. Robert Scott v. Her Majesty the Queen and the Attorney General of Canada.*

The court decided that the statute prohibiting the performance of an abortion except under certain circumstances violated the Canadian Charter of Rights and Freedoms in that the requirements for a woman to be permitted to obtain an abortion legally (or for a doctor to legally perform one) were in many cases so onerous or effectively impossible that they were "resulting in a failure to comply with the principles of fundamental justice." The law prohibiting abortion was struck down and the conviction of abortionist Henry Morgentaler was reversed. Dr. Henry Morgentaler, Dr. Leslie Frank Smoling and Dr. Robert Scott, Appellants, v. Her Majesty The Queen, Respondent and The Attorney General of Canada, Intervener. Judgements of the Supreme Court of Canada.

240. *Bellotti v. Baird* (1979) set the standard for parental consent for minors seeking abortion. The U.S. Supreme Court invalidated a Massachusetts law that required a minor "to obtain the consent of both parents before obtaining an abortion, holding that states requiring the consent of parents to abortions upon minors must afford minors an alternative opportunity for authorization of the abortion ('judicial bypass') where the minor may demonstrate that either she is mature and well enough informed to make her own abortion decision, or if not mature, that the abortion would nonetheless be in her best interests." (1979). *Bellotti v. Baird*. Findlaw for Legal Professionals.

241. In *Harris v. McRae* (1980), the Supreme Court voted 5-4 to uphold the Hyde Amendment, which restricted federal funding of Medicaid abortions only to cases of life endangerment (and, since 1994, rape or incest — at the behest of the Clinton administration). The Court also held that states participating in the Medicaid program are not required by Title XIX of the Social Security Act to fund medically necessary abortions for which there is no federal reimbursement under the Hyde Amendment. The Supreme Court reasoned that government could distinguish between abortion and "other medical procedures," because "no other procedure involves the purposeful termination of a potential life." (1980, June 30). *Harris v. McRae*. Cornell Law School. Supreme Court Collection.

Lack of Information from Abortion Clinics

FACTS/RESEARCH

242. The owner of an abortion clinic told his employees: "We have to sell abortions, we have to use all of the tactics we can because just like my other businesses (a trucking firm, a pollution control business and a real estate sales company) we have competition. Now, we have to go by the rules, but rules have to be broken if we are gonna get things done." D. Reardon, Aborted Women: Silent No More (Chicago: Loyola University Press, 1987), p. 238.

243. Ninety-five percent of the women surveyed said that their Planned Parenthood counselors gave "little or no biological information about the fetus which the abortion industry would destroy." Eighty percent said that their counselors gave "little or no information about the potential health risks which might follow the surgery." Sixty-eight percent believed "the procedure was not described with any degree of depth or clarity." Eighty-nine percent said that their counselor was "strongly biased in favor of abortion." G. Grant, Grand Illusions: The Legacy of Planned Parenthood (Nashville, Tenn.: Cumberland House Publishing, 1998), p. 56.

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244. A woman said, "I wasn't told that there could be complications which wouldn't be discovered for years. I wasn't told that the strength of the suction machine is such that it can turn a uterus nearly completely inside out. I had to have an early hysterectomy because of it." J. Evans, Trying to Survive. Elliott Institute

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245. The South Dakota Task Force to Study Abortion concluded that the testimony of Kate Looby, director of Planned Parenthood in Sioux Falls, South Dakota, and Dr. Carol Ball, an obstetrician/gynecologist in Wisconsin, made it clear that Planned Parenthood does not make accurate disclosures about the risks of abortion. Abortion

clinics typically and incorrectly assumed that women were informed of the facts of abortion and their pregnancy prior to arriving at the clinic. The Task Force concluded that there is no traditional or healthy physician-patient relationship between an abortion doctor at Planned Parenthood in South Dakota and the pregnant mother. The only time the abortion doctor sees the patient is in the room where the abortion is performed after the woman has already committed to submitting to the abortion by signing a consent form. Dr. Ball stated that at Planned Parenthood, even if a woman asks whether the child exists or not, she will not answer her. (2005). Report of the South Dakota Task Force to Study Abortion.

246. Nearly 2,000 women who have had abortions provided statements to the South Dakota Task Force to Study Abortion which detailed their experiences, trauma, and the impact abortion has had on their lives. Of these post-abortive women, more than 99 percent of them testified that abortion is destructive of the rights, interests and health of women and that abortion should not be legal. In reviewing this testimony from women who had abortions in South Dakota, as well as in many other parts of the country, a pattern of shared experiences and trauma and a common sense of loss emerged. Testimony revealed the common experiences of women being misled into thinking that nothing but "tissue" was being removed and that they would not have had an abortion if they were told the truth. Abortions are almost universally uninformed. Women were frequently coerced into having the abortion by the father of the child or a parent, and the abortion clinics also applied pressure to have the abortion. (2005). Report of the South Dakota Task Force to Study Abortion, pp. 5, 15.

The 'Choice' to Abort

FACTS/RESEARCH

247. Fifty-three percent of women who experience significant post-abortion problems subsequently state that they felt pressured by other people to choose abortion. D. Reardon, Aborted Women, Silent No More, op cit. (introduction, no. 1) 333.

248. Polls show that most women choosing abortion — at least 70 percent — say they believe abortion is immoral. Los Angeles Times Poll, March 19, 1989. M. Zimmerman, Passage Through Abortion (New York: Praeger Publishers, 1977). D. Reardon, Aborted Women: Silent No More (Chicago: Loyola University Press, 1987).

249. In most cases, women who abort are violating their consciences because of pressure from other people or their own circumstances. More than 80 percent of women who report post-abortion problems say they would have completed their pregnancies under better circumstances or with more support from the people they love. D. Reardon, Aborted Women: Silent No More (Chicago: Loyola University Press, 1987), p. 12.

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250. "The complications of abortion were not limited to emotional and mental anguish. No matter how safe I thought abortion was, I still live with the consequence that I may not be able to have any more children. My doctor has informed me that I have a tremendous amount of scar tissue in my uterus; a direct result of scraping the womb after the babies were removed. In addition to that, two surgeries and many sleepless nights have been spent over a condition called endometriosis. I suspect it is directly related." S. Garneau, "The Choice — Case Study: Sally Garneau," The PostAbortion Review 6(3) Summer 1998.

251. We know that between 30 and 60 percent of abortion patients feel they are being pressured into unwanted abortions. This is just one fact which offers us a new way to appeal to all people of good will. It also offers us the means to expose the radical pro-abortionists who are the real enemies of 'choice.'" D. Reardon, Pro-Woman / Pro-Life Campaign.

252. Many abortive women violate their own consciences and their maternal desires because they are in a crisis making them more vulnerable to the influence of those pressuring them to abort. This is especially true when pregnant women cannot immediately see where they can find the financial resources and social support they will

need to care for their children. A. Sobie and D. Reardon, "Who's Making the Choice? Women's Heightened Vulnerability During a Crisis Pregnancy," The Post-Abortive Review 8(1) (January-March 2000).

253. A woman said she was coerced at age 14 to have an abortion. "[The school counselor] was sympathetic and understanding. He felt there was no need to worry my family. He also explained about having a child, how tough it would be on me and that I wouldn't be able to do what I wanted to do. He said that the child would suffer because I was much too young to be a parent. He pointed out that the best thing for me to do was to abort the fetus at this stage so no one would be hurt. No mention was made of talking to my parents about this or carrying the baby to term. He indicated that adoption would be difficult and not an option for me. ... I felt as though I had no control over what was happening to me. I started to question what I was doing, but in my logic I'd refer back to what the counselor had told me, and then I would think he was right. But still today, I feel like I did not decide to have the abortion." Following her abortion, the woman experienced suicide attempts, alcoholism, drug abuse, crime, involvement in a cult and estrangement from her family. D. Reardon, Aborted Women, Silent No More (Chicago: Loyola University Press, 1987), pp. 37-38.

254. The Crisis Pregnancy Help Center of Slidell, Louisiana found that 70-85 percent of women seeking post-abortion counseling said they made their decision under some form of coercion. More than 80 percent of these women reported that the abortion clinics did not counsel them properly, and that if they had been given accurate information, they would not have submitted to an abortion. Among the post-abortive women seeking counseling at the Sioux Falls, South Dakota Alpha Center, 75-85 percent in any given year report that they felt they were misled by the abortion clinics and that their decisions were uninformed and, in many ways, coerced. The CareNet Pregnancy Center of Rapid City reported that nearly 60 percent of post-abortive women receiving counseling stated that their abortions were the result of some form of coercion. The women commonly complain that the pre-abortion counseling they received was either non-existent or inadequate. (2005). Report of the South Dakota Task Force to Study Abortion.

255. A woman testified before the South Dakota Legislature that by withholding the truth that her abortion terminated the life of a human being "the policy underlying abortion is a lie: "First and foremost, because it denies the essential benefit of motherhood. It tells us that we are not forfeiting anything of value for ourselves. We are told we lost nothing, nothing of value. The truth is that the loss is massive and life altering. Your House Bill 1166 provides an important and essential message that the pregnant mother does have a great benefit, that her child already exists and that she has this existing relationship with her child, and that she has a great fundamental and constitutional right to that relationship, all of which she is giving up, all of which is lost as a result of the abortion. ... If I had been given this information, I would never had had an abortion." (2005). Report of the South Dakota Task Force to Study Abortion, p. 5.

256. Many women feel they do not have a free choice about an unwanted pregnancy. They may feel coerced into having an abortion by a significant other, such as their husband, parents or boyfriend. They may feel forced by medical circumstances, such as genetic defects identified in their pre-born child, or pressured by social or financial circumstances. Adolescents are vulnerable to the feeling that the choice is not their own and may feel obligated to comply with the wishes of someone else. R. Zakus, "Adolescent Abortion Option," *Social Work in Health Care* 12(4) (1987): 87.

Fetal Homicide Laws

FACTS/RESEARCH

257. At least 34 American states have fetal homicide laws; 31 are state statutes and three are case laws. Fetal Homicide. National Conference of State Legislatures.

258. In a landmark right-to-life victory in 2004, U.S. President George W. Bush signed into law the Unborn Victims of Violence Act, also known as "Laci and Conner's Law." The law recognizes unborn children as victims when they are injured or killed during the commission of federal or military crimes of violence. (2004, April 6). President Bush Signs

Unborn Victims of Violence Act Into Law, After Dramatic One-vote Win in Senate. National Right to Life Committee.

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259. The Democratic Party's official statement on the Unborn Victims of Violence Act places more importance on a court decision than on the rights of unborn children: "The Unborn Victims of Violence Act the president signs today will weaken women's constitutional rights by giving separate legal personhood to a fetus, equal to that of the pregnant woman, thus attempting to undermine the legal basis for the Supreme Court decision in *Roe vs. Wade*." R. Tompkins, (2004, April 1), "Bush signs Unborn Victims Act," United Press International.

260. United States Senator Mike DeWine (Republican-Ohio) explained to his colleagues the need for the Unborn Victims of Violence Act: "This bill recognizes there are two victims. There is the victim, the mother, who was assaulted; and there is the victim, the unborn child, who was either injured or killed. It is that simple. This bill recognizes when someone attacks and harms a mother and her unborn child, that attack does in fact result in two separate victims: the mother and her child." Unborn Victims of Violence Act of 2004 — (Senate - March 25, 2004). "Senate Passes Unborn Victims Bill," CBS News, March 26, 2004.

World Pro-Life Documents

FACTS/RESEARCH

261. The U.N. Declaration of the Rights of the Child (1959) states: "Whereas the child, by reason of his physical and mental immaturity, needs special safeguards and care, including appropriate legal protection, before as well as after birth", he "shall enjoy special protection, and shall be given opportunities and facilities, by law and by other means, to enable him to develop physically, mentally, morally, spiritually and socially in a healthy and normal manner and in conditions of freedom and dignity," and to this end "special care and protection shall be provided both to him and to his mother, including adequate pre-natal and post-natal care." "The child shall in all circumstances be among the first to receive protection and relief" and he "shall be protected against all forms of neglect, cruelty and exploitation." S. Roylance, Pro-Family Negotiating Guide, (United Families International, World Congress of Families: 2001, Gilbert, Arizona).

262. The Convention on the Rights of the Child (1989), signed by the representatives of different governments, basically says the same things as the 1959 statement (above). It states that a child "needs special safeguards and care, including appropriate legal protection, before as well as after birth." Article 6 is new: "1. States Parties recognize that every child has the inherent right to life. 2. States Parties shall ensure to the maximum extent possible the survival and development of the child." In Article 24 we read "2. States Parties shall pursue full implementation of this right and, in particular, shall take appropriate measures: (a) To diminish infant and child mortality..." and in Article 37 "States Parties shall ensure that: (a) No child shall be subjected to torture or other cruel, inhuman or degrading treatment or punishment..." S. Roylance, Pro-Family Negotiating Guide, (United Families International, World Congress of Families: 2001, Gilbert, Arizona).

263. Ecuador's Constitution, Article 49 states: "Children and adolescents have all the shared rights of human beings, in addition to those [rights] specific to their age. The State shall assure and guarantee their right to life from conception; to physical and psychological integrity; to their identity, name and citizenship; to integral health and nutrition; to education and culture, to sports and recreation; to social security, to have a family and enjoy family and community companionship; to social participation, to respect of their liberty and dignity, and to be consulted in matters that affect them." S. Roylance, Pro-Family Negotiating Guide, (United Families International, World Congress of Families: 2001, Gilbert, Arizona).

264. Guatemala's Constitution, Chapter 1, Article 3 states: "The State guarantees and protects the human life from the time of its conception as well as the integrity and security of the person." S. Roylance, Pro-Family Negotiating Guide, (United Families International, World Congress of Families: 2001, Gilbert, Arizona).

265. Madagascar's Constitution, Title 2, Subtitle 2, Article 19 states: "The State recognizes to each individual the right to the protection of his health, starting from conception." S. Roylance, Pro-Family Negotiating Guide, (United Families International, World Congress of Families: 2001, Gilbert, Arizona).

266. Paraguay's Constitution, Part I, Title II, Chapter I, Section I, Article 4 states: "The right to life is inherent to the human being. Life is protected, in general, after the time of conception." S. Roylance, Pro-Family Negotiating Guide, (United Families International, World Congress of Families: 2001, Gilbert, Arizona).

267. Philippines' Constitution, Article II, Section 12 states: "The State recognizes the sanctity of family life and shall protect and strengthen the family as a basic autonomous social institution. It shall equally protect the life of the mother and the life of the unborn from conception. The natural and primary right and duty of parents in the rearing of the young for civic efficiency and the development of moral character shall receive the support of the Government." S. Roylance, Pro-Family Negotiating Guide, (United Families International, World Congress of Families: 2001, Gilbert, Arizona).

268. Zambia's Constitution, Part 3, Article 12, Section (2) states: "No person shall deprive an unborn child of life by termination of pregnancy except in accordance with the conditions laid down by an Act of Parliament for that purpose." S. Roylance, Pro-Family Negotiating Guide, (United Families International, World Congress of Families: 2001, Gilbert, Arizona).

International Abortion Efforts

FACTS/RESEARCH

269. Alan Guttmacher Institute, the research division of Planned Parenthood, reports there are 126,000 abortions worldwide each day. Seventy-eight percent of aborting women live in developing countries and 22 percent in developed countries. The Alan Guttmacher Institute, Hopes and Realities: Closing the Gap Between Women's Aspirations and Their Reproductive Experiences (New York: AGI, 1995), p. 25.

270. On April 12, 2005, the European Parliament passed a resolution to promote and fund "sexual and reproductive health" services, including family planning and abortion services. (2005, April 20). The pro-abortion Kinnock report is adopted by the European Parliament. Euro-Fam. European Union, European Parliament.

271. The European Union diverted more than $81 million from its fisheries budget to the militant international abortion group Marie Stopes International, which performs and promotes abortion worldwide. (2003, January 15). European Union Dumps $81 Million on Abortion Organization, Life Site.

272. About 58 percent of all abortions take place in Asia, 11 percent in Africa, and 9 percent in Latin America and the Caribbean. The remainder live in Europe (17 percent) and elsewhere in the developed world (5 percent). The Alan Guttmacher Institute, Hopes and Realities: Closing the Gap Between Women's Aspirations and Their Reproductive Experiences (New York: AGI, 1995), p. 25.

273. For every 1,000 women of childbearing age, 35 are estimated to have an induced abortion each year. The Alan Guttmacher Institute, Hopes and Realities: Closing the Gap Between Women's Aspirations and Their Reproductive Experiences New York: AGI, 1995), p. 26.

274. Overall, women in developed and developing regions have strikingly similar abortion levels — 39 procedures per 1,000 women and 34 per 1,000, respectively. The Alan Guttmacher Institute, Hopes and Realities: Closing the Gap Between Women's Aspirations and Their Reproductive Experiences (New York: AGI, 1995), p. 26.

275. Belgium, the Netherlands, Germany and Switzerland have abortion rates below 10 per 1,000 women of reproductive age. In other nations in Western Europe, the United States and Canada, the rates are 10-23 per 1,000. The Alan

Guttmacher Institute, Hopes and Realities: Closing the Gap Between Women's Aspirations and Their Reproductive Experiences (New York: AGI, 1995), p. 27.

276. Romania, Cuba and Vietnam have the highest reported abortion rates in the world (78-83 abortions per 1,000 women). Rates are also above 50 per 1,000 in Chile and Peru. The Alan Guttmacher Institute, Hopes and Realities: Closing the Gap Between Women's Aspirations and Their Reproductive Experiences (New York: AGI, 1995), p. 27.

277. Worldwide, the lifetime average is about 1 abortion per woman. The Alan Guttmacher Institute, Hopes and Realities: Closing the Gap Between Women's Aspirations and Their Reproductive Experiences (New York: AGI, 1995), p. 27.

278. About 26 million of the world's 46 million annual abortions each year are legal. The other 20 million occur in countries were abortion is restricted or prohibited by law. The Alan Guttmacher Institute, Hopes and Realities: Closing the Gap Between Women's Aspirations and Their Reproductive Experiences (New York: AGI, 1995), p. 25.

279. By 1986, 36 countries had liberal abortion laws, permitting women to obtain the procedure for social or medical reasons or without regard to reason. Between 1985 and 1997, 19 more nations eased restrictions on abortion. C. Tietze and S. Henshaw, Induced Abortion: A World Review (New York: AGI, 1986), Table 1, pp. 12-14, p. 23.

280. Nine percent of the world's women live under restrictive abortion laws, 25 percent in parts of the world where abortion is permitted only to save a woman's life or is prohibited altogether, 10 percent where abortion is allowed only when it is necessary to protect a woman's physical health or her life, and four percent in places where abortion is permitted only for these reasons or to protect a woman's mental health. 61 percent of the world's women live in parts of the world that permit abortion to protect a woman's life or her physical or mental health, for socioeconomic reasons or without regard as to reason (at least during the early months of pregnancy). The Alan Guttmacher Institute, Hopes and Realities: Closing the Gap Between Women's Aspirations and Their Reproductive Experiences (New York: AGI, 1995), p. 20.

281. Seventy-one nations criminalize abortions to preserve the physical health of the woman. 110 nations do not allow women who get pregnant due to rape or incest to obtain abortions. A total of 52 nations allow abortion on demand for any reason. World Abortion Policies 1999, United Nations, 2000. Overpopulation.

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282. Women on Waves (WOW) is a Dutch organization operating an ocean-going ship that performs medical abortions in international waters near nations where abortion is illegal. Women who are 16 days late in menstruating are eligible to board the ship for a seasickness pill and an abortion. WOW administers the drug Mifepristone to initiate the abortion process. The ship then returns the woman to the harbor, and she is instructed to go to her home. After 6-24 hours, most women will administer a second drug – Misoprostol – either vaginally or under the tongue. This drug causes contractions of the uterus. Women are warned to be prepared for "quite severe pain," nausea and vomiting. Bleeding can occur for up to two or more weeks. Some women develop blood clots, and some women require blood transfusions. Abortion on Our Ship. Women on Waves.

283. The Groningen Academic Hospital, in Amsterdam, developed euthanasia guidelines known as the Groningen Protocol. The guidelines were intended to create a legal framework for permitting doctors to actively end the life of newborns deemed to be in similar pain from incurable disease or extreme deformities. The guideline says euthanasia is acceptable when the child's medical team and independent doctors agree that the pain cannot be eased and that there is no prospect for improvement and when parents think it best. Examples include extremely premature births, where children suffer brain damage from bleeding and convulsions and diseases where a child could survive only on life sup-

port for the rest of its life, such as severe cases of spina bifida, a neural tube defect; and epidermosis bullosa, a rare blistering illness. T. Sterling, "Hospital performs euthanasia on infants," Associated Press, December 1, 2004.

284. Author Wesley J. Smith said, "Cutting edge bioethics now holds that there is nothing special per se in being human, and thus bioethicists have generally abandoned the sanctity-of-life ethic that proclaims the inherent moral worth of all people. The favored term for humans used by movement advocates is not "people" or even "individuals," but "beings" — a term that includes nonhumans." W. Smith, Culture of Death: The Assault on Medical Ethics in America.

Population Control and Abortion

FACTS/RESEARCH

285. Nearly 70 countries, representing more than half the world's population, will have below-replacement rate fertility, defined as 2.1 children per woman. According to UN projections, the population of the world will peak at seven-plus billion by the year 2040 and then will begin to decline. Abortion: Is the world overpopulated? American Life League.

STATEMENTS & REPORTS

286. The Population Connection website claims, "Marriage and first childbirth at a young age is both detrimental to women and a cause of population growth. ... Pregnancy and childbirth are much more dangerous for girls who have not yet fully developed, especially if their growth is stunted from malnutrition." Women, the Critical Link. Population Connection.

287. The organization Negative Population Growth advocates a two-child family policy in the United States, claiming that such a policy could only be achieved through abortion. NPG's Statement of Purpose. Negative Population Control.

288. Ted Turner, one of the co-chairs of the State of the World Forum, wants to drastically reduce the world's population: "The simplest answer is that the world's population should be about two billion, and we've got about six billion now. I haven't done the actuarial tables, but if every woman in the world voluntarily stepped up and said, 'I'll only have one child,' and if we did that for the next 80 to 100 years that would reduce the kind of suffering we're having. ... We could have 10 billion people living below the poverty line, or we could have two billion people living well, and having color TVs and an automobile. The planet can support that number of people, and that's the way it was in 1930. ... Personally, I think the population should be closer to when we had indigenous populations, back before the advent of farming." T. Rembert, "Ted Turner: Billionaire, Media Mogul ... And Environmentalist" (Interview), E Magazine, January/February 1999, Volume X, number 1, p. 10.

289. Eco-feminist/theologian Rosemary Radford Ruether said: "We are the parasites on the food chain of life, consuming more and more, and putting too little back to restore and maintain the life system that supports us. We need to seek the most compassionate way of weeding out people. To allow unrestrained fertility is not pro-life. A good gardener weeds and thins his seedlings to allow the proper amount of room for the plants to grow properly. We need to seek the most compassionate way of weeding out people. Our current pro-life movement is really killing people through disease and poverty. In place of the pro-life movement we need to develop the 'spirituality of recycling,' a spirituality that includes ourselves in the renewal of earth and self. We need to compost ourselves. ... Nature would be much better off without us. We must return to the population level of 1930." L. Penn, Radical reformers -- advocates of population reduction.

290. The Sierra Club urged all 50 American states to legalize abortion: "The Sierra Club endorses [the following] resolution from the organization Zero Population Growth concerning measures to inhibit population growth. In essence, the resolution parallels an earlier Sierra Club statement of policy: That laws, policies, and attitudes that foster population growth or big

families, or that restrict abortion and contraception, or that attempt to constrict the roles of men and women, should be abandoned." This measure was adopted by the Sierra Club board of directors in September 1969. Sierra Club Policies. Sierra Club.

291. World population growth as a percentage peaked in 1962 and 1963 at 2.19 percent and has declined ever since. Growth has slowed to 1.15 percent in 2005 and is projected to fall to 0.46 percent in 2049. Population growth in absolute numbers is also dropping, after peaking at 88 million in 1989. The growth number slowed to 74.4 million in 2005 and is projected to sink to 42.2 million in 2049. J. D'Agostino, "6.5 Billion and Rising-For a Time," Population Research Institute Weekly Briefing, March 24, 2006, Vol. 8, No. 12.

292. In his remarks to The World Congress of Families II, November 15, 1999, Dr. Nicholas Eberstadt of Harvard University said, "the trend [in population growth] appears to have reached a monumental turning point. For as the 21st century commences, the tempo of population growth is unmistakably in decline." N. Eberstadt, "World Population in the 21 st Century: Last One Out Turn Off the Lights?"

Abortion and Fetal Pain

FACTS/RESEARCH

293. Dr. Kanwaljeet Anand, professor of pediatrics, anesthesiology, pharmacology, neurobiology and developmental sciences at the University of Arkansas for Medical Sciences in Little Rock, disputed a report by the *Journal of the American Medical Association* that the unborn do not feel pain: "The conclusions ... regarding fetal pain are flawed because they ignore a large body of research related to pain processing in the brain, present a faulty scientific rationale and use inconsistent methodology for their systematic review. Based on the available scientific evidence, we cannot dismiss the high likelihood of fetal pain perception before the third trimester of human gestation." U.S. Congressional Record, October 2005.

294. Dr. Jean Wright, professor and chair of pediatrics at the Mercer School of Medicine, presented the following statement: "The development of the perception of pain begins at the sixth week of life. By 20 weeks, and perhaps even earlier, all the essential components of anatomy, physiology, and neurobiology exist to transmit painful sensations from the skin to the spinal cord and to the brain. Infants in the neonatal intensive care unit give us a clear picture into life in the womb for the unborn fetus age 23–40 weeks gestation. Our understanding of the presence of pain, and the need to clinically treat this pain in the premature infant leads us to understand the presence of pain, and the need to treat pain in the unborn fetus of the same gestational age. Our conscience as clinicians requires us to apply the same standards of informed consent that we would to any other patient in a same or similar situation. We no longer can ignore the fact that maternal anesthesia treats the mother's pain perception during these procedures, but leaves the unborn with no pain protection." Testimony to the U.S. House of Representatives' Subcommittee on the Constitution of the Committee of the Judiciary, November 1, 2005.

295. The neuroanatomical pathways for tactile (e.g. touch and pain) sensation are among the first functional entities to develop within a long time frame. This suggests that already early in life pain is an important signal. First nociceptors appear around the mouth as early as the seventh gestational week. Synapse formation begins during the 12th week. A fetus reacts to painful stimuli by various motor, autonomic, hormonal and metabolic changes at relatively early stages of gestation. S.Vanhatalo and O.van Nieuwenhuizen, "Fetal Pain?" Brain and Development 22(3) (2000): 145-150.

296. Between weeks 20 and 30, an unborn child has more pain receptors per square inch than at any other time, before or after birth, with only a very thin layer of skin for protection. (2004, January 15). Expert Report of Kanwaljeet S. Anand, Northern District of the U.S. District Court in California.

297. D&E abortions performed as late as 24 weeks, after the child begins to feel pain, involve

the dismemberment of the unborn child by a pair of sharp metal forceps. Instillation methods of abortion involve the replacement of amniotic fluid with a concentrated salt solution, which the unborn child inhales as the salt burns their skin. The child lives in this condition for up to an hour – and without anesthesia. T.Kerenyi, "Intraamniotic techniques," Abortion and Sterilization, ed., Hodgson, 1981. R.S.Galen, and P.Chauhan, et al., "Fetal pathology and mechanism of fetal death ..." American Journal of Obstetric Gynecology 120 (1974). J.Lyon, "Abortion Paradox: A Live Baby," York Daily Record, 21 August 1982. S. Corson, R. Dermin and L. Tyrer, Fertility Control (Little, Brown & Co., 1984).

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298. "Measuring pain response in the fetus is not easy. They can't self-report, just as babies can't. But by every measure possible — facial grimace, withdrawal, release of stress hormones, change in pulse rate/breathing/blood pressure — they behave as we would. And as Dr. [Kanwaljeet] Anand has said, 'in the absence of absolute proof we should give the fetus the benefit of the doubt if we are going to call ourselves compassionate and humane physicians.'" Canadian physician says JAMA fetal pain study seriously flawed, August 26, 2005. LifeSiteNews.com.

299. In 2004, the U.S. District Court for the Southern District of New York received extensive testimony regarding fetal pain from experts on both sides of the argument, including abortionists, as part of a legal challenge to the Partial-Birth Abortion Ban Act. The court made finding of fact that pre-born children do experience pain: "The court finds that the testimony at trial and before Congress establishes that D&X [partial-birth abortion] is a gruesome, brutal, barbaric, and uncivilized medical procedure. Dr. Anand's testimony, which went unrebutted by plaintiffs, is credible evidence that D&X abortions subject fetuses to severe pain. Notwithstanding this evidence, some of plaintiffs' experts testified that fetal pain does not concern them, and that some do not convey to their patients that their fetuses may undergo severe pain during a D&X." (2005, August). National Right to Life: Gullible Treatment of Trumped Up "Study" on Fetal Pain Issue Should Embarrass J.A.M.A. and Some Journalists.

Reasons for Abortion

FACTS/RESEARCH

300. The U.S. Centers for Disease and Control reported that 31 reporting areas submitted data in the year 2000 stating that they performed medical (nonsurgical) abortion procedures, making up 1 percent of all reported procedures from the 42 areas with adequate reporting on that type of procedure. ... For 2000, a total of 6,895 medical abortion procedures were submitted by the 28 reporting areas that reported medical abortions separately, amounting to 1 percent. ... Approximately 88 percent of the 6,229 reported medical abortions were performed at more than eight weeks' gestation, representing 1.6 percent of all abortions that were performed at greater than eight weeks' gestation. At greater than 16 weeks of gestation, medical abortions also made up 1.6 percent of all abortions. Medical abortions constituted more than 0.1 percent of procedures performed in the 9—15-weeks gestation range. L. Elam-Evans, L. Strauss, J. Herndon, W. Parker, S. Bowens, S. Zane, C. Berg, Division of Reproductive Health, National Center for Chronic Disease Prevention and Health Promotion. Abortion Surveillance — United States, 2000, Centers for Disease Control. November 28, 2003 / 52(SS12);1-32.

301. For the 34 areas that reported medical abortions separately, 36,297 medical abortion procedures were performed in 2001. Five states reported that no medical abortions were performed in 2001. L. Strauss, J. Herndon, J. Chang, W. Parker, S. Bowens, S. Zane, C. Berg, Division of Reproductive Health National Center for Chronic Disease Prevention and Health Promotion Abortion Surveillance — United States, 2001. Centers for Disease Control. November 26, 2004 / 53(SS09);1-32.

302. Known medical abortions account for approximately five percent of all procedures reported from the 45 areas with adequate reporting procedures. ... Five states reported that no medical abortions were performed in 2002. ... the percentage of medical abortions increased from 1.0 percent in 2000 to 5.2 percent in 2002. L. Strauss, J. Herndon, J. Chang, W. Parker, S. Bowens, C. Berg, Division of Reproductive Health National Center for Chronic Disease Prevention and Health Promotion Abortion Surveillance — United States, 2002, November

25, 2005 / 54(SS07);1-31, Centers for Disease Control.

303. According to an Alan Guttmacher Institute study of 1,209 abortion patients in 2004 — "Reasons U.S. Women Have Abortions: Quantitative and Qualitative Perspectives" — the most frequently used reasons for abortion are as follows:

- 74 percent said having a child would interfere with a woman's education, work or ability to care for dependents
- 73 percent cited the inability to afford a child right now
- 48 percent cited not wanting to be a single mother or having relationship problems
- Nearly four in 10 women said they had completed their childbearing
- Almost one-third were not ready to have a child
- Fewer than 1 percent said their parents' or partners' desire for them to have an abortion was the most important reason
- Younger women often reported that they were unprepared for the transition to motherhood, while older women regularly cited their responsibility to dependents.

Perspectives on Sexual and Reproductive Health, Volume 37, Number 3, September 2005, Alan Guttmacher Institute.

304. Findings from 32 studies in 27 countries were used to examine the reasons that women give for having an abortion, regional patterns in these reasons and the relationship between such reasons and women's social and demographic characteristics. Worldwide, the most commonly reported reason women cite for having an abortion is to postpone or stop childbearing. The second most common reason—socioeconomic concerns—includes disruption of education or employment; lack of support from the father; desire to provide schooling for existing children; and poverty, unemployment or inability to afford additional children. In addition, relationship problems with a husband or partner and a woman's perception that she is too young constitute other important categories of reasons. Women's characteristics are associated with their reasons for having an abortion: With few exceptions, older women and married women are the most likely to identify limiting childbearing as their main reason for abortion. A. Bankole, S. Singh and T. Haas, "Reasons Why Women Have Induced Abortions: Evidence from 27 Countries," International Family Planning Perspectives, 1998, 24(3):117-127 & 152

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305. "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 of the mother." Alan Guttmacher, "Is Abortion Ever Medically Necessary?" Alan Guttmacher Institute.

Abortion Polling and Elections

FACTS/RESEARCH

306. A poll sponsored by the Latino Coalition found 57 percent of Hispanics described themselves as "pro-life" while just 27 percent called themselves "pro-choice." Results of 2005 National Latino Survey. Latino Coalition.

307. The January 2003 Gallup poll found that 70 percent favored and 25 percent opposed "a law that would make it illegal to perform a specific abortion procedure conducted in the last six months of pregnancy known as 'partial birth abortion,' except in cases necessary to save the life of the mother." Gallup Poll Says 70% In Favour of Partial Birth Abortion Ban. LifeSite.

308. A Gallup survey of teens found 72 percent believe abortion is morally wrong. The survey of youth, aged 13-17, indicated just 19 percent believe abortion should be legal in all circumstances, compared to 26 percent of adults. About 47 percent of teens said it should be legal under

some circumstances. About 32 percent of teens thought abortion should never be permitted. Gallup: 72% of teens say abortion wrong, World Net Daily. November 24, 2003.

309. According to a *Los Angeles Times* survey, 57 percent of Americans "consider abortion to be murder." A. Rubin, "Americans Narrowing Support for Abortion," Los Angeles Times, June 18, 2000, p. A1.

310. In a Zogby International poll conducted March 10-14, 2006, 59 percent of Americans believe abortion ends a human life. The results showed the majority of respondents indicated a pro-life position. On 16 of the 20 questions relating to abortion, the clear majority of answers were anti-abortion. When questioned on whether or not abortion ends a human life, almost two thirds of Americans said yes (59 percent). Only 29 percent said abortion did not end a human life. A majority said they agree with laws restricting access to abortion. Over half (55 percent) support parental notification laws for girls 18 years old and younger; more than two thirds (69 percent) agree with parental notification laws for girls 16 and under. Only 36 percent and 23 percent disagree, respectively. Fifty-five percent agree with required counseling about other options before a mother has an abortion, and 56 percent agree with a 24-hour waiting period. More than two-thirds of Americans (69 percent) say the federal government should not fund abortions in other countries, while just 21 percent disagree. Just over half (51 percent) do not think the federal or state government should finance abortions for poor women. 64 percent want a law that would see a person who killed a pregnant woman charged with two murders. Only 23 percent do not agree. "Massive Poll Shows Majority of Americans Support Abortion Restrictions," Zogby International poll conducted March 2006.

311. A poll conducted April 15-17, 2004 by Zogby International showed that a majority of Americans, including African-Americans and students, are pro-life. The poll found that a total of 56 percent agreed with one of the following pro-life views: abortion should never be legal (18 percent), legal only when the life of the mother is in danger (15 percent) or legal only when the life of the mother is in danger or in cases of rape or incest (23 percent). Zogby International poll conducted April 2004.

312. Only 42 percent of those surveyed agreed with one of the following pro-abortion positions: abortion should be legal for any reason in the first three months (25 percent), legal for any reason during the first six months (4 percent) or legal for any reason at any time during the woman's pregnancy (13 percent). Zogby International poll conducted April 2004.

313. A December 2005 poll conducted by Zogby International, a nonpartisan polling firm, confirms that by a margin of 53-36 percent, the public supports the statement, "Abortion destroys a human life and is manslaughter." The Zogby poll also showed that Americans are more inclined to support "restrictions on abortion" compared to five or 10 years ago. According to the poll, 22 percent of Americans were more interested in abortion restrictions, while only 11 percent were less interested. New National Abortion Poll Shows Majority of Americans are Pro-Life. Zogby International poll conducted January 2004.

314. According to surveys conducted by the University of Michigan for the National Election Studies, a total of 57 percent in 1972 believed abortion should either "never be permitted" (11 percent) or allowed "only if the life and health of the woman is in danger" (46 percent). Seventeen percent thought, "Abortion should be permitted, if due to personal reasons, the woman would have difficulty in caring for the child," and 27 percent said, "Abortion should never be forbidden, since one should not require a woman to have a child she doesn't want." The University of Michigan conducted two polls in 1980. In the first, it repeated the same questions from 1972, obtaining similar results: 10 percent saying abortion should never be permitted, 44 percent saying permitted only if the life or health of the woman is in danger, 18 percent willing to permit abortion

in cases of "personal difficulty," and 27 percent saying abortion should never be forbidden. R. O'Bannon, Support for 25 Years of Abortion Polls: Pro-Life Policies and Legislation Growing, National Right to Life Committee.

315. Gallup started asking its main abortion question in 1975. In that year, 21 percent said abortion should be "legal under any circumstances," 54 percent said "legal under certain circumstances," and 22 percent, "illegal in all circumstances." K. Bowman, Surveys Take the Pulse of the Political Party Convention Delegates, American Enterprise Institute for Public Policy Research. January 1, 2000.

316. When polls started in the 1960s, there seemed to be overwhelming support against the legalization of abortion. In 1971 and 1972 (just before *Roe v. Wade*), 33 states individually debated the abortion issue, and every one left it illegal. Immediately following the ruling, the pro-choice movement gained support. With a Supreme Court decision seeming to back them, people began to believe that a woman's right to choose is more important than the life of her unborn child. In 1974, the *National Review* conducted a survey with the question: The U.S. Supreme Court has ruled that a woman may go to a doctor for an abortion at any time during the first three months of pregnancy. Do you favor or oppose this ruling? 43 percent of the respondents favored the ruling, while 54 percent opposed it. Sindlinger, "Special Hitchhiker on Abortion," National Review, May 1974. What People Think.

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317. Generational differences in support for legal abortion persist, with those who came of age before the 1960s markedly less supportive of abortion than those who reached adulthood later. T. Jelen, University of Nevada, Las Vegas, and C. Wilcox, Georgetown University, "Causes and Consequences of Public Attitudes Toward Abortion: A Review and Research Agenda," April, 2003.

318. Between 1970 and 1973, 33 U.S. states voted on bills that would have legalized abortion, and all 33 maintained protection for the unborn. The abortion lobby went to the courts. The results were limited. Some states, like Connecticut, Pennsylvania, Florida and the District of Columbia, saw their laws struck down and some abortions were legalized. Several other states removed a few minor restrictions. But almost all of the state courts ruled for life, stating that the restrictive abortion laws were constitutional and unborn babies were to be protected. Stalled again, the abortionists' next move was to try the route of statewide referenda. So, in November of 1972 they tried referenda in North Dakota and Michigan. The polls had shown that the citizens of both states favored legalization by almost a two-thirds margin, but they didn't expect that right-to-life people would suddenly appear. North Dakota defeated the anti-life referendum by a margin of 82-18 percent. Michigan voted 62-38 percent for life. Life Issues Institute.

Abortion and Disabilities

FACTS/RESEARCH

319. A study revealed that receiving a prenatal diagnosis of Down syndrome need not be a negative experience. By implementing certain suggestions proposed by the mothers, health care providers can make the situation a positive one. B. Skotko, "Prenatally diagnosed Down syndrome: Mothers who continued their pregnancies evaluate their health care providers," American Journal of Obstetrics and Gynecology 192 (March 2005): pp. 670-677.

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320. The United Cerebral Palsy organization says that genetic testing is clearly harmful if the information is used to discriminate. When genetic testing is used to identify and eliminate babies with disabilities, it is nothing more than the practical continuation of the eugenic principle that drove Planned Parenthood's founders. Only now it's worse. Where they use to be content with birth control and sterilization, abortion is now their mechanism of choice. UCP Submits Comments on Genetic Discrimination. United Cerebral Palsy.

321. Gianna Jessen survived her mother's attempt to abort her. She was born with cerebral

palsy due to the burning effect of saline solution injected into her mother. Jessen is leading an active life that includes indoor rock climbing, the Music City marathon, swing dance lessons, writing and performing songs. A. White, Abortion survivor tells story. Blessed Cause. Jessen has met other survivors of abortion who attempt to live normal lives, too. She said, "All life is valuable. … We must honor the right to life." "An Abortion Survivor." Pregnant Pause.

322. John Harris, a professor of bioethics at Manchester University, United Kingdom, and member of the Human Genetics Commission, sparked outrage when he said he did not see any distinction between aborting a fully grown unborn baby at 40 weeks and killing a child after it had been born. Harris, an advisor to doctors as a member of the ethics committee of the British Medical Association, argued that there is no moral distinction between aborting a fetus with defects and disposing of a child whose parents discovered the problems at birth. The Pro-Life lobby group condemned Harris's statements. Julia Millington, the group's spokeswoman, said: "It is frightening to think that university students are being educated by somebody who endorses the killing of new-born babies, and equally worrying to discover that such a person is the establishment's 'preferred' bioethicist." N. Christian, Government adviser: killing children with defects acceptable. The Scotsman, January 25, 2004.

323. Fetal genetic tests are now routinely used to diagnose diseases as well known as cystic fibrosis and as obscure as fragile X, a form of mental retardation. High-resolution sonograms can detect life-threatening defects like brain cysts as well as treatable conditions, like a small hole in the heart or a cleft palate, sooner and more reliably than previous generations of the technology. And the risk of Down syndrome, one of the most common birth defects, can be assessed in the first trimester rather than waiting for a second-trimester blood test or amniocentesis. Most couples say they are both profoundly grateful for the new information and hugely burdened by the choices it forces them to make. The availability of tests earlier in pregnancy means that if they opt for an abortion it can be safer and less public. Striving to be neutral, doctors and genetic counselors flood patients with scientific data, leaving them alone for the hard conversations about the ethics of abortion, and how having a child with a particular disease or disability would affect them and their families. A. Harmon, Burden of Knowledge: Tracking Prenatal Health; In New Tests for Fetal Defects, Agonizing Choices for Parents, New York Times, June 20, 2004.

324. Doctors said that they had seen couples terminate pregnancies for poor vision, whose effect they had witnessed on a family member, or a cleft palate, which they worried would affect the quality of their child's life. In an extreme case, Dr. Mark Engelbert, an obstetrician and gynecologist in Manhattan, said he had performed an abortion for a woman who had three girls and wanted a boy. "She was much more comfortable with it than I was," Dr. Engelbert said. "I told her if it was a new patient I wouldn't have done it. But my feeling as a physician was that I've accepted the responsibility of being her health care provider. She's not doing anything illegal, and it's not for me to decide." Some doctors who perform abortions are uncomfortable as some patients choose to quietly abort fetuses with relatively minor defects. A. Harmon, Burden of Knowledge: Tracking Prenatal Health; In New Tests for Fetal Defects, Agonizing Choices for Parents, *New York Times*, June 20, 2004.

325. People with Down syndrome are living much longer and healthier lives than they did 20 years ago. Buoyed by the educational reforms of the past quarter-century, they are increasingly finishing high school, living more independently and holding jobs. P. Bauer, The Abortion Debate No One Wants to Have, Washington Post, October 18, 2005.

326. Though there is a large waiting list for healthy babies, is anyone adopting babies born with a disability? Janet Marchese runs *A KIDS Exchange,* which specializes in Down syndrome adoptions. Down syndrome affects approximately 5,000 new babies a year in the U.S. and is the most common genetic disorder. Marchese said that "at any given time, there are fifty to one hundred families waiting on my list, waiting for a call telling them that there is a Down syndrome baby

who needs them. Don't try to tell me that nobody wants to adopt a Down syndrome baby!" And the same is true for HIV babies. Dr. Jerri Ann Jenista said "given adequate financial, medical and social support, it is not a difficult task to recruit families to adopt children infected with HIV." Adoption Factbook III, pp. 403, 404, 441. National Council on Adoption.

327. Testing for genetic conditions of the unborn has become more widespread — and with disastrous results. A 1991 study of 14 hospitals in the United States found a termination rate for fetuses diagnosed with certain chromosomal abnormalities, including Down syndrome, to be higher than 90 percent. A study reported that more than 80 percent of pregnancies involving a fetus with Down syndrome at Boston's Brigham and Women's Hospital were terminated in the 1980s and 1990s. A. Dockser Marcus, "A brother's survey touches a nerve in abortion fight," The Wall Street Journal, 3 October 2005.

Abortion and Adoption

FACTS/RESEARCH

328. A variety of factors, including increased access to contraception, the legalization of abortion and changed social attitudes about unmarried parenting, have caused the number of White infants placed for adoption in the U.S. to decline dramatically. Between 1989 and 1995, 1.7 percent of children born to never-married White women were placed for adoption, compared to 19.3 percent before 1973. Among never-married Black women, relinquishment rates have ranged from .2 percent to 1.5 percent. Years for relinquishment rates among Blacks are pre-1973 to 1988. A. Chandra, J. Abma, P. Maza, and C. Bachrach, Adoption, Adoption Seeking and Relinquishment for Adoption in the United States, at 9, Table 5, Advance Data, No. 306. National Center for Health Statistics, U.S. Department of Health and Human Services (May 1999).

329. With millions of babies aborted around the world each year, many families look outside their own country in seeking to adopt children. The number of international adoptions has increased even more dramatically, going from 5,749 in 1982 to 12,596 in 1997. Adoption Factbook III, p. 40. National Council on Adoption.

330. There is an abundance of people who are ready and waiting to adopt all of the children being lost to abortion. The National Adoption Attitudes Survey showed that nearly 40 percent of American adults have considered adopting a child. "This groundbreaking information gives us even greater optimism that we can absolutely place far more children with safe, loving and permanent families," said Rita Soronen, executive director of the Dave Thomas Foundation for Adoption. The survey showed that 63 percent of all American adults have a very favorable opinion of adoption. (2002, June 19). Landmark Study Shows Vast Majority of Americans Support Adoption. Adoption.com.

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331. The National Council on Adoption suggests that adoption doesn't fit with the "pro-choice" agenda because the abortion industry doesn't profit from adoption. The Council claims that information and counseling about adoption are scarcely available in the context of family planning. Family planners push abortion, not adoption. "Counseling for those who are considering becoming adoptive parents is usually confined to the popular literature and often is based on bogus research." Adoption Factbook III, p. 567-568, National Council on Adoption.

332. A report published in *The Washington Times* noted the dramatic decrease in adoption referrals by Planned Parenthood affiliates. Referrals fell from 9,381 to 5,500 in 1997. Contrast that with the number of total clients served and choosing abortion, 166,900, or the 17,000 people provided prenatal care. Adoption Factbook III, pp. 557, 558, National Council on Adoption.

Abortion and Parental Rights

FACTS/RESEARCH

333. Adolescents were significantly more likely to be dissatisfied with the choice of abortion than were older subjects, to have abortions later in the gestational period, to be dissatisfied with services at the time of the abortion, to feel forced by circumstances to have the abortion, to report being misinformed at the time of the abortion, and to report greater severity of psychological stress. The conclusions suggest that the adolescents' problems may be due to a combination of developmental limitations and the nature of counseling at the time of the abortion. W. Franz, and D. Reardon, "Differential Impact of Abortion on Adolescents & Adults," Adolescence, 27(105):162-172.

334. In the six months after a parental consent law went into effect in 1993, the ratio of minors to adults who sought abortions in Mississippi declined by 13 percent (though some minors then went out of state for abortions). S. Henshaw, "The Impact of Requirements for Parental Consent On Minors' Abortions in Mississippi," Family Planning Perspectives, Alan Guttmacher Institute.

335. When a state informed consent law takes effect, the study model predicts that the abortion ratio decreases by 10.34 abortions for every thousand live births and the abortion rate decreases by 0.86 abortions per thousand women between the ages of 15 and 44. When a state parental involvement law is enacted, the abortion rate decreases by 16.37 abortions for every thousand live births and the abortion rate decreases by 1.15 abortions for every thousand women between the ages of 15 to 44. M. New, "Using Natural Experiments to Analyze The Impact of State Legislation on The Incidence of Abortion," The Heritage Foundation, January 23, 2006.

336. A Heritage Foundation study compared the impact in states that enacted legislation on abortion restrictions to the impact in states that nullified such legislation. The study analyzed six states where parental involvement laws were nullified and two states where informed consent laws were nullified. The regression findings indicate that enacted legislation results in statistically significant declines in the incidence of abortion, while value shifts correlated with the passage of legislation have little impact. This shows with greater certainty that pro-life legislation has been effective in reducing the number of abortions that have taken place. M. New, "Using Natural Experiments to Analyze The Impact of State Legislation on The Incidence of Abortion," The Heritage Foundation, January 23, 2006.

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337. Supporters of the Child Interstate Abortion Notification Act, which passed the U.S. House of Representatives in 2005, characterized the measure as pro-family, saying it will prevent abusive boyfriends and others from taking vulnerable young women across state lines to receive "secret abortions" against their will. They say that the decision to have an abortion should rest solely with the parents. The measure received strong backing from President George W. Bush. The White House issued a statement saying the bill "is consistent with the administration's view that parents' efforts to be involved in their children's lives should be protected and the widespread belief among authorities in the field that the parents of pregnant minors are best suited to provide them with counsel, guidance and support." Representative Christopher Smith, Republican of New Jersey, said the bill was necessary to prevent "abortion clinics" from luring young girls across state lines by advertising in states like his, where there are no notification laws. S. Stolberg, (2005, April 28). House Passes Bill Tightening Parental Rule For Abortions, New York Times.

338. "To deny parents the opportunity ... risks or perpetuates estrangement or alienation from the child when she is in the greatest need of parental guidance and support and denies all dignity to the family." Voters would be wise to approve parental notification initiative. Fontana Herald News.

339. John Pinkerton, a former Senatorial candidate in California, said: "Parents must give consent before their child can have their ears pierced or a tattoo put on. In fact, in public schools and emergency rooms, parents must give consent before their child can be treated with so much as an aspirin. Most voters agree that it is outrageous to allow a child to undergo any surgical procedure, let alone an invasive, irreversible procedure such as an abortion, without parental notification." Voters would be wise to approve parental notification initiative. Fontana Herald News.

340. A U.S. federal judge rejected a request from Planned Parenthood to stop enforcement of a Florida parental notification law that requires abortion centers to let the parents of minor teens know when they want to have an abortion. Citing a U.S. Supreme Court precedent, Senior District Judge William Stafford ruled: "Florida has carefully crafted a parental notification statute that serves a compelling state interest." S. Ertelt, (2006, February 13). Florida Parental Notification Abortion Law Constitutional, Federal Judge Rules. Life News.

Abortion and Abstinence

FACTS/RESEARCH

341. The percentage of teens choosing abstinence has grown steadily and the majority of that growth has been among teenage males. In 1997, 51.1 percent of male teens had never had sex, compared to 39.2 percent in 1990. "New Study Shows Higher Unwed Birthrates Among Sexually Experienced Teens Despite Increased Condom Use," news release by The Consortium of State Physicians Resource Councils, February 10, 1999.

342. In the State of Arizona, post-test surveys administered immediately after abstinence classes "showed statistically significant positive changes in all 10 short-term outcomes for teens, including health reasons to abstain, value reasons to abstain, attitudes about abstinence and premarital sex, norms about teen sexuality, intent to pursue abstinence, refusal skills, social information seeking, personal values exploration, and decision-making abilities. Preteens' intentions to abstain were generally favorable at both pre- and post-test." D. Hauser, "Five Years of Abstinence-Only-Until-Marriage Education: Assessing the Impact," Advocates for Youth. Abstinence Only Education Report: Fifth Year Evaluation Report. Arizona Department of Health Services. June 2003.

343. Survey results for the effectiveness of abstinence education in Oregon demonstrated "statistically significant improvement in knowledge and in attitudes concerning peer pressure and refusal of unwanted sexual pressure." D. Hauser, "Five Years of Abstinence-Only-Until-Marriage Education: Assessing the Impact," Advocates for Youth. Missouri abstinence evaluation revealed that 10th-grade boys became somewhat more abstinence-oriented. There were gains in knowledge, as well. D. Hauser, "Five Years of Abstinence-Only-Until-Marriage Education: Assessing the Impact," Advocates for Youth.

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344. "A review of national data indicates that teen birthrates have been falling because teens are abstaining from sex, not because they're using more condoms, a group of doctors say in a study released on Feb. 10." This conclusion refutes efforts by federal agencies and advocacy groups to attribute the birthrate declines to contraceptive use, said the Consortium of State Physicians Resource Councils (PRC), which represents 2,000 health care professionals. C. Wetzstein, "Drop in teen birthrates attributed to abstinence," *The Washington Times*, Feb. 15, 1999. As cited by: "New Condom Marketing Targets Teens at "High Risk" for STD's," LifeSite, January 8, 2004.

Help United Families International preserve and protect the family.

Membership Application/Issues Guide Order Form

❑ **I would like to become a member of and support the work of United Families International. Please accept my annual membership dues of $25.**

❑ **I would like to purchase a copy/copies of United Families International's Guide to Family Issues: Abortion.**

Save per copy when you buy more than one Guide
Quantity 1 - $10.00 (plus $2.95 shipping)
Quantity 2 - $15.00 (plus $3.95 shipping)
Quantity 10 - $ $65.00 (plus $7.95 shipping)
Quantity 25 - $125.00 (plus $15.95 shipping)

❑ **I would like to make a one time donation of $ _____ to United Families International.**

❑ **I would be interested in volunteering for United Families International.**

Please send me information on how I can help in the following areas:

Check all that apply:

❑ Petition Drives
❑ Phone Calling
❑ Data Entry
❑ Voter Registration
❑ Membership Recruitment
❑ Media/Press
❑ Writing Articles/News Releases
❑ Leadership Position
❑ Word Processing
❑ Website Work
❑ Other: _____

Total amount enclosed including membership dues, order for Issues Guide and donations: $ _____

Name: _____
E-mail Address:_____ Date: _____
Address: _____
City, State, Zip:_____ Phone : (____)_____

Please select your method of payment:

❑ **Visa** ❑ **MasterCard** ❑ **American Express**
❑ **Check made payable to United Families International**

Account #: _____ Exp Date: _____

Authorized Signature: _____

Please send this form and payment to: United Families International
P.O. Box 2630, Gilbert, AZ 85299-2630

United Families International is a 501(c)(3) nonprofit organization and donations will be tax deductible to the extent allowed by the law.

Thank you for your support of the family!

www.unitedfamilies.org

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UNITED FAMILIES INTERNATIONAL
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United Families International (UFI) is a nonprofit, volunteer organization in official consultative status with the Economic and Social Council of the United Nations.
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