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# WHY A PRO-LIFE CLUB?

**SINCE ABORTION WAS** legalized in the United States in 1973, over 40 million unborn children have died needlessly. As our sense of respect for life quickly deteriorates, we need to stand up for our innocent brothers and sisters—they need a voice, and that voice is yours!

As young people, you can help change this culture of death into a Culture of Life by forming a pro-life club that will greatly influence your friends, peers, teachers, and even your community. The Generations for Life Curriculum will give you the tools you need to form, mobilize, and maintain a pro-life club. A school setting is the perfect environment to educate and activate people on the issue of abortion and restore a respect for all human life from conception to natural death. If you're reading this, you are obviously interested in getting a club started.

Your pro-life club will serve primarily to educate yourself and others on the value of life. It also demonstrates your commitment to life through club activities, such as hosting a baby shower in support of a pregnancy resource center. Lastly, it's about working together in charity to change hearts and minds.

The initial steps for starting a club are spelled out in *Chapter 2: Starting a Pro-Life Club*. The subsequent chapters will help you to maintain a well organized club.

With the assistance of the GFL Curriculum you will be able to establish a pro-life club that will have a profound impact on your school community and help encourage respect for all life.

Generations for Life is always available to assist you as you take on this awesome task of defending life. Please feel free to contact us if you need any additional suggestions to help your club operate more effectively.





# STARTING A PRO-LIFE CLUB



**Now that you** are excited about spreading the pro-life message, it's time to get started. Gather a few fellow students who share your convictions and are willing to help you get the club off the ground.

Ask a teacher or a coach if he or she would be willing to be your club moderator. Being a moderator means that he or she may need to attend all club and officers meetings. But make it clear that you, the students, will handle the majority of the club's tasks.

Next, contact the administration to learn what steps you need to take to be an officially recognized club. It is important to comply with school club rules. Your club can achieve maximum effect by staying in good standing with the administration.

Once you are recognized as an official club by the administration, gather with your interested classmates and moderator for the first **FOUNDERS MEETING**.

## **FOUNDERS MEETING**

### **PURPOSE:**

To gather with your interested classmates and moderator to discuss what you would like to achieve as a club.

### **To Do:**

1. Begin with prayer (*see Chapter 8: Prayers and Icebreakers*).
2. Assign someone to take notes, also known as minutes.
3. Talk about the purpose and goals of your club.
4. Write a mission statement that clearly reflects the purpose and goals of your club.

5. Decide on a name for your club.
6. Select the dates and times for future meetings.
7. Prepare for your **FIRST CLUB MEETING** by reading through the section below.

## FIRST CLUB MEETING

### PURPOSE:

Your **FIRST CLUB MEETING**, which is open to anyone interested in attending, is meant to share the vision of your pro-life club. This is also a great time to get input from interested students and get them excited about the upcoming year. Be sure to announce that at the **SECOND CLUB MEETING** there will be nominations and elections of officers. It is important that they attend the **SECOND CLUB MEETING** to run for office or vote.

### To Do:

1. Advertise (*see Chapter 5: Advertising*).
2. Assign one of the Founders to record minutes.
3. Assign someone to prepare the agenda. The agenda should include the purpose of the meeting, the dates, times and locations of future meetings, your mission statement and the names and phone numbers of the founders and your moderator.
4. As students arrive, have each person sign in. Hand out the meeting agenda and serve pizza & pop.
5. Begin with prayer (*see Chapter 8: Prayers and Icebreakers*).
6. Have the students participate in an icebreaker (*see Chapter 8: Prayers and Icebreakers*).
7. Share your vision of the club and read your mission statement.
8. Announce upcoming elections & explain the duties and responsibilities of the officers:

**PRESIDENT:** Run meetings & keep order. Create and distribute agendas for each meeting. Attend all **OFFICERS AND CLUB MEETINGS**. Welcome new members at each meeting.

**VICE PRESIDENT:** Perform duties of President in his absence. Attend all **OFFICERS AND CLUB MEETINGS**. Help other officers when necessary.

**SECRETARY:** Take attendance and minutes at each meeting (your school administration may require you to submit copies). Keep a file on all events, activities and flyers. Attend all **OFFICERS AND CLUB MEETINGS**.

**TREASURER:** Keep tabs on all monies and expenditures. Attend all **OFFICERS AND CLUB MEETINGS**.

**PUBLIC RELATIONS:** Oversee advertising (*see Chapter 5: Advertising*). Recruit people to help make contacts. Attend all **OFFICERS AND CLUB MEETINGS**. (It is possible to have more than one person in this position.)

9. Announce dates, times, and locations of future meetings.

## **FINAL FOUNDERS MEETING**

### **PURPOSE:**

This is the last **FOUNDERS MEETING**. After elections, the newly elected will have **OFFICERS MEETINGS** instead.

### **To Do:**

1. Begin with prayer.
2. Go over minutes from the **FIRST CLUB MEETING**.
3. Set the agenda for **SECOND CLUB MEETING** (*read over the **SECOND CLUB MEETING** section below*) & assign someone to present a Life Topic (*see Chapter 3: Life Topics*).
4. Assign someone to call or e-mail new members to remind them of the **SECOND CLUB MEETING**.
5. Prepare for elections (make ballots, etc).
6. Assign someone to advertise the **SECOND CLUB MEETING** (*see Chapter 5: Advertising*).

## **SECOND CLUB MEETING**

### **PURPOSE:**

At the **SECOND CLUB MEETING** you will elect officers, attend to Old and New Business, and present a Life Topic.

### **To Do:**

1. Have each person sign in.
2. Hand out the agenda.
3. Begin with prayer.
4. Have students nominate candidates.
5. Elect officers (have someone tally votes while the rest of the meeting is conducted).

6. Cover Old Business—*e.g.*, what was discussed or decided at the **FIRST CLUB MEETING**.
7. Attend to New Business such as upcoming events or activities.
8. Have assigned person present a Life Topic.
9. Assign someone to present a Life Topic for the next meeting.
10. Announce election results.
11. Announce next meeting.

## OFFICERS MEETING(S)

### PURPOSE:

This is your first official **OFFICERS MEETING**. It is important that the officers meet *before* each club meeting to ensure organized and productive **CLUB MEETINGS**. Try to keep **OFFICERS MEETINGS** to no more than 30 minutes.

### To Do:

1. Begin with prayer.
2. Go over minutes from **FIRST CLUB MEETING**.
3. Have each officer give a report. (For example, the Treasurer would report how much money was brought in from the Pro-Life Bake Sale and whether or not that would cover the cost of some literature for Pro-Life Week.)
4. Set the agenda for the next meeting (*see FUTURE CLUB MEETINGS page 9*).

## FUTURE OFFICERS MEETINGS

### PURPOSE:

To gather with Club Officers in order to discuss past meetings and events and to plan upcoming meetings and events.

### To Do:

1. Prayer.
2. Committee/Officers Reports.
3. Old Business.
4. New Business.
5. Announcements.
6. Date and time for next meeting.



## **FUTURE CLUB MEETINGS:**

**PURPOSE:**

To gather with Club Members in order to educate, build community and spread the pro-life message.

**To Do:**

1. Have each person sign in.
2. Hand out the agenda.
3. Begin with prayer.
4. Old Business.
5. New Business.
6. Have assigned person present a Life Topic.
7. Assign someone to present a Life Topic for the next meeting.
8. Announce next meeting.





# LIFE TOPICS

# 3

**ONE OF THE GREATEST OBSTACLES** to maintaining a pro-life club is a lack of ideas for club meetings. To prevent this from happening to your club, we've included an extensive list of Life Topics to help make club meetings stimulating and educational. Aside from educating club members, it will draw new members into your club and encourage everyone to spread the pro-life message to the rest of your school and beyond. By exploring a variety of topics, your club members will be able to speak intelligently and comprehensively about life issues.

Where necessary, Life Topics are enhanced with supplements that will provide you with further information on a given topic. *See Chapter 10: Supplements to Life Topics* or the *GFL Pocket*, located in the back of this binder. *Chapter 9: Resources* is included for students who wish to delve more deeply into a particular topic or need resources for research projects or speeches.

Some Life Topics are packed with enough information to span the course of several meetings. In other cases, you may wish to combine several related Life Topics into a single club meeting. Feel free to tailor the topics to your needs or come up with your own.

**NOTE:** We have included an order form in the Appendix that you can use to order additional copies of any of the materials included in the *GFL Pocket*.

## 1. How Abortion Became Legal

Although some people know that abortion became legal in 1973, few realize what really happened on January 22.

ARTICLE: "*Roe v. Wade & Doe v. Bolton*" (see *Chapter 10: Supplements to Life Topics*)

## 2. Fetal Development

One of the most important topics for a pro-lifer to know thoroughly is the development of the unborn child.

PAMPHLET: “The First Nine Months” (*see GFL Pocket*)

BOOK: *A Child Is Born* by Lennart Nilsson (*to order, see Chapter 9: Resources*)

VIDEO: *Ultrasound* by Shari Richard (*to order, see Chapter 9: Resources*)

## 3. Pregnancy Resource Centers

There are four times more Pregnancy Resource Centers in the United States than abortion clinics. These Pregnancy Resource Centers not only help a woman choose life for her baby, but support her emotionally and financially throughout her pregnancy and even after the baby is born.

ACTIVITY: Baby Shower

Invite a representative from a local Pregnancy Resource Center to talk about the services they offer. Bring donations (new or used) for babies or mothers to give to the representative to take back to the PRC. You may want to find out beforehand if there are particular items the PRC needs. If possible, have cake, party favors, and decorations.

In addition, you may want to:

- i. Open it up to the entire school by placing boxes throughout the school at least two weeks before the baby shower.
- ii. Invite the representative to speak to the entire school. (*see Chapter 9: Resources*)

## 4. Abortion Procedures

Many people who claim to be pro-choice and many well intentioned pro-lifers don't know how abortions are performed. Understanding and sharing this information can change minds and strengthen pro-life beliefs.

ARTICLE: “Common Methods of Abortion” (*see Chapter 10: Supplements to Life Topics*)

PAMPHLET: “Life or Death” (*see GFL Pocket*)

PAMPHLET: “D & E Diagram” (*see GFL Pocket*)

VIDEO: *Hard Truth* (*to order, see Chapter 9: Resources*)

VIDEO: *A Doctor Explains Abortion* (*to order, see Chapter 9: Resources*)

## 5. Former Abortion Providers

Listen to those who once worked in the abortion industry tell you what it was really like.

ARTICLE: “A Former Abortionist Tells Her Story” (*see Chapter 10: Supplements to Life Topics*)

VIDEO: *Abortion: The Inside Story* (to order, *see Chapter 9: Resources*)

VIDEO: *Meet the Abortion Providers* (*see GFL Pocket for order form*)

WEBSITE: [www.prolifeaction.org/providers](http://www.prolifeaction.org/providers)

## 6. After Abortion

Abortion can appear to be a solution to an untimely pregnancy, but many women suffer physically or emotionally after an abortion.

ARTICLE: “The Major Physical and Psychological Consequences of Abortion” (*see Chapter 10: Supplements to Life Topics*)

ARTICLE: “Two Abortion Experiences”

PAMPHLET: “The Pain That Follows: Coping After an Abortion” (*see GFL Pocket*)

ACTIVITY: Invite a post-abortive woman to speak to your club or school (*see Chapter 9: Resources*)

## 7. Sidewalk Counseling

Trained counselors stand outside of an abortion clinic and offer women alternatives to abortion, informing them of the dangers abortion poses to them personally.

PAMPHLET: “Sidewalk Counseling” (*see GFL Pocket*)

VIDEO: *No Greater Joy* (*see GFL Pocket for order form*)

ACTIVITY: Sidewalk counseling training: contact the Pro-Life Action League (*see Chapter 9: Resources*)

## 8. Activism (*see also Chapter 4: Activism and Outreach*)

It is important to understand the purpose and effectiveness of activism. Here we will talk about why you should get active. Chapter 4 will tell you how.

ARTICLE: Excerpt from *Closed: 99 Ways to Stop Abortion* (*see Chapter 10: Supplements to Life Topics*)

VIDEO: *Face the Truth*—free from the Pro-Life Action League (*see Chapter 9: Resources*)

## 9. The Abortion–Breast Cancer Link

This Life Topic will explain the evidence of a connection between abortion and the risk of breast cancer.

ARTICLE: “How Induced Abortion Increases Breast Cancer Risk”  
(see *Chapter 10: Supplements to Life Topics*)

## 10. Contraception

Learn how contraceptives, usually aimed at women, are harmful to the body, detrimental to relationships, and may cause early abortions.

ARTICLE: “Methods of Contraception” (see *Chapter 10: Supplements to Life Topics*)

ARTICLE: “The Connection Between Abortion and Contraception”  
(see *Chapter 10: Supplements to Life Topics*)

## 11. Defending Life

In order to stand up for life, we need to know how to defend the pro-life position with good, articulate arguments.

ARTICLE: “Tough Questions for the Opposition” (see *Chapter 10: Supplements to Life Topics*)

PAMPHLET: “Language of Illusions” (see *GFL Pocket*)

ACTIVITY: “Hot Seat”

Place one person in the middle of the room, *i.e.*, the “hot seat.” Members of the group must challenge the person in the “hot seat” with pro-choice arguments. The person in the “hot seat” must defend his pro-life position.

## 12. Current Events

It is important to stay abreast of pro-life news. Presenting news articles is a good way to keep your club members informed and is a great discussion starter.

ACTIVITY: Request that members bring in articles from newspapers or magazines for discussion.

WEBSITES: [www.lifesitenews.com](http://www.lifesitenews.com) & [www.lifenews.com](http://www.lifenews.com)

### 13. Planned Parenthood

Planned Parenthood is one of the largest abortion providers in the world. Learn how it began and what it stands for today.

ARTICLE: “Planned Parenthood: The Facts” (*see Chapter 10: Supplements to Life Topics*)

ARTICLE: “Margaret Sanger: An Admirable Social Reformer?” (*see Chapter 10: Supplements to Life Topics*)

ARTICLE: “Margaret Sanger: In Her Own Words” (*see Chapter 10: Supplements to Life Topics*)

WEBSITE: [www.all.org/stopp](http://www.all.org/stopp)

### 14. Book Discussion

Read and discuss an excerpt from a pro-life book (*see Chapter 9: Resources*)

### 15. Pro-Life Celebrities

It seems as if most famous people are either in favor of abortion or are totally silent on the issue. But there are a few who are vocally pro-life and use their fame to promote the sanctity of life.

PAMPHLET: “Lovematters.com” (*see GFL Pocket*)

WEBSITE: [www.lifeathletes.org](http://www.lifeathletes.org)

### 16. Abortion: The Life of the Mother

In the political realm, we often hear about exceptions made for abortion when the life of the mother is at stake. However, the intentional killing of the unborn child is never necessary to save the life of the mother.

ARTICLE: “The Principle of Double Effect” (*see Chapter 10: Supplements to Life Topics*)

### 17. Chastity

To be consistently pro-life, we must embrace a life of love and respect for ourselves and others.

ARTICLE: “Chastity is Essential to Marriage Preparation” (*see Chapter 10: Supplements to Life Topics*)

## 18. Comparing Abortion with Slavery, War and the Holocaust

At different times in history, groups of people have been dehumanized and victimized in much the same way unborn children are today by abortion.

PAMPHLET: “From the Logic that Brought you Slavery” (*see GFL Pocket*)

PAMPHLET: “Abortion: The Hidden Holocaust” (*see GFL Pocket*)

PAMPHLET: “Sing A Little Louder” (*see GFL Pocket*)

PAMPHLET: “American War Casualties” (*see GFL Pocket*)

WEBSITE: [www.lifedynamics.com](http://www.lifedynamics.com) (*see the Holocaust section at the American Death Camps page*)

## 19. Pro-Life Game—Who Wants to Be A Life Saver?

Take a break and enjoy a game that is both fun and educational!

ACTIVITY: Game Rules (*see Chapter 10: Supplements to Life Topics*)

## 20. Men & Abortion

Women are not the only ones who suffer from the repercussions of abortion. Many men feel grief and guilt from either participating in an abortion or being unable to prevent one since fathers have no legal rights before their children are born.

PAMPHLET: “Forgotten Fathers” (*see GFL Pocket*)

## 21. Overpopulation

We often hear that abortion and contraception must be accessible because the world is overpopulated. This is simply not true.

ARTICLE: “Exposing the Myths of Overpopulation” (*see Chapter 10: Supplements to Life Topics*)

## 22. The Illegal Sale of Fetal Tissue

Learn what often happens to the bodies of babies after they have been aborted.

ARTICLE: “Aborted Babies Harvested for Research” (*see Chapter 10: Supplements to Life Topics*)



### 23. The Adoption Option

Adoption is a courageous alternative to the destructive choice of abortion.

PAMPHLET: “Adoption vs. Abortion” (*see GFL Pocket*)

PAMPHLET: “Mom?!” (*see GFL Pocket*)

PAMPHLET: “10 Questions Most Birthmothers Ask About Adoption” (*see GFL Pocket*)

ACTIVITY: Invite a representative from a local adoption agency to speak to your group (*see Chapter 9: Resources*)

ACTIVITY: Encourage members to spiritually adopt an unborn child (*see Chapter 8: Prayers and Icebreakers*)

ACTIVITY: Invite a woman who adopted out her baby to tell about her experience (*see Chapter 9: Resources*)

### 24. The Hard Cases

Learn how to approach the tough issues of abortion in the cases of rape and incest or when the unborn child is diagnosed with a disability. Understand the dignity of each human life no matter how that life was conceived or what disabilities the child might have.

PAMPHLET: “The Abortion Experience for Victims of Rape and Incest” (*see GFL Pocket*)

PAMPHLET: “Hard Cases Make Good People” (*see GFL Pocket*)

ARTICLE: “Aborting the Handicapped” (*see Chapter 10: Supplements to Life Topics*)

### 25. In Vitro Fertilization & Artificial Insemination

These methods of creating new life are becoming more and more prevalent. Learn why they do not respect human dignity and personhood.

ARTICLE: “Reproductive Technologies” (*see Chapter 10: Supplements to Life Topics*)

### 26. Embryonic Stem Cell Research and Human Cloning

Creating children for experimental purposes is a direct attack on their humanity. As Dr. Seuss said, “A person’s a person no matter how small.”

ARTICLE: “Treating the Embryo with Dignity” (*see Chapter 10: Supplements to Life Topics*)

### 27. “Back Alley” Abortions

Is abortion safer now that it is legal?

PAMPHLET: “Never Again? Never Was!” (*see GFL Pocket*)

WEBSITE: [www.lifedynamics.com](http://www.lifedynamics.com) (*see “The Blackmun Wall,” a list of the women who have been killed by legal abortion and the circumstances surrounding their deaths.*)

BOOK: *Aborting America*, Bernard Nathanson, M.D.

### 28. Child Abuse

One of the original arguments in favor of abortion was that it would decrease the incidence of child abuse because it would prevent unwanted children from coming into the world. Since the legalization of abortion, just the opposite has happened.

ARTICLE: “How Abortion Affects Siblings” (*see Chapter 10: Supplements to Life Topics*)

### 29. Suffering

To understand the meaning and dignity of human life, it is necessary to understand human suffering. Despite what our culture tells us, suffering does have meaning.

ARTICLE: “The Mystery of Suffering” (*see Chapter 10: Supplements to Life Topics*)

### 30. Euthanasia

A pro-life ethic goes beyond the child in the womb to include concern for the aged, the infirm and those with disabilities whose lives are perceived by some as a burden to society.

ARTICLE: “Euthanasia & the Right to Die” (*see Chapter 10: Supplements to Life Topics*)

### 31. Feminism and Abortion

True feminism calls all women and men to affirm the dignity of women, recognize their role in public life and embrace their ability to bear children.

ARTICLE: “Pro-Life Feminism” (*see Chapter 10: Supplement to Life Topics*)

WEBSITE: [www.feministsforlife.org](http://www.feministsforlife.org)

**32. Know Your Facts Pro-Life Quiz**

Test your knowledge of pro-life facts. This is also a good quiz to give to your members to see how much they know about the abortion issue.

ACTIVITY: “Know Your Facts Pro-Life Quiz” (*see Chapter 10: Supplements to Life Topics*)





# ACTIVISM & OUTREACH



**ALTHOUGH IT IS IMPORTANT** to learn the facts about abortion and life issues, it's time to put your beliefs into action. You *will* make a difference!

**1. Pray at an Abortion Clinic** (*see Chapter 9: Resources*)

Search online or contact your local pro-life organization to find the nearest abortion clinic. Gather a group of students to pray at the clinic for the abortion-bound women, those who brought them, the clinic workers, the sidewalk counselors, and for an end to abortion. If there is already a group that prays regularly, ask to join them. Go out together afterwards to build solidarity.

**NOTE:** *Never stand outside an abortion clinic alone.*

**2. Start a Club Newsletter**

This is a great tool for conveying the message of life and for advertising. Ask club members to contribute.

**3. Sidewalk Counsel at an Abortion Clinic** (*see Chapter 3: Life Topics*)

Sidewalk counseling involves giving information to an abortion-bound woman regarding the physical and emotional dangers of abortion, the developmental stages of her baby, and encouraging her to go to a PRC where she can get real help. It is not protesting or picketing.

It is helpful to attend some form of training before sidewalk counseling. Contact your local pro-life organization or the Pro-Life Action League (*see Chapter 9: Resources*) about becoming a sidewalk counselor.

#### 4. Volunteer

Giving your time to others is a wonderful way to live out your pro-life beliefs. Here are a few ideas of some people and places that could use your help:

- Local pregnancy resource center
- Local pro-life organization
- Persons with disabilities
- Big Brothers/Big Sisters
- Day care center
- Tutoring center
- Soup kitchen
- Retirement center
- Little Brothers/Friends of the Elderly

#### 5. Face the Truth Tour

Large pictures showing fetal development and the bodies of aborted babies are displayed at major intersections. This is a very powerful testimony to the value of human life and the horror of abortion, which many have never seen. Contact your local pro-life organization to see if they are hosting a “Face the Truth Tour” and ask to join them. If nothing is happening in your area, get one started. Contact Generations for Life for further information and receive a **free** *Face the Truth* manual and video.

#### 6. Attend the March for Life

Every year on or near January 22, the anniversary of *Roe v. Wade*, over 200,000 people, most of them teens and young adults, gather in Washington, D.C., to march in memory of the millions of babies who have died from legal abortion.

WEBSITE: [www.marchforlife.com](http://www.marchforlife.com)

#### 7. Leaflet a School

Go to a high school either before classes start or at the end of the school day and distribute pro-life literature. Contact Generations for Life or your local pro-life organization for literature.

### **8. Participate in a Life Chain**

Pro-lifers gather together and hold hands in solidarity to show their objection to abortion as a silent witness to life. Contact your local pro-life organization to see if they know of a Life Chain in your area, or organize one yourself.

WEBSITE: [www.nationallifechain.org](http://www.nationallifechain.org)

### **9. Pro-Life Books**

Ask to have pro-life books added to your school or public library.

### **10. Chalk Your Campus**

Chalk pro-life slogans on the sidewalks around your school using large colored chalk so students and teachers can read the facts about abortion. Some examples would be: “Abortion Stops A Beating Heart”; “3,700 Die Each Day from Abortion”; “Life: What A Beautiful Choice”; “Choose Life”; “Life Is Precious”; “She’s A Child Not A Choice”; “Babies Are A Gift from God”; “1.3 Million Abortions Each Year”; “Life Yes, Abortion No.”

### **11. Host an Abortion Debate**

If you attend a public school, ask a pro-life and a pro-abortion speaker to debate the abortion issue either at an all-school assembly or a club meeting. For a pro-life speaker, contact Generations for Life or your local pro-life organization. For a pro-abortion speaker, contact your local Planned Parenthood or NOW chapter.

An alternative would be to ask two students (or a panel of students) with opposing views to debate the issue of abortion. You can make the topic as broad or as specific as you wish. Some debate topics could be:

- When does life begin?
- Are all human beings persons?
- Does the Constitution give a woman the right to have an abortion?
- What role should government play in the abortion issue?

### **12. Cemetery of the Unborn**

Make at least 100 white wooden crosses (approximately 10" x 20") to be displayed on school grounds. Make signs indicating that the crosses represent the millions of babies that have died from legal abortion. (We suggest that you obtain permission from your school administration before doing this project.)

WEBSITE: [www.ldi.org](http://www.ldi.org) (This site lists the number of abortions since 1973.)

### 13. Cemetery of Women Who Have Died from Legal Abortion

Contact Life Dynamics for the list of women ([www.lifedynamics.com/Pro-life\\_Group/Pro-choice\\_Women](http://www.lifedynamics.com/Pro-life_Group/Pro-choice_Women)). Make wooden or cardboard headstones with the name, age, date of death, and cause of death for each woman.

### 14. Club Fair

At your school club fair, set up a pro-life display booth so students can join your club and learn about club activities, meetings and events. Below are some ways you can take advantage of the Club Fair. By including:

- A Life Display (*see #16*)
- Sign-up sheets (Have a few people already signed in so that students will feel more comfortable signing up.)
- Pro-Life literature
- Fetal models—for display or for sale (*see Order Form in Appendix*)
- Precious Feet pins—for free or for sale (*see Order Form in Appendix*)
- Flyers detailing upcoming club meeting and activities along with the names and numbers of club officers
- Candy—people are more likely to stop and talk if there is free candy

### 15. Pro-Life Awareness Week

Take a whole week to promote life by doing pro-life activities. Combine several outreach ideas and have a regularly scheduled club meeting with special activities for new members. Be creative!

Sample Week:

- MONDAY: Cemetery of the Unborn
- TUESDAY: Abortion Debate between students
- WEDNESDAY: Taffy Apple Sale fundraiser and Pro-Life T-Shirt Day (*see Chapter 6: Fundraising*)
- THURSDAY: Club meeting with Baby Shower (*see Chapter 3: Life Topics*)
- FRIDAY: Show a clip of a pro-life movie

EXAMPLES: *Hard Truth, Silent Scream, Meet the Abortion Providers, Eclipse of Reason, No Greater Joy, Abortion: The Inside Story, Face the Truth* (*see Chapter 9: Resources*)



Throughout the Week:

- Place boxes throughout the school for the collection of items for the Baby Shower on Thursday. Post signs explaining the purpose.
- Have daily prayers read over the Public Address System
- Post pro-life signs throughout the school:

EXAMPLES: Club meeting date and time  
 Schedule of the whole week  
 Slogans (*see #10*)  
 Pregnant? Need Help? Hurt by Abortion? 800.848.LOVE

- Put up Life Display (*see #16*) in a prominent part of school

**16. Life Display**

Using foam board or cardboard, make an attractive display including your club name, pictures of unborn babies and facts about fetal development and abortion. Your Life Display can be used for the Club Fair, Pro-Life Week, club meetings and for any other event you see fit.

**17. Precious Feet**

Wear Precious Feet pins at school and to extra-curricular activities. (They are great conversation starters!)

**18. Pro-Life T-Shirts**

Wear pro-life T-shirts at school and to extra-curricular activities.

**19. Pro-Life Writing and Speaking**

Write pro-life articles or editorials for your school or local newspaper or choose to do a school paper or speech on a pro-life issue (*see Chapter 3: Life Topics and Chapter 9: Resources*).

**20. Co-sponsor an Event**

Working with other school clubs fosters unity, cuts costs, and helps spread the pro-life message. You may be surprised at how often a life issue overlaps with another club’s mission. For example, you may want to work together with a service club on the “Baby Shower” Life Topic.

**21. Make Your Health Clinic Pro-Life**

Ask the school nurse to keep pregnancy resource center and post-abortion information on file. It is important that the nurse has pro-life resources for students who need them.

**22. Stay Informed**

Contact various pro-life organizations to request literature and get on their mailing lists.

**23. Exercise Your Rights**

Write to your elected officials. You'd be surprised at the effect you can have!



# ADVERTISING

# 5

**ADVERTISING IS CRUCIAL** to the success of your club. It serves to draw in new members, remind current members of meetings and events, keep the pro-life issue in the forefront of everyone's mind, and hold your club accountable for following through with scheduled events. Below are some basic advertising techniques.

**1. For upcoming meetings and events, be sure to:**

- Post flyers, banners and posters around school—in classrooms, hallways, the lunchroom, your own lockers or on bulletin boards. Remember to include **Who, What, Where, When** and **Why**.
- Announce over the Public Address System two to three days prior to the event and the day of the event itself.
- Print them in your school calendar or handbook.
- Ask teachers to make announcements in their classrooms or homerooms.
- Put flyers in student lockers.
- Deliver personal reminders to homerooms.
- E-mail or call members as a reminder.
- Make announcements on your school radio station.
- Place articles in your school newspaper.
- Ask your campus minister or club moderator to advertise and invite students.

**2. Encourage freshmen and sophomores to attend by:**

- Inviting younger brothers and sisters of upper-class members.

- Posting signs where freshmen and sophomores will see them (*e.g.*, by freshman/sophomore lockers, homerooms, the lunchroom).
- Asking freshman/sophomore teachers to invite them.

### 3. Candy Jar Contest

The candy jar contest is both creative and fun as well as a great way to advertise!

Place a jar full of individually wrapped candies in a prominent location one week prior to a club meeting. In front of the jar, tape a sheet of paper with a space for each contestant's name and his guess of how many pieces of candy are in the jar. The student whose guess is closest to the correct number will win the candy jar. The winner will be announced at the next club meeting and *must be present to win*.

*NOTE: Be sure to have a club member present at all times in order to keep an eye on the candy jar, explain the contest rules, and promote your club.*



# FUNDRAISING IDEAS

A SUCCESSFUL CLUB will inevitably incur some expenses. Funds will be required to purchase literature, attend conferences, participate in the March for Life in Washington, D.C., bring in speakers, buy snacks for meetings, and much more. Fundraising will help your club afford all of these expenses. Remember that club members are more motivated to raise funds and others are more willing to contribute if there is a specific dollar amount intended for a particular purpose (*e.g.*, raising \$200 for a student to attend the March for Life). This chapter contains some basic fundraising ideas. (Feel free to come up with your own!)

NOTE: *Many schools require advance notice for in-school fundraisers.*

## 1. Bake Sale

Club members can bake cookies, cupcakes, or other baked goods and sell them in the cafeteria during lunch, or before or after school.

## 2. Taffy Apple Sale

Either purchase taffy apples or make your own and sell them at lunch, or before or after school.

## 3. Baby Bottle Donations

Each club member is given (or can purchase) a baby bottle. The goal is to fill the bottle with as much money as possible by a specific date. Encourage club members to ask family and friends for donations. Be sure to identify a particular need (*e.g.*, \$300 for the local Pregnancy Resource Center) for your fundraiser so that donors know where their money is going.

#### **4. Bike for Life/Hike for Life/Run for Life**

This is a major event that requires a lot of organization. However, it can potentially raise a great deal of money for your club. Decide on the route and distance of a Bike/Hike/Walk for Life. It can be held at school or elsewhere (*e.g.*, park, forest preserve, etc.). Invite both members and non-members to sign up for the event. Participants will be responsible for collecting pledges from family and friends (either for the whole route or on a per-mile basis). Pledges should be turned in to the organizers by a certain date prior to the Bike/Hike/Walk. Money can be collected before or after the event.

#### **5. Design and Sell T-shirts**

Hold a T-shirt designing contest and offer a free T-shirt to the winner. Club members will judge the entries and vote for their favorite design. Sell T-shirts to club members and other students to raise funds. (Expect to pay \$10 to \$15 to have each shirt printed.)

#### **6. Car Wash**

Host a car wash on the school grounds or other convenient location. Either charge a set amount per car (no more than \$5) or simply ask for donations (you can sometimes earn more money this way). Have club members bring buckets, plenty of towels, rags, soap, and a hose.

#### **7. Candy Jar Contest**

Place a jar full of individually wrapped candies in a prominent location at school. In front of the jar, tape a sheet of paper with a space for each contestant's name and his guess of how many pieces of candy are in the jar. Charge a set price for each guess. The student whose guess is closest to the correct number will win the candy jar. The winner will be announced at the next club meeting and need not be present to win.

*NOTE: Be sure to have a club member present at all times in order to keep an eye on the candy jar, explain the contest rules, and promote your club.*

#### **8. Raffles**

Raffles sometimes require a lot of work, but you can make a lot of money without having to spend any. Contact local retailers, such as music stores, coffee shops or clothing stores and ask them to donate products or gift certificates. Explain the purpose of the donation and promise them free advertising throughout the school.

Next, place the prizes or pictures of them in a prominent location at school and advertise that the items will be raffled off on a particular date. Set up a table in the cafeteria or other prominent location at school and sell raffle tickets for \$1–\$5, depending on the prize. Be sure to let people know the purpose of the raffle.

**9. Sponsor a Student**

If you have members who want to go to a pro-life conference or take a trip to Washington, D.C. for the March for Life, but cannot afford it, simply ask friends and family to sponsor you. Figure out the total cost of the trip per student and have each club member who plans to attend collect sponsorships from friends and family members.

**10. Check the following website for more ideas: [www.fundraising-ideas.org](http://www.fundraising-ideas.org).**







# TIPS

THE TIPS in this chapter will help your club stay organized and continue to thrive.

**1. Include prayer at every meeting.**

It helps to have the guidance of the Holy Spirit to keep you on task and keep you humble.

**2. Leave time at the beginning or the end of each Club Meeting to socialize.**

**3. Have a clear purpose for each Club Meeting so time is not wasted.**

**4. Limit Club Meetings to one hour or less.**

**5. Limit Officers Meetings to half an hour or less.**

**6. Encourage members to invite friends to events and Club Meetings.**

**7. Have a special welcome for freshmen at the first Club Meeting of each year.**

**8. Welcome all students to Club Meetings and events regardless of their views on abortion.**

**9. Be consistent.**

Have regularly scheduled Club Meetings at least once a month. Have a basic outline that you follow at each meeting.

**10. Delegate Authority:**

- Ask one or two club members to prepare a Life Topic for an upcoming meeting.
- As your club grows and members take on various interests, consider forming committees that focus on specific issues such as sidewalk counseling, current events, politics, or letter writing.
- Put the talents of your club members to use.

**11. Keep files on meetings, events, literature, results of activities, articles, members, moderators, finances/expenses, resources, pro-life organizations you work with, etc.****12. Try to have food or candy at Club Meetings.**

If funds are low, ask members to bring something.

**13. Build a club library.**

Bring in extra books from home, purchase books or contact local pro-life organizations for pro-life books to start building your club library. This will be a wonderful resource for club members and students doing research papers. Future club members will continue to build the library, making it an even better resource.

**14. Try not to plan club events around the same time as major school events such as football games, midterm and final exams, or dances.****15. Use a calling tree or e-mail to more efficiently contact club members.****16. At meetings and events be sure to have:**

- Sign-in sheets
- Names, numbers and e-mail addresses of members, officers and moderator
- A calendar of events and meeting times
- Literature that corresponds with Life Topic presentations



# PRAYERS AND ICEBREAKERS



## PRAYERS & REFLECTIONS

### PRAYER FOR THE SPIRITUAL ADOPTION OF AN UNBORN CHILD

Jesus, Mary, and Joseph, I love you very much. I beg you to spare the life of the unborn baby I have spiritually adopted who is in danger of abortion. Amen.

*Archbishop Fulton J. Sheen recommended saying the above daily prayer for a period of one year to help babies in danger in the womb. During this life this spiritually adopted child of yours will be known only to God, but in Heaven you will meet the child whose life was spared by your prayers and enjoy eternal happiness in his or her company.*

### A PRAYER FOR CHILDREN

O Heavenly Father, we pray this day for the children of the world. We pray that you will protect, guide, and provide for those children who are unwanted, unloved, abandoned or abused. We pray for those children who have been orphaned. We pray for those most in peril, the unborn. Spare them, O Father, from the dangers of disease and drugs, an uncaring mother or father, but most of all from an untimely death at the hands of another. Replenish your Church, O God, with a fruitful offspring so that the Church may resound with the joy of their small voices that will one day turn in prayer to you, O Lord. Amen.

**PRAYER TO GOD, THE FATHER OF ALL LIFE**

Eternal God, You have revealed Yourself as the Father of all Life. We praise You for the Fatherly care which You extend to all creation, and especially to us, made in Your image and likeness.

Father, extend Your hand of protection to those threatened by abortion, and save them from its destructive power. Give Your strength to all fathers, that they may never give in to the fears that may tempt them to facilitate abortions.

Bless our families and bless our land, that we may have the joy of welcoming and nurturing the life of which You are the source and the Eternal Father. Amen.

**PEACE PRAYER**

Lord,  
 Make me an instrument of your peace.  
 Where there is hatred, let me sow love.  
 Where there is injury, pardon.  
 Where there is doubt, faith.  
 Where there is despair, hope.  
 Where there is darkness, light.  
 And where there is sadness, joy.

Lord, grant that I may not so much seek to be consoled, as to console.  
 To be understood, as to understand.  
 To be loved, as to love.  
 For it is in giving that we receive.  
 It is in pardoning that we are pardoned.  
 And it is in dying that we are born to eternal life. Amen.

—*St. Francis of Assisi*

**PRAYER FOR GENEROSITY**

Lord Jesus, teach me to be generous;  
 Teach me to serve you as you deserve,  
 To give and not to count the cost,  
 To fight and not to heed the wounds,  
 To toil and not to seek for rest,  
 To labor and not to ask for any reward,  
 But that of knowing that I do your will. Amen.

—*St. Ignatius Loyola*

**LORD, GIVE ME STRENGTH**

Give us your strength, Lord. Because sometimes things get tough, and we are ready to quit.

Give us your love, Lord. Because sometimes people reject us, and we are tempted to hate.

Give us your eyes, Lord. Because sometimes life gets dark, and we lose our way.

Give us your courage, Lord. Because often we are put under pressure, and it's hard to do what is right.

Give us yourself, Lord. Because our hearts were made for you, and we will not rest until we rest in you. Amen.

—Mark Link, S.J.

**LETTER TO A YOUNG ACTIVIST**

Do not depend on the hope of results. When you are doing the sort of work you have taken on, you may have to face the fact that your work will be apparently worthless and even achieve no worth at all, if not perhaps, results opposite to what you expect. As you get used to this idea, you start more and more to concentrate not on the results, but in the value, the rightness, the truth of the work itself. And there, too, a great deal has to be gone through, as gradually you struggle less and less for an ideal, and more and more for specific people. The range tends to narrow down, and it gets more real. In the end, it is the reality of personal relationships that saves everything.

—Thomas Merton

**REFLECTION**

The greatest gift of God,  
I would think,  
is the gift of life.

The greatest sin of humans,  
it would seem,  
would be to return that gift ungratefully and unopened.

—John J. Powell, S.J.

**THE WAY OF THE CROSS, THE WAY OF JUSTICE**

Those who commit themselves to the following of Christ pledge to share his life and destiny.

Like Jesus, they do not regard life as something to be enjoyed egotistically but rather as service to their fellow human beings, particularly to the neediest.

—*Leonardo Boff, O.F.M.*

**PROPHETS OF A FUTURE NOT OUR OWN**

It helps, now and then, to step back and take the long view.  
The Kingdom is not only beyond our efforts; it is beyond our vision.  
We accomplish in our lifetime only a tiny fraction of the magnificent enterprise  
that is the Lord's work ...

Nothing we do is complete, which is another way of saying that the Kingdom  
always lies beyond us.

No sermon says all that should be said.  
No prayer fully expresses our faith.  
No confession brings perfection.  
No pastoral visit brings wholeness.  
No program accomplishes the Church's mission.  
No set of goals and objectives includes everything.

That is what we are about.  
We plant the seeds that one day will grow,  
We water seeds already planted knowing they hold future promise.  
We lay foundations that will need further development.  
We provide yeast that produces effect far beyond our capabilities ...

We cannot do everything and there is a sense of liberation in realizing that.  
This enables us to do something, and to do it very, very well.

It may be incomplete, but it is a beginning, a step along the way,  
an opportunity for the Lord's grace to enter and do the rest.

We may never see the end results,  
but that is the difference between the Master Builder and the worker.

We are workers, not master builders ...  
Ministers, not messiahs.  
We are prophets of a future that is not our own. Amen.

—*Archbishop Oscar Romero*

## ICEBREAKERS

- **TWO TRUTHS AND A LIE** (good for smaller groups): Each person says 3 things about himself—2 that are true and 1 that is a lie. Others must guess which one is the lie.

- **GUESS WHO?** (good for smaller groups):

Props: paper, pens/pencils

Each person writes on a piece of paper the answers to the following questions: What is your favorite food, animal, TV show, hobby and color? Each person signs his name. Don't let anyone else see the answers. Fold each sheet and hand it in to the group leader. The leader then reads each sheet of paper, one at a time, to the whole group and members must guess to whom each set of answers belongs. Each person is awarded one point for each right guess. No one may guess himself. The person with the most points wins a prize.

- **NAME WHIP** (works best with smaller groups): Have the group sit in a circle. The leader starts by asking each person to think of an item that begins with the first letter of his first name. Each participant then introduces himself and announces his item. Each person is responsible for remembering the names and items for every person that precedes him in the circle. The whip ends when the last person in the circle names everyone in the room and the item each person chose.

- **TAKE AS MUCH AS YOU THINK YOU'LL NEED:**

Props: a roll of toilet paper

The leader passes around the toilet paper and each person is given this instruction: "Take as much as you think you will need." No other instructions are given until each person has taken his share. Once everyone has some, further instructions are given out. Group members must tell one thing about themselves for each square of toilet paper.

- **PEOPLE BINGO:** Make a 5 x 5 grid, like a bingo grid. Write "FREE" in the center space. In all the other spaces, write things such as "Born in another state," "Is the youngest child in family," or "Loves chocolate." Fill in all the spaces with items of possible interest to your club members. Run a copy for each person. Members are to get the signature of a person who meets the criterion for each space. (You might want to implement a rule that a person can only sign another person's paper in two spaces.) The first person with a completed card wins.

**NOTE:** Don't forget club officers. Include something to which only the officers can answer yes.

• **CAN YOU FOLLOW INSTRUCTIONS?:**

Props: pens/pencils and a copy of the following test for each person

A READ AND DO TEST

Time Limit: 3 minutes

1. Read all that follows before doing anything else.
2. Write your name in the upper right-hand corner of this page.
3. Circle the word “corner” in sentence two.
4. Draw five small squares in the upper left-hand corner of this page.
5. Put an “X” in each square.
6. Put a circle around each square.
7. Sign your name under line 5.
8. After your name, write “yes, yes, yes.”
9. Put a circle around number 7.
10. Put an “X” in the lower left-hand corner of this page.
11. Draw a triangle around the “X” you just made.
12. Call out your first name when you get to this point.
13. On the reverse side of this paper add 6950 and 9805.
14. Put a circle around your paper.
15. Now that you have finished reading carefully, do only numbers 1 and 2.

PLEASE BE QUIET AND WATCH THE OTHERS FOLLOW INSTRUCTIONS





# RESOURCES



## WHERE TO BUY BOOKS, VIDEOS, BROCHURES AND MERCHANDISE

### **Life Cycle Books**

Box 1008  
Niagara Falls, NY 14304-1008  
800-214-5849  
[www.lifecyclebooks.com](http://www.lifecyclebooks.com)

### **Life Issues Institute, Inc.**

1821 W. Galbraith Rd.  
Cincinnati, OH 45239  
513-729-3600  
[www.lifeissues.org](http://www.lifeissues.org)

### **Heritage House '76**

919 S. Main Street  
Snowflake, AZ 85937  
800-858-3040  
[www.hh76.com](http://www.hh76.com)

### **Wisconsin Right to Life**

10625 W. North Avenue, Suite LL  
Milwaukee, WI 53226-2331  
877-855-5007  
[www.wrtl.org/multimedia.htm](http://www.wrtl.org/multimedia.htm)

## ABORTION ALTERNATIVES

BOOKS: ***Real Choices: Listening to Women, Looking for Alternatives to Abortion.*** Frederica Mathewes-Green. Ben Lomond, Calif.: Conciliar, 1997.

***Having Your Baby When Others Say No.*** Madeline Pecora Nugent. New York: Avery, 1991.

CONTACTS: **National Life Center—800-848-LOVE**

Provides 24-hour access to nationwide network of pregnancy resource centers, post-abortion healing, and adoption resources.

**Option Line—800-395-HELP**

Provides 24-hour access to a network of pregnancy resource centers.

**St. Mary's Services**

717 W. Kirchoff Rd. Fl. 2  
Arlington Heights, IL 60005  
847-870-8181

Adoption agency headquartered in Arlington Heights, IL. Provides speakers who have given their children to adoptive parents.

**THE ABORTION INDUSTRY**

BOOKS: ***Aborting America.*** Bernard Nathanson, M.D. New York: Doubleday, 1979. Insider's account of the political games leading to the legalization of abortion in the U. S.

***Access: The Key to Pro-Life Victory.*** Mark Crutcher. Available from Life Dynamics, P. O. Box 2226, Denton, TX 76202, 940-380-8800, [www.lifedynamics.com](http://www.lifedynamics.com).

***Blessed Are The Barren: The Social Policy of Planned Parenthood.*** Robert Marshall and Charles Donovan. San Francisco: Ignatius, 1991.

***Grand Illusions: The Legacy of Planned Parenthood.*** George Grant. Franklin, Tenn.: Adroit, 1992.

***The Hand of God: A Journey from Death to Life by the Abortion Doctor Who Changed His Mind.*** Bernard Nathanson, M.D. Washington, DC: Regnery, 1996.

***Lime 5.*** Mark Crutcher. Denton, TX: Life Dynamics, 1996. Exposes the anti-woman agenda of the abortion industry.

***Won By Love: Norma McCorvey, Jane Roe of Roe v. Wade, Speaks Out for the Unborn As She Shares Her New Conviction for Life.*** Norma McCorvey. Rockford, Ill.: Thomas Nelson Publishers, 1998.

VIDEOS: ***Abortion: The Inside Story.*** 1995. Includes footage from testimonies given at the Pro-Life Action League's third and fourth "Meet the Abortion Providers" conferences.

***A Matter of Choice.*** 1986. A reporter examines both sides of the abortion issue.

***Meet the Abortion Providers.*** 1989. Includes footage from testimonies given at the Pro-Life Action League's first two "Meet the Abortion Providers" conferences.

NOTE: *Abortion: The Inside Story and Meet the Abortion Providers are available from:*

*Pro-Life Action League*  
6160 N. Cicero Ave., Suite 600  
Chicago, IL 60646  
773-777-2900  
[www.prolifeaction.org/store](http://www.prolifeaction.org/store)

WEBSITES: **Roe v. Wade Transcripts**  
[www.oyez.org/oyez/resource/case/334/resources](http://www.oyez.org/oyez/resource/case/334/resources)

**Life Decisions International**  
[www.fightpp.org](http://www.fightpp.org)

**Stop Planned Parenthood**  
[www.all.org/stopp](http://www.all.org/stopp)

## ABORTION PROCEDURES

BOOKS: **Abortion: Questions & Answers—Love Them Both.** John Willke, M.D. & Barbara Willke, R.N. Cincinnati: Hayes Publishing Company, 2003.

VIDEOS: **Hard Truth.** 1991—Extremely graphic, powerful visual evidence proves the humanity of the unborn child and the brutal reality of what abortion is.

**A Doctor Explains Abortion.** 1994—A former abortionist explains the various abortion methods and the risks associated with each.

**Eclipse of Reason.** 1987—Dr. Bernard Nathanson's documentary on late term abortion. Includes interviews with women who have been physically and emotionally scarred by abortion.

**The Silent Scream.** 1984—Ultrasound depiction of a Dilation and Evacuation abortion narrated by Dr. Bernard Nathanson.

WEBSITES: **Abortion Facts**  
[www.abortionfacts.com](http://www.abortionfacts.com)

## ACTIVISM

BOOKS: ***CLOSED: The Pro-Life Activist's Manual***. Joseph M. Scheidler. Niagara Falls, N.Y.: Life Cycle Books, 2006.

NOTE: *CLOSED: The Pro-Life Activist's Manual* is available from:

*Pro-Life Action League*  
6160 N. Cicero Ave., Suite 600  
Chicago, IL 60646  
773-777-2900  
[www.prolifeaction.org/store](http://www.prolifeaction.org/store)

***Making Abortion Rare: A Healing Strategy for a Divided Nation***. David C. Reardon. Springfield, Mass.: Acorn, 1996.

***Souls, Bodies, Spirits: The Drive to Abolish Abortion Since 1973***. Kerry N. Jacoby. Westport, Conn.: Praeger, 1998.

VIDEOS: ***Face the Truth***. 2001. Learn How Face the Truth Tours expose the reality of abortion to the American people.

***No Greater Joy***. 2000. A powerful look at the life-saving work of sidewalk counseling.

NOTE: *Face the Truth* and *No Greater Joy* are available from:

*Pro-Life Action League*  
6160 N. Cicero Ave., Suite 600  
Chicago, IL 60646  
773-777-2900  
[www.prolifeaction.org/store](http://www.prolifeaction.org/store)

WEBSITES: **Pro-Life Action League**  
[www.prolifeaction.org](http://www.prolifeaction.org)

**March for Life**  
[www.marchforlife.org](http://www.marchforlife.org)

**Teens for Life**  
[www.teensforlife.org](http://www.teensforlife.org)

**Survivors**  
[www.survivors.la](http://www.survivors.la)

**Youth Defence**  
[www.truthtv.org](http://www.truthtv.org)  
Activist organization in Ireland

**Pro-Life Action Ministries**  
[www.plam.org](http://www.plam.org)

**Operation Rescue**

www.operationrescue.org

**Life Chain**

www.nationallifechain.org

**Precious Life**

www.preciouslife.net

Activist organization in Northern Ireland

**AFTER ABORTION**

BOOKS: ***Her Choice to Heal: Finding Spiritual and Emotional Peace After Abortion.*** Sydna Masse and Joan Phillips. Cincinnati: HEART, 1999.

***Aborted Women: Silent No More.*** David C. Reardon. Westchester, Ill.: Crossway, 1987.

***Help for the Post-Abortion Woman.*** Paul and Teri Reisser. Grand Rapids, Mich.: Zondervan, 1989.

***The Jericho Plan: Breaking Down the Walls Which Prevent Post-Abortion Healing.*** David C. Reardon. Springfield, Ill.: Acorn Books, 1996.

***Forgiven and Set Free: A Post-Abortion Bible Study for Women.*** Linda Cochrane. Grand Rapids, Mich.: Baker, 1999.

***Healing a Father's Heart: A Post-Abortion Bible Study for Men.*** Linda Cochrane. Grand Rapids, Mich.: Baker, 1996.

***Abortion and Healing: A Cry to Be Whole.*** Rev. Michael Mannion. Kansas City: Sheed & Ward, 1986.

CONTACTS: **Rachel's Vineyard Ministries**

743 Roy Road  
King of Prussia, PA 19406  
877-HOPE 4 ME  
www.rachelsvineyard.org

**The National Office of Post-Abortion Reconciliation and Healing, Inc.**

P.O. Box 07477  
Milwaukee, WI 53207-0477  
800-5WE-CARE  
www.noparh.org

**Elliot Institute**

P. O. Box 7348  
 Springfield, IL 62791-7348  
 217-525-8202  
[www.afterabortion.org](http://www.afterabortion.org)

**Healing Hearts Ministries**

P. O. Box 789  
 Bonney Lake, WA 98390-0966  
 360.897.2711  
[www.healinghearts.org](http://www.healinghearts.org)

**National Memorial for the Unborn**

6230 Vance Road  
 Chattanooga, TN 37421  
 800-505-5565  
[www.memorialfortheunborn.org](http://www.memorialfortheunborn.org)

**CHASTITY/HUMAN SEXUALITY**

BOOKS: ***Real Love: Answers to Your Questions on Dating, Marriage and the Real Meaning of Sex.*** Mary Beth Bonacci. San Francisco: Ignatius, 1996.

***Good News About Sex and Marriage: Answers to Your Honest Questions About Catholic Teaching.*** Christopher West. Ann Arbor, Mich.: Servant, 2004.

***Standing with Courage: Confronting Tough Decisions about Sex.*** Mary-Louise Kurey. Huntington, Ind.: Our Sunday Visitor, 2002.

***Sex Has a Price Tag.*** Pam Stenzel. Grand Rapids, Mich.: Zondervan, 2003.

***If You Really Loved Me: 100 Questions on Dating, Relationships and Sexual Purity.*** Jason Evert. San Diego: Catholic Answers, 2003.

***Pure Love.*** Jason Evert. San Diego: Catholic Answers, 2003.

***Love, Sex, and Babies: How Your Marriage Can Benefit from Natural Family Planning.*** Jason Evert. San Diego: Catholic Answers.

VIDEOS: ***Sex Ed—No Screwing Around.*** Pam Stenzel. Ordering information available at: [www.pamstenzel.com](http://www.pamstenzel.com)

- WEBSITES: **Love Matters**  
[www.lovematters.com](http://www.lovematters.com)
- Sex Respect**  
[www.sexrespect.com](http://www.sexrespect.com)
- Real Love Productions**  
[www.reallove.net](http://www.reallove.net)
- Pam Stenzel**  
[www.pamstenzel.com](http://www.pamstenzel.com)
- Pure Intimacy**  
[www.pureintimacy.org](http://www.pureintimacy.org)  
 Help for those affected by pornography addiction
- Chastity Call**  
[www.chastitycall.org](http://www.chastitycall.org)  
 Christian site promoting teen chastity

## CONTRACEPTION / NATURAL FAMILY PLANNING

- BOOKS: ***Humanae Vitae*** (On Human Life). Pope Paul VI. 1968. Reiterates the traditional Christian teaching against contraception.
- A Consumer's Guide to the Pill and Other Drugs***. John Wilks. Stafford, Va.: American Life League, 1997.
- Condom Nation: Blind Faith, Bad Science***. Richard Panzer. Westwood, N.J.: Center for Educational Media, 1997.
- Love and Fertility: How to Avoid or Achieve Pregnancy ... Naturally***. Mercedes Wilson. Dunkirk, Md.: Family of the Americas: 1992.

- WEBSITES: **One More Soul**  
[www.omsoul.com](http://www.omsoul.com)
- Couple to Couple League**  
[www.ccli.org](http://www.ccli.org)

## DEFENDING THE PRO-LIFE POSITION

- BOOKS: ***Abortion: Questions & Answers—Love Them Both***. John Willke, M.D. & Barbara Willke, R.N. Cincinnati: Hayes Publishing Company, 2003.

***Dehumanizing the Vulnerable: When Word Games Take Lives.*** William Brennan. Chicago: Loyola University Press, 1995.

***Pro-Life 101.*** Scott Klusendorf. Signal Hill, Calif.: 2002.

***Pro-Life Answers to Pro-Choice Arguments.*** Randy Alcorn. Sisters, Oreg.: Multnomah, 2000.

***The Moral Question of Abortion.*** Stephen Schwarz. Chicago: Loyola University, 1990.

***Politically Correct Death: Answering the Arguments for Abortion Rights.*** Francis Beckwith. New York: Norton, 1993.

***Who Broke the Baby?*** Jean Staker Garton. Minneapolis: Bethany, 1998. Probing the meaning of “pro-choice” slogans.

## FETAL DEVELOPMENT

BOOKS: ***A Child Is Born.*** Lennart Nilsson. Surrey, UK: Delta, 2004.

***Abortion: Questions & Answers—Love Them Both.*** John Willke, M.D. & Barbara Willke, R.N. Cincinnati: Hayes Publishing Company, 2003.

***From Conception to Birth: A Life Unfolds.*** Alexander Tsiaris and Barry Werth. New York: Doubleday, 2002.

VIDEOS: ***Ultrasound: Eyewitness to the Earliest Days of Life.*** 2002.

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

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[www.visembryo.com/baby](http://www.visembryo.com/baby)

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



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

**Breast Cancer Prevention Institute**  
[bcpinstitute.org](http://bcpinstitute.org)

**Diagnosis Down Syndrome**  
[leeworks.net/DDS](http://leeworks.net/DDS)

**A Moment ... From a Child**  
[www.michaelclancy.com](http://www.michaelclancy.com)

Photo by Michael Clancy of baby Samuel's hand during *in utero* spina bifida corrective surgery and the story behind the picture.

**Feminists for Life**  
[www.feministsforlife.org](http://www.feministsforlife.org)

**Life Athletes**  
[www.lifeathletes.org](http://www.lifeathletes.org)

**Life Issues Institute**  
[www.lifeissues.org](http://www.lifeissues.org)

**Human Life International**  
[hli.org](http://hli.org)

**American Life League**  
[all.org](http://all.org)

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WEBSITES: **Generations for Life**  
[www.generationsforlife.org](http://www.generationsforlife.org)

**Abort 73**  
[www.abort73.com](http://www.abort73.com)  
Cutting edge pro-life site on "everything they don't want you to know."

**Students for Life of America**  
[www.aclife.org](http://www.aclife.org)  
Maintaining a pro-life presence on American college campuses.

**Chastity Call**

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

Christian site promoting teen chastity.

**Crossroads**

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

Pro-life youth walk cross-country witnessing to life.

**Gravity Teen**

[gravityteen.com](http://gravityteen.com)

Personal stories from teens about self-esteem, pregnancy, abortion, and drugs. Includes inspirational thoughts and quotes.

**Lovematters.com**

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

Magazine and website reaching out to teens with the pro-life and chastity messages.

**Rock for Life**

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

ALL's youth outreach group; focuses on pro-life music concerts and education.

**Stand Up Girl**

[standupgirl.com](http://standupgirl.com)

An outpost for the inmost girls. Crisis pregnancy testimonials and support.

**Survivors**

[www.survivors.la](http://www.survivors.la)

Christian pro-life activism group for teens and college students.

**World Youth Alliance**

[www.wya.net](http://www.wya.net)

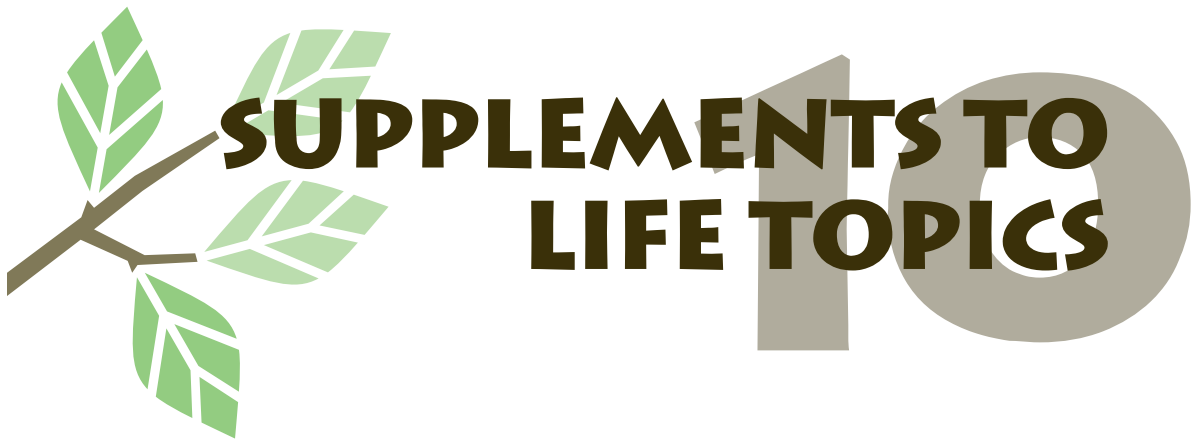
A global coalition of young people committed to promoting the dignity of the person and building solidarity among youth in developed and developing nations.

**Youth Defence**

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

Vibrant, young pro-life activists of Ireland.





# SUPPLEMENTS TO LIFE TOPICS

**THE FOLLOWING SUPPLEMENTS** are intended to enhance your use of the Life Topics described in Chapter 3. The number of the Life Topic corresponds to the Supplement number(s). For example, Life Topic 6: “After Abortion,” uses Supplements 6A and 6B.

**NOTE:** Not all Life Topics have supplements in this chapter. Some Life Topics use resources in the GFL Pocket in the back of the Curriculum, while others do not require any additional material.

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# HOW ABORTION BECAME LEGAL

SUPPLEMENT

## ROE V. WADE AND DOE V. BOLTON

ON JANUARY 22, 1973, the United States Supreme Court, in a 7–2 decision, handed down two rulings legalizing abortion in America. Prior to these rulings abortion in most of the 50 states was prohibited. In the states where abortion was permitted, such as New York and California, various restrictions had been placed on the reasons for abortion. These restrictions were removed by the January 22 rulings.

The Court based its decisions on the “right to privacy,” which it claimed was guaranteed by the U.S. Constitution, but which it could not specifically find anywhere. The Court concluded that it was implied in either the Fourteenth Amendment or the “penumbra” of the Bill of Rights.

The principal decision, *Roe v. Wade*, repealed all state laws prohibiting abortion. The companion case, *Doe v. Bolton*, extended the right to abortion to the entire nine months of pregnancy. The Court divided the term of pregnancy into trimesters (not a medical term prior to that time), and ruled that there could be no restrictions on abortions performed during the first trimester, or first three months of pregnancy.

During the second trimester (months 4–6), the court allowed states to pass certain regulations regarding abortion, but only to insure a woman’s safety. There could be no restrictions on a woman’s right to choose abortion.

During the third trimester (the last 3 months of pregnancy), the court conceded that a state could impose restrictions on abortion if the state found it in its interest to protect the child; however, the woman could still have access to an abortion for health reasons. Health, as defined by the World Health Organization, is “any condition that might impact her physical, emotional, psychological or financial well

being.” The court adopted this definition, effectively extending abortion on demand for the full nine months of pregnancy.

Justice William Rehnquist and Justice Byron White wrote dissenting opinions in these cases, arguing that the Court had overextended its reach and exercised “raw judicial power” (Justice White). In 1983, Justice Sandra Day O’Connor said that *Roe v. Wade* was “on a collision course with itself.” As advances in medical technology continue to make the personhood of the fetus increasingly obvious, a woman’s “right to privacy” is being more forcibly challenged by the unborn child’s right to life.

Neither of the two women whose cases were originally brought to the Supreme Court had abortions. Norma McCorvey (*Roe*) had claimed she was gang raped in order to gain sympathy for her attempt to have an abortion in Texas. Her lawyer, Sarah Weddington, knew the rape story was a lie when she argued the case before the Supreme Court, but she chose to keep that information from the court and the public. The truth did not surface until 1988, when Norma McCorvey herself confessed to the lie. In 1995, McCorvey joined the pro-life movement.

Sandra Cano (*Doe*) never wanted an abortion. She went to a lawyer for help in reclaiming her children, who had been taken from her at a time when she was unable to provide for them. Pregnant at the time, she agreed to let her attorney, Margie Pitts Hames, use her in an effort to legalize abortion in Georgia, in return for the legal help in getting her children back.

The lawyers did not come through on their promise to help, and when the Supreme Court decision came down, both the lawyers and Cano’s family tried to force her to have a late-term abortion. She had to leave the state to avoid the abortion they scheduled for her. Cano tried to publicize her opposition to abortion shortly after the 1973 decision, but the media paid no attention to her.

Both McCorvey and Cano spoke about their experiences at the Pro-Life Action League conference in Chicago on April 20, 1996.

*See also: [www.prolifeaction.org/faq/abortion.htm#roe](http://www.prolifeaction.org/faq/abortion.htm#roe)*



# ABORTION PROCEDURES

SUPPLEMENT

## COMMON METHODS OF ABORTION

### **D & C (DILATION AND CURETTAGE) / SUCTION ASPIRATION**

6–12 weeks

First trimester abortions make up approximately 90% of all abortions. One of the most common procedures is the D & C / suction abortion. To perform this abortion, the cervix is opened using an osmotic dilator and a curette (a thin metal rod with a sharp loop at the end) is inserted into the uterus. The curette is used to dismember the fetus. Then a cannula (a hollow plastic tube), attached to a suction aspirator, is inserted to forcibly remove the fetus, placenta and uterine lining. A stockinet, which is attached to the end of the suction tube, catches any solid matter. In order to avoid the risk of infection or hemorrhaging, the contents of the stockinet are examined to be sure all fetal parts have been removed.

### **D & E (DILATION AND EVACUATION)**

12–24 weeks

A dilation and evacuation abortion is performed in the second trimester and is usually a 2–3 day procedure. At this stage of pregnancy, the fetus' tendons and muscles are more developed, and the bones have begun to calcify. The cervix has closed more tightly and must be dilated enough to remove the larger fetus. To aid in cervical dilation, laminaria (dried seaweed sticks) are inserted into the cervix. The dilation process can take 1–2 days depending on the size of the fetus. Once the cervix is sufficiently dilated, the laminaria are removed. Forceps are inserted into the uterus to forcibly dismember the fetus. The skull is then crushed and removed. A suction aspirator is then introduced to remove any remaining fetal parts, the placenta and uterine lining.

**D & X (DILATION AND EXTRACTION) or PARTIAL BIRTH ABORTION**

24–36 weeks

Partial Birth Abortion is primarily used in the third trimester. As with the D & E, the cervix must be dilated using laminaria. Forceps are then introduced into the uterus to grasp the baby's legs. The baby is delivered breech while the head remains inside the birth canal. Using blunt-tipped surgical scissors, the base of the skull is pierced and a suction catheter is inserted to extract the brain. This causes the skull to collapse and the dead baby is then fully delivered. Many times, while the child is partially delivered and still alive, the organs are removed and sold—often illegally—for fetal tissue experimentation.

**PROSTAGLANDIN or LIVE BIRTH ABORTION**

20–28 weeks

A prostaglandin abortion is done in the second or early third trimester. Prostaglandins are naturally occurring chemical compounds which assist in the birthing process. For this abortion procedure, artificial prostaglandins are injected into the amniotic sac, which induces violent labor and leads to the birth of a child usually too young to survive without medical assistance. Since some babies have survived the trauma of a prostaglandin abortion and been born alive, salt or another toxin is first injected into the heart to ensure that the baby will be delivered dead.

**RU-486**

Up to 56 days gestation

RU-486 is a chemical abortion that requires at least three visits to a clinic. At the first visit, the woman is given a physical exam and is administered RU-486 (also known as *Mifeprex* or *mifepristone*). RU-486 blocks the action of progesterone, the natural hormone vital to maintaining the lining of the uterus during pregnancy. The embryo starves as the nutrient lining disintegrates.

At a second visit, 36–48 hours later, the woman is given a dose of artificial prostaglandins—usually misoprostol—which initiate uterine contractions and normally causes the embryo to be expelled from the uterus. Most women abort during the 4-hour waiting period, but about 30% abort as many as five days later—at home, work, etc.

A third visit about 2 weeks later determines whether the abortion was actually complete or if a D & C / suction abortion is necessary.



# FORMER ABORTION PROVIDERS

## SUPPLEMENT

### A FORMER ABORTIONIST TELLS HER STORY

*Dr. Beverly McMillan was no reluctant participant in abortion. Though raised in a conservative Christian home in Tennessee, as a young medical student she adopted the ideology of radical pro-abortion feminism. As a doctor, she went on to open the largest abortion clinic in the state of Mississippi.*

*Dr. McMillan stopped performing abortions in 1978. She and her husband are now active in the pro-life movement. Dr. McMillan told her story at the second Meet the Abortion Providers Conference sponsored by the Pro-Life Action League in 1989. (Her testimony has been slightly edited for readability.)*

#### THE BEGINNING

I knew pretty early that I wanted to be a physician and when I was eighteen I left my little town in east Tennessee to go off to the University of Tennessee in Knoxville to begin my pre-medical training. I thought I was ready to take on the world!

#### RADICAL SHIFT IN VALUES

I soon found out, however, that the world I had just entered was a lot different than what I'd grown up in. It was a very anti-Christian atmosphere and I knew I was going to have to make a decision about what I was going to do with my life. Was I going to live by the rules I was brought up with, or was I going to live with the NOW generation?

Like a lot of young college people, I looked around and the world surrounding me seemed a lot more real and a lot more fun than what was going on back home. I made a decision as a 19-year-old sophomore that I was going to live the way of the world.

I remember going to church one last time and my parting prayer was, “God, if you’re real, I hope you come back and get me some day. So long.” And I didn’t set foot inside a church for another fourteen years.

### EXPOSURE TO BACK ALLEY ABORTION

Upon completing medical school and my internship, I decided to specialize in obstetrics and gynecology. Now this was in the late 1960s, and I had not encountered abortion at all in my medical school training or my internship. It wasn’t until I went off to do my residency at Cook County Hospital in Chicago that I came face-to-face with abortion.

I’m afraid that I made my decision to be an abortionist way back in 1969 in Chicago. I had to spend six weeks of my six months on a ward called the Infected OB Ward. I had this idea in my mind that we would probably be taking care of women coming from the surgery wards where my fellow residents had maybe done C-sections and they had messed them up.

But that first night on call, I found out where my patients were really coming from. As soon as the sun went down, the elevator started coming up from the Emergency Room and depositing women on our doorstep. All these women had very similar situations. They were all bleeding, running a fever, and had a tender, enlarged uterus.

I was puzzled, but kept working. I just basically tried to shuffle through to get them in bed and stabilized and keep up with the elevator. About halfway through that evening it finally hit me that these women were coming from the back alley abortion mills in Chicago.

### OFFERING WOMEN “REAL HELP”

The year, as I said, was 1969; four years before abortion was legalized. Every night I was on call some 15 to 25 women would come in, and we would take these women back, one at a time, to a little treatment room where, without any anesthesia at all, we would have to do another D & C, and we would have to scrape out whatever infected tissue the abortionist had left in. It was a pretty brutal situation.

I remember that at the end of the six weeks, I was very angry. It occurred to me that if women were so desperate about an unwanted pregnancy that they were willing to go to some back alley and put their life on the line, I was ready for the medical profession to start offering a little real help to these women and show a little social responsibility.

In 1973, when the *Roe v. Wade* decision was handed down, I had finished my residency training and went into private practice with another physician in a little town

just outside of Lexington. We went out and bought a suction abortion machine and we started doing first trimester abortions in our office.

#### **FIRST ABORTION CLINIC IN MISSISSIPPI**

In 1974, after being in private practice about two years, my husband presented me with the news that we were moving to Jackson, Mississippi. I got re-organized and opened up my private practice of obstetrics and gynecology in January 1975.

Business was very slow. I didn't know anybody in town; the referrals were few and far between. In that entire year, I think I delivered six babies. Needless to say, it was a real difficult year for me until that spring.

In the spring of 1975, I met a group of concerned citizens and clergy who had banded together for the express purpose of opening up the first abortion clinic in the city of Jackson—not only would it be the first abortion clinic in Jackson, but the entire state of Mississippi.

Women in Mississippi were having to travel to Alabama, Tennessee or Louisiana to get an abortion. This group had done their homework well. They had lined up a place, nurses, counselors, and equipment, but they could not find anyone willing to be called the local abortionist.

So here was somebody new in town. They came to me and asked me if I would consider it. Initially I said, "No, thank you." But as time went on it really started to bother me because I knew that the reason I had turned them down was because I was just afraid. I really did think that legal abortion was a good thing for women.

So I did finally accept their offer, and in the fall of 1975, I gained the dubious distinction of opening up that first abortion clinic in Jackson, Mississippi.

#### **UNHAPPY DESPITE WORLDLY SUCCESS**

By 1976, things looked like they were going pretty well for me. My private office was busy enough that I was operating in the black and the abortion clinic was so busy that I couldn't do all the procedures myself; I had to get some other folks to help me out and do the operations.

I had a nice car, a nice house, I had three healthy little boys, and all the clothes I could want. In fact, I realized that everything that I ever wanted to accomplish when I left eastern Tennessee I had pretty much accomplished.

The confounding part to me at that point was that if my life was going so well, if it were such a bowl of cherries, why was I in the pits, as Erma Bombeck says. I was so

depressed that by January, I couldn't stand it. I didn't know what was wrong. Thoughts of suicide were beginning to cross my mind, and that had never happened before.

### A SUBSTITUTE FOR CHRIST?

So being an intellectual type, I decided I just needed something to get my head straightened out. I went out to a secular book store and stumbled across the book entitled *The Power of Positive Thinking*, by Dr. Norman Vincent Peale. I thought, this sounds like a good book. I've got a lot of things to be positive about, I just need to get my attitude right.

So I bought the book, and I took it home and started reading it. I read the introduction and the preface and the table of contents, and it sounded pretty good. I read chapter one, and it was about people just like me; they didn't want to get up in the morning; they didn't know what the meaning of life was; they were depressed all the time. I thought, yes, this is the right book.

At the end of the chapter Dr. Peale had a list of ten things to do to start getting your positive attitude in shape. I was going down the list and reached number 7, and it said: "Affirm ten times a day, 'I can do all things through Christ who strengthens me.'" Well, I choked. I thought, what kind of trash did I pick up in this bookstore?

Well, I was able to do everything on that list of ten, except that number 7. I carried that book around with me for a week and a half trying to find something to substitute for that verse, just something that would be acceptable to my heart.

### THE HAND OF HEAVEN

One miserable Monday morning I was driving to work (and for those of you who don't know about Mississippi in February, it's the monsoon season, and it's always cold, gray, and rainy) and wouldn't you know it, that Norman Vincent Peale book was sitting on the car seat right beside me. There I was, I was pulling into the doctors' parking lot at Baptist Hospital, and I finally just gave up and said, "I can do all things through Christ who strengthens me."

I was unprepared for what happened next. I'm kind of a cool person, and don't have a lot of emotional ups and downs. God usually doesn't deal with me through emotional blitzes, but this was a big emotional blitz.

I was not alone in that car. I felt the presence of someone coming up over the back seat of my car and grasping my right shoulder—the hand of heaven. He was just right there in the car with me and, oh, my goodness!



Well, I got the car parked (that was a major accomplishment) and put my makeup back on because I was crying out of joy. I must have said that verse a hundred times that day, not just ten times.

### **THE HOLY SPIRIT SLOWLY AT WORK**

I finished reading the book. And at the end of it, Dr. Peale had two other suggestions: He suggested reading the Bible every day and to engage in some Christian fellowship.

So I went out and bought a Bible and started reading the New Testament. As for the Christian fellowship, I thought back over my friends and acquaintances and realized there was only one person that I knew was a Christian. So I decided to spend more time with my friend, Barbara.

Well, I began noticing that something strange was happening during my nights on call at the abortion facility. What had been very easy for me to do up till this time started to become harder and harder to do. I didn't understand why because nothing that I was reading in the New Testament said, "Thou Shalt Not Commit Abortions." But it was the Holy Spirit starting to work on me.

### **THE LORD'S FIRST HEALING TOUCH**

I've heard other people talk about their experiences in coming out of their abortion situations, and my situation seems to be very similar. It doesn't happen all at once.

There's a miracle recorded in the Gospel of Mark where Jesus heals a blind man. When the man is brought to the Lord, he's absolutely stone blind, doesn't see a thing. I think that was me before the experience in the car. After Jesus met the man, He took some spit, touched his eyes, and asked him what he saw. And he said, "I see men walking around but they look like trees." He was seeing something but he wasn't seeing very clearly. It took a second touch from the Lord before that man was able to see well.

One of the things that was starting to bother me was, after I would do the suction D & C procedure, I would then go over to the suction bottle and go outside the room to a sink where I would personally pick through it with a forceps. I would have to identify the four extremities, the spine, the skull and the placenta. If I didn't find that, I would have to go back and scrape and suction some more, or else my patients would be showing up in 48 or 72 hours, just like those women at Cook County with an infected, incomplete abortion.

### REALLY SEEING ABORTION FOR THE FIRST TIME

Standing at that sink, I guess I just started seeing these bodies for the first time. I don't know what I did before that. I think I just counted. Blood didn't make me sick. I could handle all the guts and gore of medicine. But I started seeing this for the first time and it started bothering me.

I remember one afternoon in particular, a very attractive young woman who was the day-to-day manager of the clinic came up to the sink while I was getting ready to go through my little procedure, and she said, "Would you let me see? I've never really seen what you look at in the sink."

I said, "Sure," and I started showing her what happened to be about a twelve-week abortion. That day as I was showing her, I remember very clearly seeing an arm and seeing the deltoid muscle, and it struck me how beautiful this was. The thought just engorged my mind: "Here is this beautiful piece of human flesh. What are you doing?" So for a number of months I just directed medicine.

### GOD'S CALL TO BE BAPTIZED

I eventually started going to church. Sitting under the preaching of the Gospel and really hearing it for the first time, God began impressing me with a number of things, one of which was that He wanted me to get baptized as a believer and publicly identify with what He had done in my life.

God was just impressing on my heart that I was not to come into the church and bring the abortion clinic with me and sully the holiness of the Lord Jesus Christ. So in the fall of 1978, by the grace of God, I got baptized in my church, and I resigned from the abortion clinic.

### THE LORD'S SECOND HEALING TOUCH

It wasn't until 1980 that I got my second touch from the Lord. This was four years after my conversion experience. I got invited to a pro-life meeting where Dr. Paul Fowler from Reformed Theological Center was organizing Jackson's first Right-to-Life group. He needed a group of physicians to give some moral support, knowledge and expertise to the Right-to-Life group and I was invited to a brown bag luncheon just to talk about abortion.

It was there in that meeting with fellow believers, fellow physicians—who knew much more about Scripture than I did—that I had my eyes opened up to what God thought about unborn human life. My medical knowledge also began to be filtered through the Scriptures.

One of the things I left that meeting with that day was a conviction about IUDs. A family practice doctor told me—the expert, the gynecologist—that IUDs were mini-abortions—that conception takes place in the fallopian tube and implantation inside the uterus and that an IUD certainly doesn't stop fertilization.

He was right! And I tell you, it was harder for me to quit putting in IUDs than it was to quit doing abortions. When you quit doing abortions you get lots of pats on the back; people say, "Nice kid! You're cleaning up your act." When you stop putting in IUDs, people aren't so receptive, and they say you're a "kook."

### **MAKING PUBLIC CONFESSION**

In addition to working with Right-to-Life, I started sharing my story locally and wherever the Lord opened doors about how I had been led out of the abortion business.

My pastor, a very wise man, has said very wisely that private sins require private confession and repentance. Public sins require public confession and repentance. So I don't mind sharing about the sin of abortion in my life.





# AFTER ABORTION

## SUPPLEMENT

### 6A THE MAJOR PHYSICAL AND PSYCHOLOGICAL CONSEQUENCES OF ABORTION:

#### PHYSICAL CONSEQUENCES

##### DEATH:

According to a 1997 government funded study in Finland, women who abort are approximately four times more likely to die in the following year than women who carry their pregnancies to term.<sup>1</sup>

The leading causes of abortion related maternal deaths within a week of the surgery are hemorrhage, infection, embolism, anesthesia, and undiagnosed ectopic pregnancies. Legal abortion is reported as the fifth leading cause of maternal death in the United States, though in fact it is recognized that most abortion related deaths are not officially reported as such.<sup>2</sup>

##### BREAST CANCER:

The risk of breast cancer almost doubles after one abortion, and rises even further with two or more abortions.<sup>3</sup>

<sup>1</sup> Gissler, M., *et al*, "Pregnancy-associated deaths in Finland 1987–1994—definition problems and benefits of record linkage," *Acta Obstetrica et Gynecologica Scandinavica* 76:651–657 (1997).

<sup>2</sup> Kaunitz, "Causes of Maternal Mortality in the United States," *Obstetrics and Gynecology*, 65(5) May 1985.

<sup>3</sup> H.L. Howe, *et al*, "Early Abortion and Breast Cancer Risk Among Women Under Age 40," *International Journal of Epidemiology* 18(2):300–304 (1989); L.I. Remennick, "Induced Abortion as A Cancer Risk Factor: A Review of Epidemiological Evidence," *Journal of Epidemiological Community Health*, (1990); M.C. Pike, "Oral Contraceptive Use and Early Abortion as Risk Factors for Breast Cancer in Young Women," *British Journal of Cancer* 43:72 (1981).

**CERVICAL, OVARIAN, AND LIVER CANCER:**

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 risks are linked to both untreated cervical damage and the unnatural disruption of the hormonal changes which accompany pregnancy.<sup>4</sup>

**UTERINE PERFORATION:**

Between 2 and 3% of abortion patients suffer perforation of their uterus. Most will remain undiagnosed and untreated.<sup>5</sup> Uterine damage may result in complications in later pregnancies and may eventually evolve into problems which require a hysterectomy.

**CERVICAL LACERATIONS:**

Significant cervical lacerations requiring sutures occur in at least 1% of first trimester abortions. Latent post-abortion cervical damage may result in subsequent cervical incompetence, premature delivery, and complications of labor. The risk of cervical damage is greater for teenagers, for second trimester abortions, and when practitioners fail to use laminaria for dilation of the cervix.<sup>6</sup>

**PLACENTA PREVIA:**

Abortion increases the risk of placenta previa (the abnormal development of the placenta due to uterine damage) in later pregnancies by seven to fifteen times. It

<sup>4</sup> M-G, Le, *et al*, "Oral Contraceptive Use and Breast or Cervical Cancer: Preliminary Results of a French Case-Control Study, Hormones and Sexual Factors in Human Cancer Etiology, ed. JP Wolff, *et al*, Excerpta Medica: New York (1984) pp.139-147; F. Parazzini, *et al*, "Reproductive Factors and the Risk of Invasive and Intraepithelial Cervical Neoplasia," *British Journal of Cancer*, 59:805-809 (1989); H.L. Stewart, *et al*, "Epidemiology of Cancers of the Uterine Cervix and Corpus, Breast and Ovary in Israel and New York City," *Journal of the National Cancer Institute* 37(1):1-96; I. Fujimoto, *et al*, "Epidemiologic Study of Carcinoma in Situ of the Cervix," *Journal of Reproductive Medicine* 30(7):535 (July 1985); N. Weiss, "Events of Reproductive Life and the Incidence of Epithelial Ovarian Cancer," *Am. J. of Epidemiology*, 117(2):128-139 (1983); V. Beral, *et al*, "Does Pregnancy Protect Against Ovarian Cancer," *The Lancet*, May 20, 1978, pp. 1083-1087; C. LaVecchia, *et al*, "Reproductive Factors and the Risk of Hepatocellular Carcinoma in Women," *International Journal of Cancer*, 52:351, 1992.

<sup>5</sup> S. Kaali, *et al*, "The Frequency and Management of Uterine Perforations During First-Trimester Abortions," *Am. J. Obstetrics and Gynecology* 161:406-408, August 1989; M. White, "A Case-Control Study of Uterine Perforations documented at Laparoscopy," *Am. J. Obstetrics and Gynecology* 129:623 (1977).

<sup>6</sup> K. Schulz, *et al*, "Measures to Prevent Cervical Injuries During Suction Curettage Abortion," *The Lancet*, May 28, 1983, pp 1182-1184; W. Cates, "The Risks Associated with Teenage Abortion," *New England Journal of Medicine*, 309(11):612-624; R. Castadot, "Pregnancy Termination: Techniques, Risks, and Complications and Their Management," *Fertility and Sterility*, 45(1):5-16 (1986).

also increases the risk of fetal malformation, perinatal death, and excessive bleeding during labor.<sup>7</sup>

**HANDICAPPED NEWBORNS IN LATER PREGNANCIES:**

Abortion is associated with cervical and uterine damage that may increase the risk of premature delivery, complications of labor and abnormal development of the placenta in later pregnancies. These reproductive complications are the leading causes of handicaps among newborns.<sup>8</sup>

**ECTOPIC PREGNANCY:**

Abortion is significantly related to an increased risk of subsequent ectopic pregnancies. Ectopic pregnancies, in turn, are life threatening and may result in reduced fertility.<sup>9</sup>

**ENDOMETRITIS:**

Endometritis is a post-abortion risk for all women, but especially for teenagers, who are 2.5 times more likely than women in their twenties to acquire endometritis following abortion.<sup>10</sup>

**IMMEDIATE COMPLICATIONS:**

Approximately 10% of women undergoing elective abortion will suffer immediate complications, of that approximately one-fifth (2%) 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 endotoxic shock. The most common "minor" complications include: infection, bleed-

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<sup>7</sup> Barrett, *et al*, "Induced Abortion: A Risk Factor for Placenta Previa," *American Journal of Ob&Gyn*. 141:7 (1981).

<sup>8</sup> Hogue, Cates and Tietze, "Impact of Vacuum Aspiration Abortion on Future Childbearing: A Review," *Family Planning Perspectives* (May-June 1983), vol.15, no.3.

<sup>9</sup> Daling, *et al*, "Ectopic Pregnancy in Relation to Previous Induced Abortion," *JAMA*, 253(7):1005-1008 (Feb. 15, 1985); Levin, *et al*, "Ectopic Pregnancy and Prior Induced Abortion," *American Journal of Public Health* (1982), vol.72, p253; C.S. Chung, "Induced Abortion and Ectopic Pregnancy in Subsequent Pregnancies," *American Journal of Epidemiology* 115(6):879-887 (1982)

<sup>10</sup> Burkman, *et al*, "Morbidity Risk Among Young Adolescents Undergoing Elective Abortion" *Contraception*, 30:99-105 (1984); "Post-Abortal Endometritis and Isolation of Chlamydia Trachomatis," *Obstetrics and Gynecology* 68(5):668-690, (1986)

ing, fever, second degree burns, chronic abdominal pain, vomiting, gastro-intestinal disturbances, and Rh sensitization.<sup>11</sup>

#### **INCREASED RISKS FOR WOMEN SEEKING MULTIPLE ABORTIONS:**

In general, most of the studies cited above reflect risk factors for women who undergo a single abortion. These same studies show that women who have multiple abortions face a much greater risk of experiencing these complications. This point is especially noteworthy since approximately 45% of all abortions are performed on women who have previously had at least one abortion.

#### **INCREASED RISKS FOR TEENAGERS:**

Teenagers, who account for about 20% of all abortions, are also at a much higher risk of suffering many abortion related complications. This is true of both immediate complications and of long-term reproductive damage.<sup>12</sup>

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*Source:* The Elliot Institute.

“A List of Major Physical Sequelae Related to Abortion.” 2000. 5 August 2003  
<<http://afterabortion.org/physica.html>>

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<sup>11</sup> 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,” *Am. J. Public Health*, 76(5):550–554 (1986).

<sup>12</sup> Wadhera, “Legal Abortion Among Teens, 1974–1978,” *Canadian Medical Association Journal*, 122:1386–1389, (June 1980).



## PSYCHOLOGICAL CONSEQUENCES

### REQUIREMENT OF PSYCHOLOGICAL TREATMENT:

In a study of post-abortive patients only 8 weeks after their abortion, researchers found that 44% complained of nervous disorders, 36% had experienced sleep disturbances, 31% had regrets about their decision, and 11% had been prescribed psychotropic medicine by their doctor.<sup>13</sup> A 5-year retrospective study in two Canadian provinces found significantly greater use of medical and psychiatric services among post-abortive women. Most significant was the finding that 25% of post-abortive women made visits to psychiatrists as compared to 3% of the control group.<sup>14</sup> 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.<sup>15</sup>

Since many post-abortive women use repression as a coping mechanism, there may be a long period of denial before a woman seeks psychiatric care. These repressed feelings may cause psychosomatic illnesses and psychiatric or behavioral problems in other areas of her life. As a result, some counselors report that unacknowledged post-abortion distress is the causative factor in many of their female patients, even though their patients have come to them seeking therapy for seemingly unrelated problems.<sup>16</sup>

### SEXUAL DYSFUNCTION:

Thirty to fifty percent of aborted women report experiencing sexual dysfunctions, of both short and long duration, beginning immediately after their abortions. These problems may include one or more of the following: loss of pleasure from intercourse, increased pain, an aversion to sex and/or males in general, or the development of a promiscuous life-style.<sup>17</sup>

<sup>13</sup> Ashton, "The Psychosocial Outcome of Induced Abortion," *British Journal of Ob&Gyn.*, 87:1115-1122, (1980).

<sup>14</sup> Badgley, *et al*, Report of the Committee on the Operation of the Abortion Law (Ottawa: Supply and Services, 1977) pp.313-321.

<sup>15</sup> 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 Postabortion Psychotic Reactions," *Family Planning Perspectives* 13:88-91 (1981).

<sup>16</sup> Kent, *et al*, "Bereavement in Post-Abortive Women: A Clinical Report," *World Journal of Psychosynthesis* (Autumn-Winter 1981), vol.13, nos.3-4.

<sup>17</sup> Speckhard, *Psycho-social Stress Following Abortion*, Sheed & Ward, Kansas City: MO, 1987; and Belsey, *et al*, "Predictive Factors in Emotional Response to Abortion: King's Termination Study-IV," *Soc. Sci. & Med.*, 11:71-82 (1977).

**SUICIDAL IDEATION AND SUICIDE ATTEMPTS:**

Approximately 60% of women report suicidal ideation, and 28% actually attempt suicide. Half of that 28% attempted suicide two or more times.<sup>18</sup>

**ALCOHOL ABUSE:**

Abortion is significantly linked with a twofold increased risk of alcohol abuse among women.<sup>19</sup>

**DRUG ABUSE:**

Abortion is significantly linked to subsequent drug abuse.<sup>20</sup>

**EATING DISORDERS:**

For at least some women, post-abortion stress is associated with eating disorders such as binge eating, bulimia, and anorexia nervosa.<sup>21</sup>

**CHILD NEGLECT OR ABUSE:**

Abortion is linked with increased depression, violent behavior, alcohol and drug abuse, “replacement pregnancies,” and reduced maternal bonding with other children. These factors are closely associated with child abuse and would appear to

<sup>18</sup> Speckhard, *Psycho-social Stress Following Abortion*, Sheed & Ward, Kansas City: MO, 1987; Gissler, Hemminki & Lonnqvist, “Suicides after pregnancy in Finland, 1987-94: register linkage study,” *British Journal of Medicine* 313:1431-4, 1996.C. Haignere, *et al*, “HIV/AIDS Prevention and Multiple Risk Behaviors of Gay Male and Runaway Adolescents,” Sixth International Conference on AIDS: San Francisco, June 1990; N. Campbell, *et al*, “Abortion in Adolescence,” *Adolescence*, 23(92):813-823 (1988); H. Vaughan, *Canonical Variates of Post-Abortion Syndrome*, Portsmouth, NH: Institute for Pregnancy Loss, 1991; B. Garfinkel, “Stress, Depression and Suicide: A Study of Adolescents in Minnesota,” *Responding to High Risk Youth*, Minnesota Extension Service, University of Minnesota (1986).

<sup>19</sup> Klassen, “Sexual Experience and Drinking Among Women in a U.S. National Survey,” *Archives of Sexual Behavior*, 15(5):363-39; M. Plant, *Women, Drinking and Pregnancy*, Tavistock Pub, London (1985); Kuzma & Kissinger, “Patterns of Alcohol and Cigarette Use in Pregnancy,” *Neurobehavioral Toxicology and Teratology*, 3:211-221 (1981).

<sup>20</sup> Oro, *et al*, “Perinatal Cocaine and Methamphetamine Exposure Maternal and Neo-Natal Correlates,” *J. Pediatrics*, 111:571-578 (1978); D.A. Frank, *et al*, “Cocaine Use During Pregnancy Prevalence and Correlates,” *Pediatrics*, 82(6):888 (1988); H. Amaro, *et al*, “Drug Use Among Adolescent Mothers: Profile of Risk,” *Pediatrics* 84:144-150, (1989)

<sup>21</sup> Speckhard, *Psycho-social Stress Following Abortion*, Sheed & Ward, Kansas City: MO, 1987; J. Spaulding, *et al*, “Psychoses Following Therapeutic Abortion,” *Am. J. of Psychiatry* 125(3):364 (1978); R.K. McAll, *et al*, “Ritual Mourning in Anorexia Nervosa,” *The Lancet*, August 16, 1980, p. 368.

confirm individual clinical assessments linking post-abortion trauma with subsequent child abuse.<sup>22</sup>

#### **DIVORCE AND CHRONIC RELATIONSHIP PROBLEMS:**

Post-abortive couples are more likely to divorce or separate. Many post-abortive women develop a greater difficulty forming lasting bonds with a male partner. This may be due to abortion related reactions such as lowered self-esteem, greater distrust of males, sexual dysfunction, substance abuse, and increased levels of depression, anxiety, and volatile anger.<sup>23</sup>

#### **REPEAT ABORTIONS:**

Women with a prior abortion experience are four times more likely to abort a current pregnancy than those with no prior abortion history.<sup>24</sup>

This increased risk is due to lowered self esteem, a conscious or unconscious desire for a replacement pregnancy, and increased sexual activity following the abortion. Aspects of self-punishment through repeated abortions are also reported.<sup>25</sup>

Approximately 45% of all abortions are repeat abortions.

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*Source:* The Elliot Institute.

"A List of Major Psychological Sequelae Related to Abortion." 2000. 5 August 2003  
<<http://afterabortion.org/psychol.html>>

<sup>22</sup> Benedict, *et al*, "Maternal Perinatal Risk Factors and Child Abuse," *Child Abuse and Neglect*, 9:217–224 (1985); P.G. Ney, "Relationship between Abortion and Child Abuse," *Canadian Journal of Psychiatry*, 24:610–620, 1979; Reardon, *Aborted Women—Silent No More* (Chicago: Loyola University Press, 1987), 129–30, describes a case of woman who beat her three year old son to death shortly after an abortion which triggered a "psychotic episode" of grief, guilt, and misplaced anger.

<sup>23</sup> Shepard, *et al*, "Contraceptive Practice and Repeat Induced Abortion: An Epidemiological Investigation," *J. Biosocial Science*, 11:289–302 (1979); M. Bracken, "First and Repeated Abortions: A Study of Decision-Making and Delay," *J. Biosocial Science*, 7:473–491 (1975); S. Henshaw, "The Characteristics and Prior Contraceptive Use of U.S. Abortion Patients," *Family Planning Perspectives*, 20(4):158–168 (1988); D. Sherman, *et al*, "The Abortion Experience in Private Practice," *Women and Loss: Psychobiological Perspectives*, ed. W.F. Finn, *et al*, (New York: Praeger Publ. 1985), pp98–107; E.M. Belsey, *et al*, "Predictive Factors in Emotional Response to Abortion: King's Termination Study—IV," *Social Science and Medicine*, 11:71–82 (1977); E. Freeman, *et al*, "Emotional Distress Patterns Among Women Having First or Repeat Abortions," *Obstetrics and Gynecology*, 55(5):630–636 (1980); C. Berger, *et al*, "Repeat Abortion: Is it a Problem?" *Family Planning Perspectives* 16(2):70–75 (1984).

<sup>24</sup> Joyce, "The Social and Economic Correlates of Pregnancy Resolution Among Adolescents in New York by Race and Ethnicity: A Multivariate Analysis," *Am. J. of Public Health*, 78(6):626–631 (1988); C. Tietze, "Repeat Abortions—Why More?" *Family Planning Perspectives* 10(5):286–288, (1978).

<sup>25</sup> Leach, "The Repeat Abortion Patient," *Family Planning Perspectives*, 9(1):37–39 (1977); S. Fischer, "Reflection on Repeated Abortions: The meanings and motivations," *Journal of Social Work Practice* 2(2):70–87 (1986); B. Howe, *et al*, "Repeat Abortion, Blaming the Victims," *Am. J. of Public Health*, 69(12):1242–1246, (1979).

## 6B TWO ABORTION EXPERIENCES

### “I WAS BARELY SIXTEEN”

I WAS BARELY 16 YEARS OLD when I had my abortion. I had been dating a guy that my parents did not approve of. When my mother found out that I was pregnant, she insisted that I have an abortion. She gave me no other option, either I did it, or I would be out on the street. I really wanted to leave. I decided to call my boyfriend (secretly) and tell him that I was pregnant. His reaction was very shocking to me, he denied being the father. I had no other resources, no where else to turn.

All the while, my mom kept insisting that abortion was the only answer. She enlisted the help of my older sister who was in nursing school. They kept telling me that at 4 weeks, it was not a baby. That abortion really was the only option I had. I was terrified of being out on my own, as I had no transportation, no money, no job, nowhere to live. I had lived a pretty sheltered life up until that point, I had never had to do anything on my own. I came from an extremely wealthy family, so I didn't even know how to clean a room. I finally gave in and had the abortion, I didn't feel I had any other choice.

On the day of my abortion, my parents packed all of my belongings and me into the van. They took me to have the abortion, then they drove me from Texas to Arizona to a co-ed boarding school. We left from the clinic and drove straight through to Arizona. I remember feeling so alone, and absolutely terrified. I had just gone through the most traumatic experience of my life, and there I was in another state all alone. I had an incredibly large hole in my heart.

Then I met another boy, and by the time summer break arrived, I was pregnant again. This pregnancy was not an accident, but a foolish plan to try to repair the emptiness I felt. When my mother found out that I was pregnant again, she went ballistic. She wanted to force me to have another abortion. This time I refused. She kicked me out of the house, but I didn't care. I was determined to have this baby. The father lived in California, and I was back in Texas. His mother agreed to let me move in with them, even though she also thought I should abort the baby. When my mom found out that I was planning to move to California, she agreed to let me come back home.

Things were not easy, but we managed to get through them. When my daughter was born, 8 years ago, I felt this terrible pain and sadness for I knew I was missing part of my family. Not a single day goes by that I don't think about my child that I killed. I am constantly reminded that I should have two children with me, not one. These are things that the pro-abortionists don't tell you. They don't tell you that you will live the rest of your life with extreme guilt, knowing that you aborted your own child. They don't tell you that you will miss this child every day of your life.

They want you to believe that it is an easy fix to a very complicated problem. These people have never had an abortion, and do not know the excruciating pain it causes.

I just hope that maybe someone will read this before having an abortion, and realize that it is so wrong. To understand just a little of the pain they will have to live with everyday, for the rest of their lives. Thank you for letting me share my story, as I have never told anyone about it. It was and still is a very closed subject in our family. After it happened, it was very clear that I was to never speak of it again, with anyone. It is a dirty little secret that was supposedly swept under the rug. They don't realize what kind of pain I am in, and I have no one to discuss it with.

## **"THE PERFECT FAMILY"**

**ON THE OUTSIDE**, I'm sure we looked like the perfect family. In some ways I think we were. Happy marriage, 3 healthy children, nice home, successful job, no financial worries. Then, I got pregnant. I was 41 years old. I had just started re-discovering "me" a little bit. My children were now 4, 7, and 13. No more strollers, no more diapers, no more bottles. I was a good Mom. My children meant everything to me. In fact, I was so excited that now we could do more things, travel "spur of the moment"—all the things you can do with older children.

I was completely shocked and overwhelmed by my pregnancy. Forty-one years old and pregnant? How did this happen? I felt stupid. My husband was shocked, but acted very "neutral." I think he tried to read my face, to know what I really was thinking. I remember thinking: I am so tired. I have (and do) love my children with all my heart. Do I take time away from them again by having another baby? Do I once again go through a pregnancy at 41 years of age?" I don't think I've ever been more confused. I was also frightened. I knew that my age put me in a higher risk category. Was I really willing to have a child that could possibly not be healthy? Did I want to care for a child that would affect my children's lives? Not a pretty or flattering picture is it? But it is the truth. That's been the hardest part of my abortion ... having to realize that when I look in a mirror I'm ashamed of what I see.

My first weeks of pregnancy were a nightmare. I was so sick. I vomited day and night. I tried to convince myself that this was a sign that the baby wasn't healthy. My husband and I would have endless discussions about what to do. I will never forget him saying, "If we go through with the abortion, we can never, ever look back..." God, if only I had known that after my abortion all I could do was look back. Again and again and again. It is inconceivable to me now that I was capable of it. I can't believe that I was married, knew what it was like to hold and love a precious baby. I knew what joy their first words brought, the thrill of seeing their very distinct and wonderful personalities emerge. I knew all that, and yet I did it anyway. Why? I will probably never know that. I do know that I am forever changed. I

will never be quite the same person that I was. I will carry this secret to my grave because I could not bear for my children to know what I did.

I also know that because of what happened I am more loving, more forgiving, more understanding of others and the pain they bear. I live every moment with my children because I fully understand now what precious gifts they are. I am teaching them to be strong, (I was not), to follow their hearts (I did not), and to listen to others with a loving heart. I pray that my greatest mistake can also become my children's greatest gift from me.

When God judges me, I pray he will know my life has been spent trying to learn my hardest lesson. I pray my baby will someday know me and forgive me. Thank you for letting me tell my story. Once again, the tears have fallen and my heart is breaking, but finally, I have told the story.



## **EXCERPT FROM CLOSED: 99 WAYS TO STOP ABORTION**

**BY JOSEPH M. SCHEIDLER**

**IN AMERICA**, a violent death from abortion takes place every twenty seconds. That is a total of 3,700 deaths every day, 1.3 million abortions each year. Slaughter of a nation's posterity will destroy that nation both physically and spiritually. America is being destroyed by the killing of its children before they are born.

Those who understand abortion and want to stop it have an obligation to recruit others into the pro-life movement and to pass on to them their experience and expertise so that, in time, the injustice of abortion will end. Pro-life activists cannot wait for the legislative and judicial process that will make abortion illegal. The activist has to save lives now.

We wonder at intelligent people passing laws and making rulings to justify the barbaric destruction of human beings in the name of privacy. We marvel also at the broad acceptance of this travesty as a solution to the personal problem of unplanned pregnancy.

But not all Americans were mesmerized by the abortion rulings. From the beginning, small groups of pro-life people fought the trend to make the killing of the unborn acceptable. They have been succeeding in their efforts to bring society back to its senses, and they are convinced that in time they will win.

No social movement in the history of this country has succeeded without activists taking to the streets. Activism, including demonstrations, pickets, protests, and sidewalk counseling, is necessary not only to save lives, but to garner public attention, bring the media into the struggle, and shake politicians into recognizing the

determination of anti-abortion supporters. Anyone who misses this purpose of activism is a poor student of history.

This book is about acting on the conviction that every unborn human life is of inestimable value, in itself, to society, and in the eyes of God. This book says it is not enough to believe in the value of that life and condemn abortion. It says that unless we act on our hatred of abortion we are little better than those who support it.

This book is based on an act of faith. It takes the belief in defenseless human life seriously, and proposes ways to save those lives through suffering, sacrifice, prayer and action. It is a response to the command to go and teach, and it teaches that we shall not kill.

We do not intend to suggest or recommend any activities that the reader would consider immoral or unethical. Whatever you decide to do must conform to your rightly formed conscience. But if you are willing to suffer and be ridiculed for the sake of small and helpless human beings whom you will never know and who will never know what you did for them, this book is for you. Read it and learn.

*To order your copy of Closed, contact the Pro-Life Action League:  
773-777-2900 or [www.prolifeaction.org](http://www.prolifeaction.org)*





# ABORTION- BREAST CANCER LINK

SUPPLEMENT

## HOW INDUCED ABORTION INCREASES BREAST CANCER RISK

*The following is taken from the Breast Cancer Prevention Institute's booklet "Breast Cancer: Risks and Prevention"*

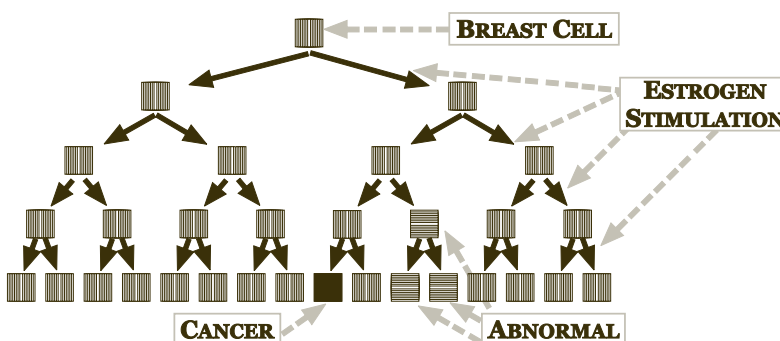
### EXPOSURE TO ESTROGEN & BREAST CANCER RISK

ESTROGEN IS A NORMAL female hormone made in a woman's ovaries and in her fat (adipose) tissue.

Estrogen is also recognized as a carcinogen in a woman's body for certain types of cancer, including breast cancer.

Estrogen stimulates a woman's breast tissue to increase cell divisions (mitoses). This sometimes results in cancers due to errors in cell division (mutations). Other substances (carcinogens) or exposures (*e.g.*, high dose radiation) can also result in cancer.

Below is an illustration of that effect:



Each box represents a breast cell lining a milk duct. As each cell divides into two cells, a mistake can occur resulting in a defective cell or a cancer cell. Estrogen stimulates cell division.

The time it takes to go from one cancer cell to two, from two to four, four to eight, etc., is referred to as the doubling time. To go from one cancer cell to a group of cells about 1/2" in diameter takes approximately 8–10 years, if that cancer has an average doubling time. One-half inch

is about the size at which a cancer can be found by physical examination. Mammograms can find tumors ¼" in diameter.

After being exposed to a risk factor, it may take 8–10 years before a cancer can be detected, even if the risk exposure has caused a cancer to develop.

Prolonged and increased estrogen exposure may cause a woman's breast cells to progress from hyperplasia to atypical hyperplasia to cancer. Hyperplasia refers to the overgrowth of cells; for example, in multiple layers instead of one layer in a milk duct (*see diagram*).

Proliferative breast disease found on biopsy indicates an exposure to increased levels of estrogen. An increased risk of breast cancer is found in women who have proliferative breast disease.

Simply stated, the more estrogen a woman's breasts are exposed to over her lifetime, the higher her risk of breast cancer.

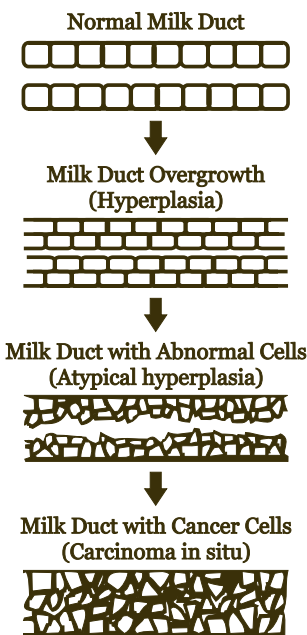
During each monthly menstrual cycle, a woman is exposed to increased estrogen levels, especially at the time an egg is produced by her ovaries (ovulation).

Both early age at the start of menstrual cycles (menarche) and late menopause increase breast cancer risk through increased exposure to estrogen during menstrual cycles. Similarly, late age for menarche and early age for menopause decrease breast cancer risk. Birth control pills and hormone replacement therapy increase breast cancer risk through increased exposure to estrogen. Likewise, removing both ovaries before natural menopause decreases breast cancer risk by decreasing levels of estrogen. The more alcoholic beverages a woman drinks, the more impaired her liver becomes in its ability to eliminate (metabolize) estrogen in her body. That is why regular alcohol consumption increases breast cancer risk in direct proportion to the amount of alcohol she drinks.

After menopause, obesity increases breast cancer risk by increasing a woman's level of estrogen. This is because fat tissue produces small amounts of estrogen. The more fat a woman has, the higher her estrogen level.

Before menopause, obesity causes hormonal changes which decrease estrogen production by the ovaries and can even result in infertility. Therefore, premenopausal obesity does not increase breast cancer risk.

**CHANGES IN MILK DUCT  
STIMULATED BY ESTROGEN  
(Proliferative Breast Changes)**

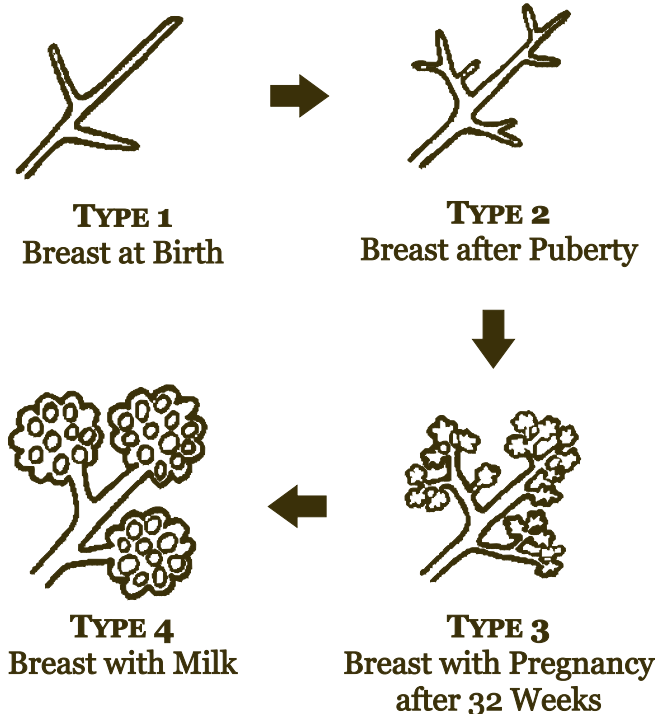


**BREAST MATURITY & BREAST CANCER RISK**

Another aspect of breast development affecting breast cancer risk is the maturation of cells, which make up the milk glands (lobules), from type 1 lobules to type 4 lobules. Breasts are composed of milk glands (lobules), which make milk, and are surrounded by supportive tissue made of fat and connective tissue.

At birth, a woman has primitive type 1 lobules, which are very immature and which have many TDLUs (terminal ductal lobular units), where cancers are known to arise.

**TYPES OF BREAST LOBULES**



These type 1 breast lobules develop into type 2 lobules at puberty, which are still primitive and susceptible to carcinogens. During the 3rd trimester of pregnancy (after 32 weeks), the breast lobules mature into type 3 lobules. Type 4 are formed after childbirth and produce milk. Both type 3 and type 4 lobules are resistant to carcinogens (see diagram).

The principle of breast cancer risk relating to cell maturity can explain other well documented breast cancer risks as well.

If a woman has never had a full-term pregnancy—meaning she is nulliparous—she has an increased risk for breast cancer,

since she never develops type 3 and 4 lobules. If she has children later in life (after age 30), she has increased risk, because, for most of her menstrual life, her estrogen has been stimulating immature type 1 and 2 breast lobules. If she has children as a teenager, she has decreased risk of breast cancer, since her breast tissue matures very early in her menstrual life to type 3 and 4 lobules.

If a woman breastfeeds, she often has low estrogen cycles or misses menstrual cycles altogether. She has decreased risk due to two factors: less exposure to estrogen and breast tissue maturity to type 4 lobules. Risk decreases more with longer duration of breastfeeding.

The risk factors of estrogen exposure and breast maturity can also act in concert with one another, causing greater risk. For example, if a teenager, who has not had a full-term pregnancy, takes birth control pills, her risk of breast cancer is much higher than a woman who has had several children and then takes birth control pills.

The longer a woman's exposure to increased levels of estrogen, the higher her risk will be. Undergoing hormone replacement therapy after menopause for 1 to 2 years does not significantly increase breast cancer risk. However, a woman who has taken hormone replacement for years, especially if she had not had a full-term pregnancy and had taken birth control pills most of her life, will have significantly increased breast cancer risk.

### **REPRODUCTIVE HISTORY & BREAST CANCER RISK**

During a normal pregnancy, estrogen levels rise 2000% by the end of the 1st trimester. During the first two trimesters, the breasts grow because there is an increase in the number of immature type 1 and 2 lobules. During the 3rd trimester, the breast stops growing but lobules mature into Type 3 & 4 lobules. During the growth phase of pregnancy, the breasts become sore and tender.

When a woman suffers a miscarriage in the first trimester, her breast cancer risk is not increased since first trimester miscarriages are associated with low estrogen levels that do not cause breast growth. Many times women who miscarry will say they never felt pregnant because their breasts did not change and they did not get nauseous from high estrogen levels. However, miscarriages in the 2nd trimester can increase risk.

A first trimester miscarriage is quite a different situation from induced abortion of a normal pregnancy in its effect on the woman's breasts. The longer a woman is pregnant before an induced abortion, the higher her risk of breast cancer. This is because high estrogen levels of the 1st and 2nd trimesters cause breast growth of type 1 & 2 lobules. When her pregnancy is terminated before the breast cells reach full maturity, she is left with more immature type 1 & 2 breast lobules than before her pregnancy started, and therefore is at increased risk. Her breasts never mature to type 3 & 4 lobules, which would have occurred in the 3rd trimester and would have lowered her risk. This risk is especially high for teenagers who have an abortion in the late 1st or 2nd trimester and for those women who have never had a child, since their breasts never mature. Premature deliveries before 32 weeks are known to double breast cancer risk.

A teenager who has an abortion between 9 and 24 weeks has a 30% chance of developing breast cancer in her lifetime. If that same teenager also has a family history of breast cancer, the risk increases so much that one study showed all such women developed breast cancer by the age of 45.

**HORMONAL BIRTH CONTROL, HORMONE REPLACEMENT THERAPY & BREAST CANCER RISK**

Two very common ways women are exposed to hormone therapy are through contraceptive medications and hormone replacement therapy after menopause.

A large majority of studies show increased breast cancer risk in women who take birth control medications, especially if they are taken before a full-term pregnancy, when their breast cells are still immature. In one study, women who took birth control pills before the age of 20 had more than a tenfold increase in the risk of breast cancer. The longer they took the pill, the higher their risk. Even “low dose” estrogen pills have been associated with higher breast cancer risk.

Hormone replacement therapy also increases risk through the same mechanisms as birth control pills. The greater the number of years women take hormone replacement, the higher the risk. One potent synthetic estrogen, DES, has even been found to increase risk in mothers—and possibly their daughters—when taken during pregnancy.

Like any patient medication, hormones used judiciously and for short periods can be beneficial. Used for long periods of time, they can significantly increase breast cancer risk.

**BREASTFEEDING & BREAST CANCER RISK**

Breastfeeding decreases the risk of breast cancer, since it results in some menstrual cycles without an estrogen peak and missed menstrual periods. Therefore, a woman is exposed to less estrogen and has decreased breast cancer risk. Breastfeeding also keeps breast tissue matured into type 4 lobules which decrease cancer risk.

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# CONTRACEPTION 10 SUPPLEMENT

## 10A METHODS OF CONTRACEPTION

### ORAL CONTRACEPTION—“THE PILL”

#### WHAT IS IT?

A drug consisting of artificial hormones that interfere with a woman’s normal fertility cycle to keep her from getting pregnant or sustaining a pregnancy.

#### HOW DOES IT WORK?

1. Suppresses ovulation
2. Impedes sperm migration—thickens cervical mucus to prevent sperm from reaching and fertilizing an egg should “breakthrough” ovulation occur
3. May cause the lining of the uterus to shed before the embryo has time to travel down the fallopian tube and implant (an early abortion)

#### POSSIBLE SIDE EFFECTS

- blood clots
- heart attack
- high blood pressure
- breast cancer
- cervical cancer
- liver tumors
- skin cancer
- cycle irregularities
- temporary or permanent infertility
- headaches
- mental depression
- loss of sexual drive
- abdominal cramps

- weight gain or loss
- nausea and vomiting
- vaginal infections
- changes in vision
- gall bladder disease

*NOTE: The Pill is not 100% effective in preventing pregnancy. It does nothing to prevent the spread of sexually transmitted diseases (STDs).*

*Source: "The Pill: How does it work? Is it safe?" (Couple to Couple League International, Inc. 1995. <http://www.ccli.org/contraception/Abortifacients.shtml>)*

## NORPLANT

### WHAT IS IT?

Six flexible rods inserted under the skin of the woman's arm which slowly release a synthetic hormone into her body for up to five years.

### HOW DOES IT WORK?

1. Suppresses ovulation (in approximately 50% of a woman's menstrual cycles)
2. Thickens the cervical mucus, preventing the passage of sperm into the uterus
3. Irritates the lining of the uterus so that if fertilization occurs, the embryo is unable to attach to the uterine wall (an early abortion)

### POSSIBLE SIDE EFFECTS

- changes in blood pressure
- risk of heart attack
- blood clotting
- ovarian cysts
- headaches
- increased body weight
- mood swings
- blindness
- discomfort where the rods are implanted
- difficulty in removing the rods
- increased bleeding and spotting throughout a woman's cycle
- death

*NOTE: Norplant is not 100% effective in preventing pregnancy. It does nothing to prevent the spread of STDs.*

*Source: "Answers to your questions about Norplant" (American Life League, Inc. 1997. <http://www.all.org/issues/bc06.htm>)*



## **DEPO-PROVERA**

### **WHAT IS IT?**

A synthetic hormone injection given in the arm or buttocks that lasts for three months. The injection contains high levels of synthetic progesterone.

### **HOW DOES IT WORK?**

1. Prevents ovulation
2. Thickens the cervical mucus, preventing the passage of sperm into the uterus
3. Irritates the lining of the uterus so that if fertilization occurs and the woman becomes pregnant, the embryo is unable to implant in the uterine wall (an early abortion)

### **POSSIBLE SIDE EFFECTS**

- excessive bleeding
- temporary or permanent sterility
- potential damage to future children
- increased risk of cervical cancer
- risk of breast cancer
- headaches
- abdominal discomfort
- anxiety
- nervousness
- adrenal gland suppression
- weight gain
- hair loss
- decreased sex drive
- mood swings
- dizziness
- fatigue
- allergic reactions
- severe mental depression

*NOTE: Depo-Provera is not 100% effective in preventing pregnancy. It does nothing to prevent the spread of STDs.*

*Source: "Answers to your questions about Depo-Provera" (American Life League, Inc. 1997. <http://www.all.org/issues/bco8.htm>)*

## ORTHO EVRA—“THE PATCH”

### WHAT IS IT?

A small adhesive patch applied to the skin each week that slowly releases the hormones estrogen and progestin into the bloodstream.

### HOW DOES IT WORK?

1. Prevents ovulation
2. Thickens cervical mucus, making it difficult for sperm to travel up the reproductive tract and fertilize an egg
3. Changes the lining of the uterus to prevent an embryo from implanting (an early abortion)

### POSSIBLE SIDE EFFECTS

- breast tenderness
- headaches
- skin irritation at application site
- nausea
- upper respiratory infection
- painful menstruation
- abdominal pain
- blood clots
- heart attack
- stroke

*NOTE: Ortho Evra is not 100% effective in preventing pregnancy. It does nothing to prevent the spread of STDs.*

*Source: “Ortho Evra: The First Skin Patch for Birth Control” (Pro-Life Action Ministries. <http://www.plam.org/>)*

## NUVARING

### WHAT IS IT?

A flexible, transparent ring containing the hormones estrogen and progestin that is inserted into the vagina every month, left in for 21 days and then removed for one week.

### HOW DOES IT WORK?

1. Inhibits ovulation by suppressing hormones
2. Thickens the cervical mucus, preventing the passage of sperm into the uterus

3. Changes the lining of the uterus to prevent an embryo from implanting (an early abortion)

**POSSIBLE SIDE EFFECTS**

- vaginal discharge
- headache
- weight gain
- nausea
- changes in menstrual cycle
- accidental expulsion of the vaginal ring
- vaginal infections and irritation
- blood clots
- heart attack
- stroke
- breast cancer
- gall bladder disease
- liver tumors

*NOTE: NuvaRing is not 100% effective in preventing pregnancy. It does nothing to prevent the spread of STDs.*

*Source: “NuvaRing: The Once-A-Month Vaginal Insert for Birth Control” (Pro-Life Action Ministries. [www.plam.org](http://www.plam.org))*

**LUNELLE****WHAT IS IT?**

A monthly injection of a blend of the hormones estrogen and progestin given in the upper arm or buttocks.

**HOW DOES IT WORK?**

1. Prevents ovulation by inhibiting hormone secretion
2. Thickens and reduces volume of cervical mucus which impedes sperm migration
3. Thins the lining of the uterus, reducing the likelihood of implantation of an embryo (an early abortion)

**POSSIBLE SIDE EFFECTS**

- irregular cycles
- weight gain
- inability to wear contact lenses
- fluid retention
- breast tenderness
- acne
- nausea
- headache

- nervousness
- depression
- vaginal infections
- rash
- hair loss
- changes in sexual desire
- high blood pressure
- heart attack
- blood clots in lungs or legs
- gall bladder disease
- liver tumors

*NOTE: Lunelle is not 100% effective in preventing pregnancy. It does nothing to prevent the spread of STDs.*

*Source: “Lunelle: The Once-A-Month Injectable Method of Birth Control” (Pro-Life Action Ministries. [www.plam.org](http://www.plam.org))*

## THE MORNING AFTER PILL

### WHAT IS IT?

A high dosage of the birth control pill that can be taken up to three days after intercourse. There are currently three different forms: progesterone only, estrogen only, or a combination of the two.

### HOW DOES IT WORK?

1. Suppresses ovulation
2. Impedes sperm migration—thickens cervical mucus to prevent sperm from reaching and fertilizing an egg should “breakthrough” ovulation occur
3. May cause the lining of the uterus to shed before the embryo has time to travel down the fallopian tube and implant (an early abortion)

### POSSIBLE SIDE EFFECTS

- nausea
- vomiting
- infertility
- breast tenderness
- ectopic pregnancy—can be life threatening
- blood clot formation

There are no long term studies to show whether women will be permanently damaged, or risk such diseases as cancer, from these chemicals being given in such high doses.

*NOTE: The Morning After Pill is not 100% effective in preventing pregnancy. It does nothing to prevent the spread of STDs.*

*Sources:*

“A Consumer’s Guide to the Pill and Other Drugs,” by pharmacist/researcher John Wilks.  
“Infant Homicides Through Contraceptives,” by pharmacist Bogomir Kuhar; 2nd edition, 1995.  
Medical consultant: Stephen Spaulding, M.D. Dr. Spaulding is a board-certified family practitioner whose writings have appeared in a variety of medical journals.

## **IUD (INTRAUTERINE DEVICE)**

### **WHAT IS IT?**

A small, plastic, T-shaped device that is inserted into a woman’s uterus to release hormones that prevent the implantation of an embryo.

### **HOW DOES IT WORK?**

1. Thickens the cervical mucus, preventing the passage of sperm into the uterus
2. Inhibits the survival of sperm
3. Produces a macrophage screen (sterile pus) by its presence in the womb, which can serve to poison the embryo (an early abortion)
4. Irritates and changes the lining of the uterus to prevent an embryo from implanting (an early abortion)

### **POSSIBLE SIDE EFFECTS**

- irregular cycles
- headache
- abdominal pain
- acne
- weight gain
- nausea
- vaginal infections
- ectopic pregnancy
- scarring of the fallopian tubes
- sterility
- embedding of the device’s arms in the wall of the uterus
- perforated uterus
- pelvic inflammatory disease

*NOTE: The IUD is not 100% effective in preventing pregnancy. It does nothing to prevent the spread of STDs.*

*Sources:*

“Mirena: The T-Shaped Uterine Implant for Birth Control” (Pro-Life Action Ministries. [www.plam.org](http://www.plam.org))  
“The IUD” (J.C. Willke, M.D. [www.lifeissues.org/abortifacients/IUD.html](http://www.lifeissues.org/abortifacients/IUD.html))

## MALE CONDOM

### WHAT IS IT?

- A latex or polyurethane sheath used to cover the penis during intercourse.

### HOW DOES IT WORK?

- Attempts to block the passage of semen

### POSSIBLE SIDE EFFECTS:

- Irritation and allergic reactions

### EFFECTIVENESS IN PREVENTING PREGNANCY:

With typical use, condoms are only 85% effective in preventing pregnancy.

### EFFECTIVENESS IN PREVENTING SEXUALLY TRANSMITTED DISEASES:

In July of 2001, the U.S. Department of Health and Human Services released a report based on a year-long study in which 28 researchers reviewed 138 peer-reviewed, published studies on the heterosexual transmission of sexually transmitted diseases. This report was developed by a scientific panel co-sponsored by the National Institutes of Health (NIH), the Food and Drug Administration (FDA), the Centers for Disease Control and Prevention (CDC), and the U.S. Agency for International Development (USAID).

The panel studied condom effectiveness in preventing the eight most prevalent sexually transmitted diseases: HIV, gonorrhea, chlamydia, syphilis, chancroid, trichomoniasis, genital herpes, and human papillomavirus (HPV). The panel found that, when used “correctly and consistently,” condoms were found to reduce the heterosexual HIV infection rate by 85%. This leaves a 15% infection rate for HIV, a deadly disease. They also found that condom use reduced the risk of gonorrhea, but only in men.

Condom use offered no reduction in risk for chlamydia, syphilis, chancroid, trichomoniasis, genital herpes, and HPV. The researchers were not able to find any evidence in the 138 studies that the condom does anything to prevent transmission of these diseases.

The diseases that the condom does offer some protection against, HIV and gonorrhea, make up only 2% of all heterosexual STD cases in the U.S. Therefore, according to the panel's findings, the condom does nothing to protect against 98% of all cases of heterosexually transmitted diseases.

Twenty million Americans are currently infected with HPV, the most common STD in America today. The genital warts caused by HPV are often pre-cancerous growths. HPV causes nearly all cases of cervical cancer and has been linked to prostate, anal and oral cancer as well. Fifteen thousand women are diagnosed and 5,000 women die of cervical cancer every year.

Even when used "correctly and consistently," condoms don't cover the areas where many STD's are transmitted, areas containing warts or sores that can transmit disease. Also, the latex in condoms contains many small holes. While these holes are microscopic in size, most viruses are many times smaller and can easily pass through them.

*Sources:*

*U.S. Food and Drug Administration.* 12 Aug 2002. 6 August 2003 <<http://www.fda.gov/fdac/features/1997/babyguide.pdf>>

*The Medical Institute for Sexual Health.* Fall 2000. 9 September 2003 <<http://www.medinstitute.org/medical/index.htm>>

Bonacci, Mary Beth. *Real Love Productions.* 22 June 2001. 6 August 2003 <<http://www.reallove.net/articleshowbda4.html?ID=101>>

## **VASECTOMY**

### **WHAT IS IT?**

A surgical procedure to make a man incapable of sexual reproduction.

### **HOW DOES IT WORK?**

A portion of each of the two tubes (vas deferens) through which sperm pass from the testes is removed; then the ends are tied or coagulated.

### **POSSIBLE SIDE EFFECTS**

Vasectomy poses an increased risk for the following diseases:

- Testicular Cancer
- Prostate Cancer
- Kidney Stones
- Atherosclerosis
- Lymphoma
- Myeloma
- Lung Cancer

*Source:* Bower, Keith. "Vasectomy: Some Questions and Answers." Couple to Couple League. 1995. 10 Aug. 2005 <<http://ccli.org/nfp/contraception/vasectomy.php>>

## TUBAL LIGATION

### WHAT IS IT?

A surgical operation performed to make a woman incapable of sexual reproduction.

### HOW DOES IT WORK?

The fallopian tubes are cut, burned, or blocked with rings, bands or clips in order to prevent a woman's eggs from traveling from the ovaries to the uterus. It also prevents sperm from reaching the fallopian tube to fertilize an egg.

### POSSIBLE SIDE EFFECTS:

- Infection
- Bladder injury
- Bleeding from a major blood vessel
- Burning of the bowel
- More severe menstrual cramps
- Heavier and longer menstrual periods
- Dysfunctional uterine bleeding
- Ovarian tumors
- Pain during intercourse
- Pelvic pain
- Hysterectomy (due to severe menstrual problems)
- Cervical cancer

*Source:* Bower, Keith. "Tubal Ligation: Some Questions and Answers." Couple to Couple League. 1995. 10 Aug. 2005 <<http://ccli.org/nfp/contraception/tubal.php>>



## 10B THE CONNECTION BETWEEN CONTRACEPTION AND ABORTION

*Adapted from the original version by Janet Smith, Ph.D.*

**MANY IN THE PRO-LIFE MOVEMENT** are reluctant to make a connection between contraception and abortion. They insist that these are two very different acts—that there is all the difference in the world between contraception, which prevents a life from coming to be and abortion, which takes a life that has already begun.

With some contraceptives there is not only a link with abortion, there is an identity. Some contraceptives are abortifacients; they work by causing early term abortions. The IUD seems to prevent an embryo—a new little human being—from implanting in the uterine wall. The pill does not always stop ovulation, but sometimes prevents implantation of the growing embryo. And, of course, the RU-486 pill works altogether by aborting a new fetus, a new baby. Although some in the pro-life movement occasionally speak out against the contraceptives that are abortifacients, most generally steer clear of the issue of contraception.

This seems to me to be a mistake. We will not progress in creating a society where all new life can be safe, where we truly display a respect for life, where abortion is a terrible memory rather than a terrible reality until we see that there are many significant links between contraception and abortion and we bravely speak this truth. We need to realize that a society in which contraceptives are widely used is going to have a very difficult time keeping free of abortions since the lifestyles and attitudes that contraception fosters create an alleged “need” for abortion.

*Planned Parenthood v. Casey*, the 1992 Supreme Court decision that confirmed *Roe v. Wade*, stated, “In some critical respects abortion is of the same character as the decision to use contraception ... for two decades of economic and social developments, people have organized intimate relationships and made choices that define their views of themselves and their places in society, in reliance on the availability of abortion in the event that contraception should fail.”

As the Supreme Court candidly states, we need abortion so that we can continue our contraceptive lifestyles. Abortion is most often the result of sexual relationships in which there is little true intimacy and love, in which there is no room for a baby, the natural consequence of sexual intercourse.

### SCHOLARS QUESTION OVERPOPULATION SCARE

Most abortions are had because men and women who do not want a baby are having sexual intercourse and facing pregnancies they did not plan for and do not want. Because their contraceptive failed, or because they failed to use a contraceptive,

they then resort to abortion as a backup. Many believe that if we could convince men and women to use contraceptives responsibly we would reduce the number of unwanted pregnancies and thus the number of abortions. Thirty years ago this position might have had some plausibility, but not now. We have lived for over thirty years with a culture permeated with contraceptive use and abortion; no longer can we think that greater access to contraception will reduce the number of abortions. Rather, wherever contraception is more readily available the number of unwanted pregnancies and the number of abortions increases greatly.

#### **SEXUAL REVOLUTION NOT POSSIBLE WITHOUT CONTRACEPTION**

The connection between contraception and abortion is primarily this: contraception facilitates the kind of relationships and even the kind of attitudes and moral characters that are likely to lead to abortion. The contraceptive mentality treats sexual intercourse as though it had little natural connection with babies; it thinks of babies as an “accident” of intercourse, as an unwelcome intrusion into a sexual relationship, as a burden. The sexual revolution simply was not possible until fairly reliable contraceptives were available.

Contraception is the fuel that facilitated the beginning of the sexual revolution and enables it to continue to rage. In the past, many men and women refrained from illicit sexual unions simply because they were not prepared for the responsibilities of parenthood. But once a fairly reliable contraceptive appeared on the scene, this barrier to sex outside the confines of marriage fell. The connection between sex and love also fell quickly; ever since contraception became widely used, there has been much talk of, acceptance of, and practice of casual sex and recreational sex. The deep meaning that is inherent in sexual intercourse has been lost sight of; the willingness to engage in sexual intercourse with another is no longer a result of a deep commitment to another. It no longer bespeaks a willingness to have a child with another and to have all the consequent entanglements with another that babies bring. Contraception helps reduce one’s sexual partner to just a sexual object as it renders sexual intercourse to be without any real commitments.

#### **“CARELESSNESS” IS INTENTIONAL**

There is something deep in our natures that finds the severing of sexual intercourse from love and commitment and babies to be unsatisfactory. Women are careless in their use of contraceptives for a variety of reasons, but one reason for their careless use of contraceptives is precisely their desire to engage in meaningful sexual activity rather than in meaningless sexual activity. They want their sexual acts to be more meaningful than a handshake or a meal shared. They are profoundly uncomfortable with using contraceptives for what they do to their bodies and for what they do to their relationships. Often, they desire to have a more committed relationship with the male with whom they are involved; they get pregnant to test his

love and commitment. But since the relationship has not been made permanent, since no vows have been taken, they are profoundly ambivalent about any pregnancy that might occur. They are very likely to abort a pregnancy they may even have desired. It may sound farfetched to claim that some women may in some sense “plan” or “desire” the very pregnancies that they abort but this analysis is borne out by studies done by pro-abortion sociologists.

### **SEXUAL PROMISCUITY INCREASES**

By the late sixties and early seventies, the view of the human person as an animal whose passions should govern became firmly entrenched in the attitudes of those who were promoting the sexual revolution. One of the greatest agents and promoters of the sexual revolution has been Planned Parenthood. In the sixties and seventies many of the spokesmen and spokeswomen for Planned Parenthood unashamedly advocated sex outside of marriage and even promoted promiscuity. Young people were told to abandon the repressive morals of their parents and to engage in free love. They were told that active sexual lives with a number of partners would be psychologically healthy, perfectly normal, and perfectly moral. Now, largely because of the spread of AIDS and the devastations of teenage pregnancy, even Planned Parenthood puts a value on abstinence. Yet they have no confidence that young people can and will abstain from sexual intercourse, so they advocate “safe” sex, “responsible” sex, whereby they mean sexual intercourse wherein a contraceptive is used. Sex educators assume that young people will be engaging in sexual activity outside of marriage (a self-fulfilling assumption in some respects); thus the chief goal of their programs is to get them to use contraception. Planned Parenthood thinks that sex education will reduce the number of pregnancies and thus the number of abortions. But, again, all the studies show that sex education programs inspired by Planned Parenthood lead to more sexual promiscuity, more teen pregnancy, and more abortion.

### **TRUE MEANING**

Sexual intercourse is meant to be the expression of a deep love for another individual, a deep love that leads one to want to give of oneself totally to another. Most individuals hope one day to be in a faithful marriage, to be in a marital relationship with someone one loves deeply and by whom one is loved deeply. One of the major components of that deep love is a promise of faithfulness, that one will give oneself sexually only to one’s spouse. One should be preparing to be a good lover, a good spouse, one’s whole life. This means reserving the giving of one’s self sexually until one is married—for in a sense, one’s sexuality belongs to one’s future spouse as much as it does to one’s self.

Much damage can be done to the self through sexual intercourse outside of marriage; many come to feel that they have been exploited and that they have exploited

others; many experience great alienation and lose the ability to trust another completely. Or the sexual pleasure they are experiencing hinders their ability to get to know the true character of their sexual partner and they make bad judgments about who to marry. We should try to help young people see why they should not take the easy, foolish, and self-destructive path of partaking in meaningless contraceptive sex before marriage.

Indeed, even within marriage, contraception is destructive; it reduces the meaning of the sexual act; again it takes out the great commitment that is written into the sexual act, the commitment that is inherent in the openness to having children with one's beloved.

Those using methods of natural family planning are highly unlikely to resort to abortion should an unplanned pregnancy occur. Some argue that couples using natural family planning are as closed to having babies as are those that use contraceptives; that they too wish to engage in "baby-free" sexual intercourse. But the crucial difference is that those using NFP are not engaging in an act whose nature they wish to thwart; they are keeping to the principles of sexual responsibility. Their sexual acts remain as open to procreation as nature permits. They are refraining from sexual intercourse when they know they may conceive and engaging in sexual intercourse when they are unable to conceive—precisely because of their desire to be responsible about child-rearing.

#### **THOSE WHO ABORT GENERALLY HAVE CONTRACEPTED**

Those who abort generally have contracepted; those who use natural family planning almost never abort. When those using natural family planning get pregnant unintentionally, they accept the pregnancy. Generally they practice NFP not to avoid pregnancy entirely, but because they would like to delay a pregnancy. They generally love children and want to have them—so although a pregnancy may be inconvenient at times, it is not disastrous. They have the mutual trust and commitment to be able to practice the method.

On the other hand, those using contraception who get pregnant unexpectedly, are generally very angry, since they did everything they could to prevent a pregnancy. Those who are unmarried do face a disaster, and abortion seems like a necessity since no permanent commitment has been made between the sexual partners. Those who are married have often planned a life that is not receptive to children and are tempted to abort to sustain the child-free life they have designed. I am not, of course, saying that all those who contracept are likely to abort; I am saying that many more of those who contracept do abort than those who practice natural family planning.

Contraception takes the baby-making element out of sexual intercourse. It makes pregnancy seem like an accident of sexual intercourse rather than the natural con-

sequence that responsible individuals ought to be prepared for. Abortion, then, becomes thinkable as the solution to an unwanted pregnancy. Contraception enables those who are not prepared to care for babies to engage in sexual intercourse; when they become pregnant, they resent the unborn child for intruding itself upon their lives, and they turn to the solution of abortion. It should be no surprise that countries that are permeated by contraceptive sex fight harder for access to abortion than they do to ensure that all babies can survive both in the womb and out. It is foolish for pro-lifers to think that they can avoid the issues of contraception and sexual irresponsibility and be successful in the fight against abortion. For, as the Supreme Court stated, abortion is “necessary” for those whose intimate relationships are based upon contraceptive sex.

*Source:* Smith, Janet. “The Connection between Contraception and Abortion.” *One More Soul*. 6 Aug 2003 <<http://www.omsoul.com>>





## DEFENDING LIFE

## SUPPLEMENT

### TOUGH QUESTIONS FOR THE OPPOSITION

*By Mark Crutcher, Founder, Life Dynamics*

**MOST ABORTION ADVOCATES** are eager to argue, but there are some questions they don't want to be asked. Specifically, they do not want to defend abortion itself, because if they tried, they would lose.

Whenever abortion advocates engage in a public debate, they are targeting what I call the “Mom and Pop” in the audience (the great majority of Americans who are undecided and largely uninformed on the issue). Abortion advocates will present “choice” as an expression of social justice and fairness, themes that win broad support. At the same time, they attempt to portray the pro-life position as narrow, intolerant and unfair.

Abortion advocates do this because their position on abortion is so radical, so absolute and so unchanging that it is indefensible and, once exposed, alienates the mainstream support they must have to continue their heinous practices.

Tragically, for the past two decades, pro-life activists have largely failed to exploit these weaknesses. They have allowed abortion advocates to frame public discussion of the issue, rendering their own arguments impotent.

Here are 16 questions you can use to recast the abortion debate in terms that reveal the abortion arguments as manipulative, unreasonable and callous. The goal of each question and background notes are provided to help guide debate over abortion.

1. Pro-abortionists say that outlawing abortion would restrict a woman's right to privacy. Is that right absolute? Does somebody's right to privacy exceed another's right to live?

**GOAL:** Show that abortion advocates believe no right is absolute, except abortion.

**BACKGROUND:** The law has always weighed one individual's rights against another's. Yes, a woman has a right to privacy, but the question is whether that right is so complete that it exceeds the unborn child's right to live. We accept the fact that laws against false advertising do, and should, restrict a dishonest businessman's right to free speech and that laws against discrimination restrict the rights of the racist to free association. We don't allow someone to kill another and then claim that his religion requires human sacrifice.

Ironically, even though the word "privacy" does not appear in the Constitution, abortion advocates cite an absolute right to privacy as the basis for an absolute right to unrestricted abortion.

2. If what you say is true and the issue isn't really abortion but a woman's right to control her own body, why doesn't your agenda include drugs and prostitution? Aren't laws against those as restrictive to a woman's right to choose what she will and will not do with her own body as laws against abortion are?

**GOAL:** Show that the abortion advocate cares only about abortion.

**BACKGROUND:** Your opponent will try to avoid answering, but ask your question again and as often as it takes to get an answer. Whatever answer you get is a winner (as long as you get one).

3. Why is it that the very people who say the government should stay out of abortion are the same ones who want the government to pay for them?

**GOAL:** Show the hypocrisy of abortion advocates, and put them on the defensive.

**BACKGROUND:** Abortion advocates generally answer this question with another question to sidetrack the debate onto unrelated issues such as federal child care, school lunch programs, and even military spending. You should absolutely refuse to talk about these other issues until after they answer your question.

4. Abortion advocates say they are in the business to help women. Other than offering to kill their children for them, what are they doing?

**GOAL:** Debunk the myth that these "women's centers" care about something other than abortion.

**BACKGROUND:** There are more abortion alternative agencies in the U.S. than abortion mills, and they are staffed almost entirely by volunteers. They provide counseling, free room and board during and after pregnancy, free clothing, help with adoption, post-natal instruction, help in continuing education, etc.



The other side will talk about the counseling they give. What they mean is abortion counseling. Don't let them get away with that for an answer. Rephrase your question. "If a 15-year-old girl comes into your abortion mill with no money, no one to help her, no home to go to and no intention of having an abortion, what services does your facility provide for her?" Don't let them off the hook by allowing them to talk about what they would personally do.

5. Pro-abortionists say that the unborn child is part of the mother's body. If that is so, why does the child possess a completely different genetic code and often a different blood type? How do you explain the fact that it has its own immune system? Why is it male half the time?

GOAL: Humanize the unborn.

BACKGROUND: Abortion advocates will try to sidetrack. Be aggressive. Get an answer. Remember, every cell in the human body contains the genetic code of the entire body. Since the baby's code is always different from the mother's it is obvious that the unborn baby is a completely separate individual.

Abortion advocates sometimes say the fetus is not like other individuals because it is totally dependent on another to survive. But that's true even after it's born, and it's true for a great number of others, too—*e.g.*, the elderly, handicapped, senile, comatose, etc.

6. We are now seeing the unborn treated for disease, given blood transfusions and even operated on. When a doctor does one of these procedures, who is the patient?

GOAL: Humanize the unborn, and show the audience how confused the pro-abortion position is.

7. Abortion advocates try to justify their actions by saying that, while the unborn may be human, it's not a "person." Can you give a detailed description of the difference?

GOAL: Make the abortion advocate give a description that would also apply to people already born—the senile, the mentally handicapped, the comatose, etc.

BACKGROUND: The only differences between the two are semantic. Look up both words in the dictionary.

Pay close attention to your opponent's answer and listen for those descriptions of an unborn child that also apply to other human beings already born. When you get one, use it. This is the time to be aggressive and hold their feet to the fire. Don't let them get away with some hazy, philosophical mumbo jumbo hoping you'll get so frustrated that you move

on. Tell them you want a detailed and specific description of the differences. Some good aggressive statements are:

“You mean you can’t tell the difference between the two, but you feel one should be protected, while the other one can be killed for any reason?”

“You mean that we should determine who is entitled to the protections of the law, and who isn’t, on a description as poorly defined as that?”

“Are there any other human beings who are also non-persons?”

8. Pro-abortionists base much of their argument on the concept of viability. Can you give me a description of what it means for someone to be viable?

GOAL: Again, the idea is to link the unborn with people already born.

BACKGROUND: The issue of viability is a moot point. There is almost no description of it that can’t also be applied to a person who is already born.

9. Why is it that abortion advocates say they want women to have all their options, but they fight so hard against laws requiring totally informed consent?

GOAL: Show that abortion advocates couldn’t care less about women making informed decisions, just choosing abortion.

BACKGROUND: Be aggressive. Ask what the problem would be in telling the mother things about her unborn child—that it has hair, fingernails, a heartbeat; that it sucks its thumb; that it’s a girl or a boy.

Ask what the problem would be with requiring women to see a sonogram picture of her unborn child or a picture of what the unborn looks like at the stage of pregnancy she currently is. After all, if it’s not really a baby, what could be the harm?

And don’t let them get away with saying that if someone asks, they will show them. That’s not the question. The question is, “What’s wrong with making it part of the informed consent requirements?”

10. What rights do you feel a father should have in an abortion decision?

GOAL: Make abortion advocates reveal how radical they are. Also show that this is not just a woman’s issue.

BACKGROUND: Most people believe a father should have some rights in the decision. How can anyone, other than these radical pro-abortionists, say that a father does not have equal rights in whether his child is killed or not, but then also say that if the mother decides to let it live—he has equal responsibility to pay for its upbringing? This is the point we need to hammer home. Don’t let your opponent off the hook by talking about him being

allowed “input.” Having input is a long way from having the rights associated with decision-making.

11. If pro-abortionists are mainly concerned with the health and safety of women, why do they fight so hard against legislation requiring abortion providers to meet the same medical standard as legitimate outpatient surgery clinics?

**GOAL:** This is an educational opportunity. Many people assume that, because they call themselves “clinics,” they meet the same standards as hospitals.

**BACKGROUND:** Concentrate your efforts on the following concept: Higher standards equals lower profits.

12. Let’s look at a hypothetical situation. Two women become pregnant on the same day. Six months later woman A has a premature but healthy baby, and woman B is still pregnant. One week later she decides she doesn’t want her baby. Why should woman B be allowed to kill hers and not woman A?

**GOAL:** Break down any false distinction between born and unborn.

**BACKGROUND:** The abortion advocate will usually say the difference is that one has been born, and the other one hasn’t. Point out that being born simply refers to where the baby is located. Then ask your question again. “What are the distinctions between the two babies that allow one to be killed and the other not?”

13. Why don’t we each look at the downside of our respective positions? Have you ever thought about the ramifications if you are wrong?

**GOAL:** This question is intended to shape the audience’s opinion of the abortion advocate. Put Mom and Pop in each position and help them see what the ramifications are for being wrong.

**BACKGROUND:** If the abortion advocate does not admit to the possibility of being wrong, he or she loses credibility; people are suspicious of anyone who can’t see even the possibility that he might be wrong about something.

You must show that, if nothing else, one is better off taking the risk of being pro-life and wrong than pro-abortion and wrong.

14. Should a woman be allowed to have an abortion for absolutely any reason, such as sex selection, or for career, or because she doesn’t want to be tied down by a child? If not, when should she not be permitted to abort?

**GOAL:** Help listeners understand that abortion advocates care about nothing except absolute abortion-on-demand.

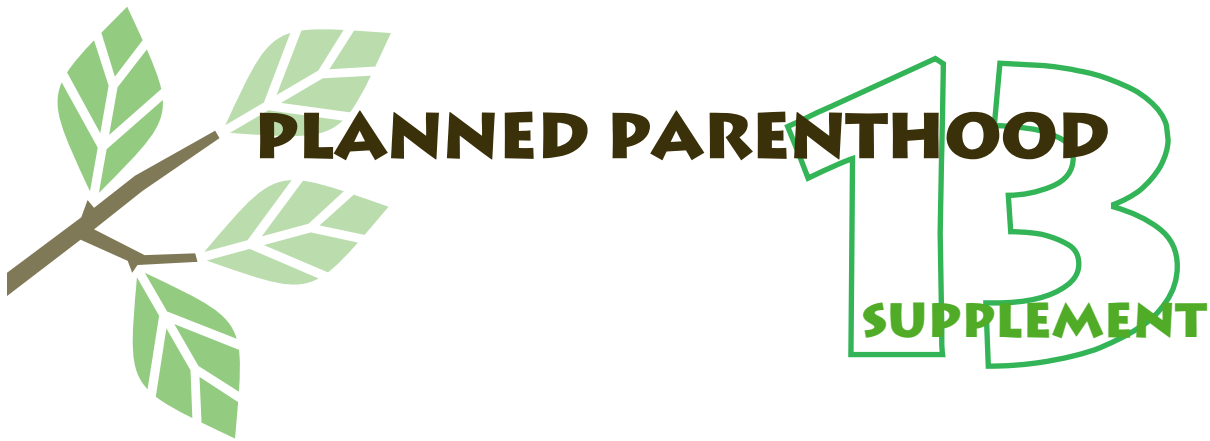
**BACKGROUND:** Abortion advocates will try every trick they know to avoid answering this question. Don't let them. If they say "yes," they know they will make a lot of people very uncomfortable. If they try to appear reasonable by saying "no," trap them by asking, "Why not, if abortion is morally acceptable?"

They will usually see this as a trap and try to avoid answering by saying that women don't have these kinds of abortions—that they only have the ones they "need." Don't let them get away with that. Point out that, according to Planned Parenthood's Alan Guttmacher Institute, 92% of abortions are for convenience. Also point out that your question was whether women should be legally allowed to have abortions for any reason.

15. I am going to take the liberty of characterizing your position, and then I want you to tell me where I'm wrong. You want abortion to be legal right up to the moment of birth—in other words, through all nine months of pregnancy, for any reason whatsoever, or for no reason whatsoever; for a minor girl of any age without parental consent, even without parental knowledge; and if she can't pay for it, you think the taxpayer ought to. Is there anything inaccurate about that statement?

**GOAL:** This question is meant to show who the real fanatics are.

**BACKGROUND:** Again, the abortion advocate will try every way imaginable to avoid answering this question in the way you pose it. Remember, tenacity is your best strategy. Stay on them until they give an answer that makes it perfectly clear to the audience that your original characterization is accurate.



## **13A PLANNED PARENTHOOD: THE FACTS**

IN 1916 Margaret Sanger founded the American Birth Control League, which was renamed Planned Parenthood Federation of America in 1942. From its beginnings, Planned Parenthood (PP) has sought to ensure that women are able to avoid at all costs the most natural consequence of sexual relationships: children.

### **PLANNED PARENTHOOD AND ABORTION**

In 2003, Planned Parenthood provided these services to the following numbers of women who walked through their doors:

- Contraception: 2,257,154
- The Morning After Pill: 774,482
- Abortions: 244,628
- Prenatal Care: 16,427
- Adoption Referrals: 1,774

Put another way, of all the women with confirmed pregnancies seeking assistance from PP, 6.3% received prenatal care, 0.7% were referred out for adoptions, and 93% had abortions. That's 138 abortions for every adoption referral.<sup>26</sup> And these figures only include the known abortions. They do not account for any of the abortions caused as a result of the over two million women who received either the Morning After Pill or any of the other forms of contraception that have abortifacient capabilities.

<sup>26</sup> "Planned Parenthood Federation of America, Inc., Annual Report 2003-2004." 2004. 11 Aug. 2005 <<http://www.plannedparenthoodrx.com/annualreport/report-04.pdf>>.

Since opening its first abortion clinic in New York in 1970, Planned Parenthood has admitted to performing over 3,000,000 abortions.<sup>27</sup> Life Dynamics reports that there are currently 738 abortion clinics operating in the United States.<sup>28</sup> One hundred and sixty (more than 20%) of these were owned and operated by Planned Parenthood as of 2002.<sup>29</sup>

### IS PLANNED PARENTHOOD TRULY NON-PROFIT?

STOPP International, an organization which focuses on publicizing Planned Parenthood's programs and financial activities, has provided the following information taken from Planned Parenthood's annual reports: In 2001, Planned Parenthood's total income was \$692.5 million. Of that, \$240.9 million was taxpayers' money received from the U.S. federal government and \$254.8 million was income generated by their clinics for services such as the sale of contraceptives. The remaining \$196.7 million came from private contributions, the Alan Guttmacher Institute, and other sources. With total expenditures amounting to \$680.3 million, Planned Parenthood's profit in 2001 amounted to \$12.2 million.<sup>30</sup>

Although Planned Parenthood describes itself as "the world's oldest, largest, and most trusted volunteer, not-for-profit reproductive health care organization,"<sup>31</sup> its federal tax-exempt status does allow it to make profits off of certain portions of their business; namely, the sale of contraceptives. The thousands of women receiving abortions from Planned Parenthood would be prime candidates for purchasing contraceptives as they would be easily convinced that doing so would prevent them from having to go through the ordeal of having another abortion in the future.

### IS PLANNED PARENTHOOD PRO-CHASTITY?

Planned Parenthood sex education programs are not designed to give teens the tools they need to wait until they are married to have sex. PP is firmly opposed to abstinence-only education. PP's chief concern is to make sure that sexually active teens know how to reduce their chances of getting pregnant, and if they do get pregnant, to ensure that they have access to abortion. As former PP president Faye Wattleton commented to the *Los Angeles Times* in 1986, "[Planned Parenthood is] not going to be an organization promoting celibacy or chastity."<sup>32</sup> Planned Parenthood's teen website clearly illustrates its anti-chastity mentality as it encourages teenagers to pursue whatever they desire sexually, promising that they will suffer no ill effects emotionally or physically as long as they "feel ready" and practice "safer sex."

<sup>27</sup> American Life League. 2003. 24 Oct 2003 <<http://www.all.org/stopp/plan.html>>

<sup>28</sup> Life Dynamics, Inc. 2005. 14 November 2005 <<http://ldi.org>>

<sup>29</sup> American Life League. 2003. 24 Oct 2003 <<http://www.all.org/stopp/plan.html>>

<sup>30</sup> American Life League. 2003. 3 Nov 2003 <<http://www.all.org/stopp/fdlast5y.htm>>

<sup>31</sup> Planned Parenthood. 2001. 5 Nov 2003 <<http://www.plannedparenthood.org/library/BIRTHCONTROL/Services.html>>

<sup>32</sup> American Life League. 2000. 3 Nov 2003 <<http://www.all.org/stopp/opposepp.htm>>

### 13B MARGARET SANGER: AN ADMIRABLE SOCIAL REFORMER?

WHO WAS MARGARET SANGER, and how should she be regarded today? Depending on the sources you read, you will find very different answers to these questions.

Margaret Sanger (1879–1966) is most famous for founding the American Birth Control League, now known as Planned Parenthood Federation of America. Many in the women’s rights movement today regard Sanger as a courageous heroine whose life’s work was devoted to the legalization and promotion of contraception, which later paved the way for legalized abortion-on-demand (*i.e.*, abortion sought by women for any reason).

Indeed, Sanger did more than any other American in the 20th century to promote contraceptive use. The question to consider, though, is *why*?

Margaret Sanger was an enthusiastic supporter of eugenics, a pseudo-scientific movement that aims to bring about a “master” human race. Eugenics seeks to reach its goal by encouraging “superior” people to have children, and by preventing—against their will, if necessary—“inferior” people from having children.

While the vast majority of people today are appalled by this idea, eugenics was hugely popular in the late 19th and early 20th centuries. If the goal of eugenics sounds like Adolf Hitler’s goal of a “master human race,” that’s no coincidence. Hitler was the most famous eugenicist of all time.

Planned Parenthood’s website brazenly denies that Sanger was a eugenicist despite the fact that she was a member of the American Eugenics Society. Planned Parenthood’s website also states that among Sanger’s “visionary accomplishments as a social reformer,” she “established the principles ... that every person should be able to decide when or whether to have a child; [and] that every child should be wanted and loved ...”<sup>33</sup> What proof does the website give to support this claim? Not much. A look at Sanger’s own words reveals that her ideas were startlingly different from what Planned Parenthood leads us to believe.

In her “Plan for Peace,” published in the April 1932 issue of *Birth Control Review*, Sanger proposed that a “Population Congress” be appointed to, among other things, “apply a stern and rigid policy of sterilization and segregation to that grade of population whose progeny is already tainted or whose inheritance is such that objectionable traits may be transmitted to offspring.”<sup>34</sup> Clearly Sanger did not believe, as

<sup>33</sup> *Planned Parenthood Federation of America*. October 2000. 16 June 2003. <<http://www.plannedparenthood.org/about/thisispp/sanger.html>>.

<sup>34</sup> Margaret Sanger. “Plan for Peace.” *Birth Control Review*, Volume XVI, Number 4 (April 1932), page 107.

Planned Parenthood claims, that “every person should be able to decide when or whether to have a child ... ”<sup>35</sup> Rather, she wanted many individuals to be prevented from having children (even if they wanted to have them), and be separated from the rest of the population.

According to Planned Parenthood’s website, “Sanger vocally opposed the racial stereotyping that effected passage of the Immigration Act of 1924, on the grounds that intelligence and other inherited traits vary by individual and not by group.”<sup>36</sup> Once again, however, her own words show that Planned Parenthood could not be further from the truth. In her “Plan for Peace,” she proposed that one of the goals of the Population Congress would be “*to keep the doors of immigration closed* to the entrance of certain aliens whose condition is known to be detrimental to the stamina of the race, such as feebleminded, idiots, morons, insane, syphilitic, epileptic, criminal, professional prostitutes, and others in this class barred by the immigration laws of 1924 (emphasis added).”<sup>37</sup>

*Birth Control Review*, the journal Sanger edited from 1917–1929, contained hundreds, if not thousands, of articles that supported such evils as eugenics, racism, and forced sterilization and contraception. Planned Parenthood attempts to say that Sanger actually *opposed* these evils, despite the fact that countless articles in her journal consistently *supported* them.

Clearly those in charge of Planned Parenthood feel a need to protect the reputation of their founder—especially considering that their most prestigious award is named for her. Can Planned Parenthood be trusted on this question? Is their portrait of a “kinder, gentler” Margaret Sanger really accurate? We invite you to judge for yourself.

American Life League has printed online the entire text of Margaret Sanger’s two most famous books, *Woman and the New Race* (1920), and *The Pivot of Civilization* (1922). Read them and decide for yourself whether or not Sanger was a racist and a eugenicist. Links to the books can be found at:

American Life League  
[www.all.org/article.php?id=10158](http://www.all.org/article.php?id=10158)

Furthermore, Human Life International has documented 1,184 quotations printed in *Birth Control Review* from 1917 to 1939 that show the true sentiments of Sanger and her like-minded colleagues. Judging by the sheer number of quotations, it is impossible to believe, as Planned Parenthood claims, that

<sup>35</sup> *Planned Parenthood Federation of America*. October 2000. 16 June 2003. <<http://www.plannedparenthood.org/about/thisispp/sanger.html>>.

<sup>36</sup> *Ibid.*

<sup>37</sup> Sanger. “Plan for Peace.” Page 107.



her opponents have simply “taken them out of context, and exaggerated and distorted them in order to discredit Sanger and the organization she founded.”<sup>38</sup> These quotations can be found at:

Human Life International  
[www.hli.org/bcr.html](http://www.hli.org/bcr.html)

### THAT WAS THEN, THIS IS NOW?

Planned Parenthood admits that “Sanger also entertained some popular ideas of her own time that are out of keeping with our thinking today,” and even admits that the organization now finds some of her views “objectionable and outmoded.”<sup>39</sup> Yet this is far as Planned Parenthood goes. What its website says about her (much of which is inaccurate, as previously shown) is very revealing. Likewise alarming is the advice Planned Parenthood gives to women considering adoption:

There are thousands of women and men waiting to adopt newborn children. However, there is no guarantee that homes will be found for all children waiting to be adopted. *This is especially true for children of color and children with disabilities* (emphasis added).<sup>40</sup>

No doubt the mother of a child of color or a disabled child will interpret this to mean that her baby may be unwanted, and that abortion would be a better option for her. This advice is extremely misleading. While it is technically true that “thousands” of people are waiting to adopt, a better estimate would be at least one *million* (many estimates say two million or even higher). Also, while it is generally more difficult to find couples willing to adopt children who are racial minorities or who are disabled, there are still vast numbers of couples willing to do so. In fact, there are numerous adoption agencies that work to find adoptive parents exclusively for these children.

By carefully manipulating the facts, Planned Parenthood’s website would have us seriously doubt the possibility of finding adoptive homes for children who are racial minorities or disabled, all the while telling women that abortion is their safest option. Also, considering that 78% of Planned Parenthood’s clinics are located in neighborhoods populated predominantly by racial minorities,<sup>41</sup> one could infer that Sanger would be quite pleased with the current state of the organization she founded.

<sup>38</sup> *Planned Parenthood Federation of America*. October 2000. 16 June 2003. <<http://www.plannedparenthood.org/about/thisispp/sanger.html>>.

<sup>39</sup> *Ibid.*

<sup>40</sup> *Planned Parenthood Federation of America*. October 2000. 16 June 2003. <<http://www.plannedparenthood.org/WOMENSHEALTH/WhatifPregnant.html#4>>.

<sup>41</sup> Kimberley Jane Wilson. *The Big Cruel Lie*. July 1999. 16 June 2003. <<http://www.liberty.edu/chancellor/nlj/July1999/abortion.htm>>.

What Planned Parenthood's website says about Margaret Sanger is not nearly as revealing about the organization today as what it does *not* say about her. Planned Parenthood, currently the leading provider of abortion in the United States, makes no serious attempt to distance itself from its founder, and simply denies that she was a strong supporter of eugenics and other evils.

It does so despite overwhelming evidence, the best of which is in her own words, that says otherwise. Clearly, such an organization is not worthy of our trust. It seems strange, then, that our government continues to pump millions of our tax dollars into Planned Parenthood year after year—money that would be much better spent on providing genuine health care.

### 13C MARGARET SANGER: IN HER OWN WORDS

MARGARET SANGER (1879–1966) founded the American Birth Control League, now known as Planned Parenthood Federation of America. Below are some selected quotations that provide insight into her personal beliefs.

“The question of race betterment is one of immediate concern, and I am glad to say that the United States Government has already taken certain steps to control the quality of our population through the drastic immigration laws. There is a quota restriction by which only so many people from each country are allowed to enter our shores each month. It is the latest method adopted by our government to solve the population problem. Most people are convinced that this policy is right, and agree that we should slow down on the number as well as the kind of immigrants coming here. But while we close our gates to the so called “undesirables” from other countries, we make no attempt to discourage or cut down the rapid multiplication of the unfit and undesirable at home ....

“It now remains for the United States government to set a sensible example to the world by offering a bonus or a yearly pension to all obviously unfit parents who allow themselves to be sterilized by harmless and scientific means.”

—“*The Function of Sterilization.*” *Birth Control Review*,  
Volume X, Number 10 (October 1926), page 299.

“Before eugenists and others who are laboring for racial betterment can succeed, they must first clear the way for Birth Control. Like the advocates of Birth Control, the eugenists, for instance, are seeking to assist the race toward the elimination of the unfit. Both are seeking a single end but they lay emphasis upon different methods. Eugenists emphasize the mating of healthy couples for the conscious purpose of producing healthy children, the sterilization of the unfit to prevent their populating the world with their kind ... We who advocate Birth Control, on the other hand, lay all our emphasis upon stopping not only the reproduction of the unfit but upon stopping all reproduction when there is not economic means of providing proper care for those who are born in health.

“Among the majority of wage-workers, the frequent arrival of children means ... the contributing of morons, feeble-minded, insane, and various criminal types to the already tremendous social burden constituted by these unfit.

“Birth control of itself, by freeing the reproductive instinct from its present chains, will make a better race ... Eugenics without birth control seems to us a house [built] on the sands. It is at the mercy of the rising stream of the unfit.”

—“*Birth Control and Racial Betterment.*” *Birth Control Review*,  
Volume III, Number 2 (February 1919), pages 11 and 12.

“Birth Control will prevent prostitution, because young people will be able to marry early and wait until their incomes are sufficient before having children, and wives will be freed from the haunting fear of pregnancy which hovers over a woman from month to month and frequently drives husbands to prostitutes.”

—“*More Reasons for Birth Control—The Promotion of Morality.*”  
*Birth Control Review, Volume XIII, Number 1 (February 1929), page 35.*

“Our failure to segregate morons who are increasing and multiplying ... demonstrates our foolhardy and extravagant sentimentalism ... [Philanthropists] encourage the healthier and more normal sections of the world to shoulder the burden of unthinking and indiscriminate fecundity of others; which brings with it, as I think the reader must agree, a dead weight of human waste. Instead of decreasing and aiming to eliminate the stocks that are most detrimental to the future of the race and the world, it tends to render them to a menacing degree dominant ... We are paying for, and even submitting to, the dictates of an ever-increasing, unceasingly spawning class of human beings who never should have been born at all.”

—*The Pivot of Civilization, 1922; chapter on the “Cruelty of Charity,”*  
*pp. 116, 122, and 189. Swarthmore College Library Edition.*

“Today eugenics is suggested by the most diverse minds as the most adequate and thorough avenue to the solution of racial, political and social problems.

“I think you must agree ... that the campaign for birth control is not merely of eugenic value, but is practically identical with the final aims of eugenics ... Birth control propaganda is thus the entering wedge for the eugenic educator.

“As an advocate of birth control I wish ... to point out that the unbalance between the birth rate of the ‘unfit’ and the ‘fit,’ admittedly the greatest present menace to civilization, can never be rectified by the inauguration of a cradle competition between these two classes. In this matter, the example of the inferior classes, the fertility of the feeble-minded, the mentally defective, the poverty-stricken classes, should not be held up for emulation.

“On the contrary, the most urgent problem today is how to limit and discourage the over-fertility of the mentally and physically defective.”

—“*The Eugenic Value of Birth Control Propaganda.*” *Birth Control Review,*  
*Volume V, Number 10 (October 1921), page 5.*

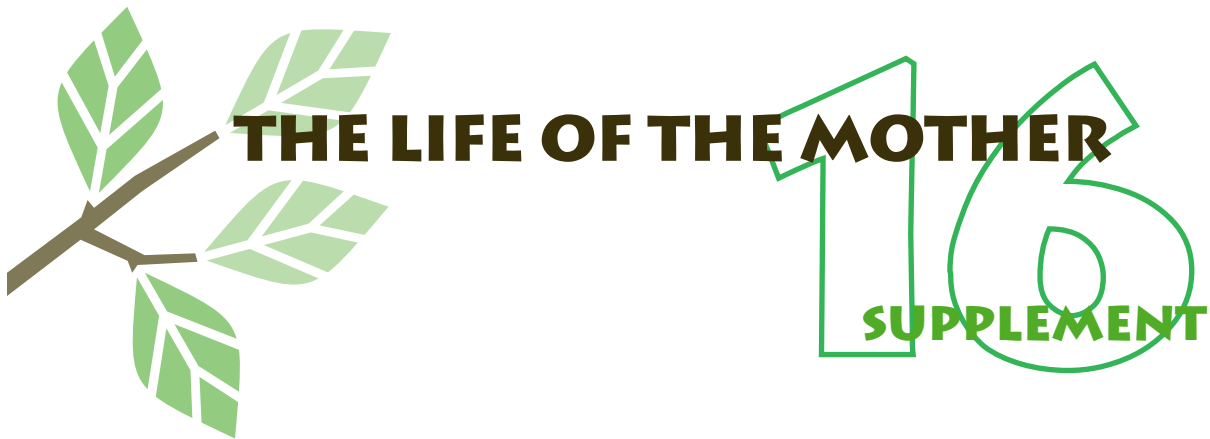
“ ... [G]ive dysgenic groups [people with so-called ‘bad genes’] in our population their choice of segregation or sterilization.”

—“*Plan for Peace.*” *Birth Control Review*,  
*Volume 16, Number 4 (April 1932), pages 107 and 108.*

“But there are still some of us who believe birth control to be a fundamental solution to the problems of poverty, prostitution, child labor, and even war itself.”

—“*Editorial.*” *Birth Control Review*,  
*Volume I, Number 12 (December 1917), page 16.*





## THE PRINCIPLE OF DOUBLE EFFECT

### THE LIFE OF THE MOTHER: DOCTORS SPEAK OUT

THE AMERICAN LIFE LEAGUE, a non-profit pro-life organization focused on pro-life education, has circulated a letter asking members of the medical and scientific communities to endorse the following statement:

I agree that there is never a situation in the law or in the ethical practice of medicine where a preborn child's life need be *intentionally destroyed by procured abortion* for the purpose of saving the life of the mother. A physician must do everything possible to save the lives of both of his patients, mother and child. He must never intend the death of either.<sup>42</sup> (emphasis added)

As of May 2006, over 480 doctors from around the U.S. have signed their names endorsing the above statement. These medical and scientific professionals all concur that abortion is never the proper medical solution when attempting to preserve the life of the mother.<sup>43</sup>

*Intentionally* taking the life of the unborn child is never the necessary or ethical solution to a life-threatening situation for the mother, yet there do exist complicated medical situations involving pregnancy where administering life-saving treatment to the mother could have a potential or even certain negative impact on the life of the unborn child.

For example, a pregnant woman diagnosed with cancer may need to undergo chemotherapy or other forms of treatment that could present some risk to the health

<sup>42</sup> American Life League. 2006. 9 May 2006 <<http://www.all.org/article.php?id=10681>>

<sup>43</sup> American Life League. 4 May 2006. 9 May 2006. <<http://www.all.org/article.php?id=10682>>

of her unborn child (although many pregnant women are either able to postpone chemotherapy until after birth or undergo treatment with little no effect on the child). If a pregnant woman is diagnosed with uterine cancer so severe that removing her uterus is deemed necessary in order to save her life, the unborn child will die in the process.

In the case of an ectopic pregnancy (*i.e.*, “tubal pregnancy”), the growing fetus implants in one of the mother’s fallopian tubes, rather than in the wall of the uterus. A fallopian tube is narrow and, unlike the uterus, unable to accommodate a growing baby. This is a life-threatening situation for the mother because the growing fetus will eventually rupture the tube, causing the mother to hemorrhage and risk bleeding to death. The proper ethical treatment of a tubal pregnancy presents a situation similar to the removal of a pregnant woman’s cancerous uterus—a situation where the loss of the child’s life, while not the *intention* of the treatment, is nevertheless an unavoidable and certainly negative consequence of administering life-saving treatment to the mother.

How can certain actions that have a negative result (such as the inevitable death of the unborn child when treating the life-threatening effects of a tubal pregnancy or removing a cancerous uterus) be morally permitted, while other forms of treatment having the same result are morally wrong? The Principle of Double Effect can help us understand.

### WHAT IS THE PRINCIPLE OF DOUBLE EFFECT?

The Principle of Double Effect is an ethical formula used to determine whether it is morally justified to perform or allow an action that would produce both good and bad consequences. There are five criteria that must be met before an action that would produce a bad side effect can be permitted under the Principle of Double Effect. It is important to understand that *all* of the five stipulations must be met in order for the act to be ethically justified. They are as follows:

1. The intended act must be good in itself. The intended act may not be morally evil.
2. The good effect of the act must be that which is directly intended by the one who carries out the act. The bad effect that results from the act may be foreseen by the one who carries out the act, but must be unintended.
3. The good effect must not be brought about using morally evil means.
4. The good effect must be of equal or greater proportion to any evil effect which would result.



5. Acts that have morally negative effects are permissible only when truly necessary; *i.e.*, when there are no other means by which the good may be obtained.<sup>44</sup>

### HOW IS IT APPLIED?

Treatment of a woman with a tubal pregnancy illustrates how the Principle of Double Effect is used to resolve an ethically complicated situation. One medical procedure used in the case of a tubal pregnancy is to remove the section of the fallopian tube containing the growing fetus. The unborn baby obviously cannot continue to live when this is done. Analyzing this procedure in light of the five criteria of the Principle of Double Effect helps one to understand how the death of the baby is ethically permitted.

#### **1. The intended act must be good in itself:**

The act of removing the life-threatening section of fallopian tube is a good act since it is a life-saving medical procedure for the mother.

Some more recent forms of treatment, however, such as surgically removing the fetus without removing the fallopian tube or giving the mother an injection of the drug methotrexate (which kills the fetus by depriving it of vital nutrients and dissolving its tissue) fail to meet this criterion of the Principle of Double Effect. Although both of these methods are employed as ways of preserving the fallopian tube, they entail a direct attack on the life of the unborn child, and are therefore equivalent to the act of abortion, which is always morally wrong and never justifiable.

#### **2. The good effect must be intended and the bad effect, while foreseen, must be unintended:**

The intent of the doctor is not to kill the unborn baby, but to remove the portion of the tube threatening the mother's life. The doctor knows that as a consequence of doing this, the baby will die, but his intent is not to end the baby's life.

#### **3. The good effect may not be brought about using morally evil means:**

Removing a portion of fallopian tube that will inevitably cause a life-threatening hemorrhage if left untreated is a morally good means of achieving the good effect of saving the mother's life.

As mentioned under the first criterion, the use of any means which directly attack the life of the unborn child, such as methotrexate or surgical extraction

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<sup>44</sup> *Catholics United for the Faith*. "Faith Fact: The Principle of Double Effect." 2002. 13 August 2003 <[www.cuf.org](http://www.cuf.org)>

of the fetus, is morally evil and cannot be justified even if it can accomplish the good effect of saving the mother's life.

**4. The good effect must be equal or greater than the bad effect:**

Both the life of the mother and the life of the unborn child are equally valuable. When the affected portion of fallopian tube is removed, and the unborn child loses his life as a consequence, the good effect of saving the mother's life is equal to the bad effect of losing the child's life, since no life is more valuable than any other.

**5. The act must be truly necessary and there must be no other means by which the good may be obtained:**

In the case of tubal pregnancy, there is nothing that can medically be done to save the life of the unborn baby. If the condition is left untreated, the tube will rupture, ending the baby's life and putting the mother's life at grave risk. While the death of the unborn child is inevitable in this situation, this does *not* mean that performing an abortion is morally permissible, even if, for instance, the doctors or the parents wish to achieve the good effect of preserving the fallopian tube for future conceptions. The removal of the affected portion of the tube is the only morally acceptable course of action.

In light of the claim that legal abortion is needed in order to preserve the life and health of the mother, we should remember American Life League's statement and the criteria involved in the Principle of Double Effect. While upholding the age-old teaching that "the ends cannot justify the means," the Principle of Double Effect goes even further to provide a useful framework for understanding complex situations related to pregnancy and the integrity of the mother and her unborn child. Hundreds of doctors have honestly acknowledged that a physician's duty is to do everything possible to save the life of *both* the mother and the unborn baby, and that no situation exists where the only available means of saving the mother's life is to abort her unborn child.



## **CHASTITY IS ESSENTIAL TO MARRIAGE PREPARATION**

*By Pope John Paul II*

**MOST OF YOU** will walk the path of life in marriage. This requires a kind of education. You need to equip yourselves for the magnificent commitment of marriage and founding of a family—the most important unit of the Christian community. As young Christians, you must carefully prepare to become good spouses and good parents with families of your own.

Essential to preparing for marriage is your vocation to chastity. I know that young people reject hypocrisy. You want to be honest with yourselves and others. A chaste person is honest. When God created us He gave us more than one way to “speak” to each other. Besides expressing ourselves through speech, we express ourselves through our bodies. Gestures are like “words” that tell who we are. Sexual actions are “words” that reveal our hearts. The Lord wants us to use our sexuality according to His plan. He expects us to “speak” truthfully.

Honest sexual “language” requires a commitment to lifelong fidelity. To give your body to another person symbolizes the total gift of yourself to that person. But if you are not married, you are admitting that you might change your mind in the future. Total self-giving would then be absent. Without the bond of marriage, sexual relations are a lie.

Chastity—which means respecting the dignity of others because our bodies are temples of the Holy Spirit (cf. 1 Cor 6:19) leads you to grow in love for others and for God. It prepares you to make the “sincere gift of self” that is the basis of Christian marriage. More important, it teaches you to learn to love as Christ loves, laying down His life for others (cf. Jn 15:13).

Do not be deceived by the empty words of those who ridicule chastity or your capacity for self-control. The strength of your future married love depends on the strength of your present commitment to learning true love, a chastity which includes refraining from all sexual relations outside of marriage. The sexual restraint of chastity is the only safe and virtuous way to put an end to the tragic plague of AIDS which has claimed so many young victims.

Helped by God's grace in the Sacraments of Penance and the Eucharist, "be strong and of good courage" (Dt 31:6). I urge you to commit yourself to this spiritual revolution of purity of body and heart. Let Christ's redemption bear fruit in you! The contemporary world needs this kind of revolution!



## PRO-LIFE GAME

19  
SUPPLEMENT

### WHO WANTS TO BE A LIFE SAVER?

*(Based on the TV show, “Who Wants to Be a Millionaire?”)*

#### MATERIALS

Overhead projector, transparencies, dry erase markers, eraser, pens, paper, small pieces of candy, several packs of gum, and several candy bars

#### TERMS

**HOST:** Asks the “Hot Seat” questions

**ASSISTANT:** Conducts the “Warm Seat” part of the game and operates the overhead projector for the “Hot Seat” round

**WARM SEAT:** The elimination round of questions which determines who will proceed to the “Hot Seat”

**HOT SEAT:** The final round where the winner of the “Warm Seat” round attempts to correctly answer questions for prizes

#### PREPARATION FOR THE GAME

Come up with 10 or so “Warm Seat” questions. These will be for the players who are contending for the “Hot Seat.” They should all be chronology questions. For example, “put the following books of the Bible in order: Mark, John, Matthew, Luke.” The first person to get the books in the correct order and present them to the Assistant moves on to the “Hot Seat.”

Next, prepare at least 60 “Hot Seat” questions that pertain to the abortion issue (preferably topics the club has already covered). Feel free to throw in some non-abortion related questions. All questions should be multiple choice with four possible answers.

The “Warm Seat” questions can remain on regular paper, but the “Hot Seat” questions should be copied onto transparencies in order to be displayed on the overhead projector.

## **RULES**

### **“Warm Seat” Round:**

#### *Set up:*

Pick one person to be the Host and one person to be the Assistant. Have everyone put his name on a piece of paper and into a hat. Pick out 4–10 names (depending on how big your group is) for the “Warm Seat” round.

#### *To Play:*

The Assistant reads the first “Warm Seat” question. When someone thinks he has the correct answer, he writes it on a piece of paper and runs up to the Assistant with his answer. The first one to reach the Assistant and answer the question correctly moves on to the “Hot Seat.”

(Those in the “Warm Seat” remain where they are. In the next round, pick one more name out of the hat to fill the empty spot of the one who made it to the “Hot Seat.”)

### **“Hot Seat” Round:**

#### *Set up:*

Place two chairs facing one another with a screen or white wall behind them where the transparencies will be shown. The Host and the winner of the “Warm Seat” round sit in the two chairs while the Assistant operates the overhead projector.

#### *To Play:*

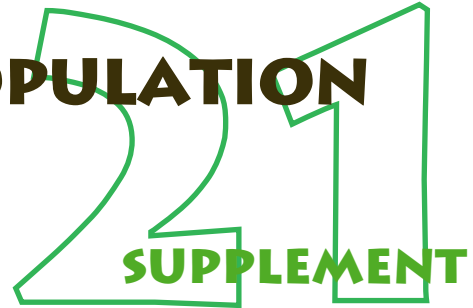
The Host asks the contestant three questions, which are displayed one at a time on the overhead projector. If the contestant answers the first question correctly, he receives a piece of candy and moves on to the second question. If he answers the second question correctly, he receives a small pack of gum and moves on to the third and final question. If the contestant answers this correctly, he receives a candy bar and returns to the audience. You may put his name back into the “hat” if you do not have many people playing.

Ideally, the questions for each round should gradually increase in difficulty. If at any point a contestant answers a question incorrectly, he must return to the audience, and the game starts over again with another “Warm Seat” round.

Play as long as you like or until you run out of prizes or questions.



# OVERPOPULATION



## EXPOSING THE MYTHS OF OVERPOPULATION

*The following is excerpted from the 1998 article “Overpopulation?” by Dr. Jacqueline R. Kasun*

**MYTH 1: The world is overcrowded and population growth is adding overwhelming numbers of humans to a small planet.**

In fact, people do live in crowded conditions, and always have. We cluster together in cities and villages in order to exchange goods and services with one another. But while we crowd together for economic reasons in our great metropolitan areas, most of the world is empty, as we can see when we fly over it. It has been estimated by Paul Ehrlich and others that human beings actually occupy no more than 1 to 3 percent of the earth’s land surface.

If you allotted 1,250 square feet to each person, all the people in the world would fit into the state of Texas. Try the math yourself: 7,438,152,268,800 square feet in Texas, divided by the world population of 5,860,000,000, equals 1,269 square feet per person. The population density of this giant city would be about 21,000—somewhat more than San Francisco and less than the Bronx.

Another fact: World population growth is rapidly declining. United Nations figures show that the 79 countries that comprise 40 percent of the world’s population now have fertility rates too low to prevent population decline. The rate in Asia fell from 2.4 in 1965–70 to 1.5 in 1990–95. In Latin America and the Caribbean, the rate fell from 2.75 in 1960–65 to 1.70 in 1990–95. In Europe, the rate fell to 0.16—that is, effectively zero—in 1990–95. And the annual rate of change in world population fell from 2 percent in 1965–70 to less than 1.5 percent in 1990–95.

Worldwide, the number of children the typical woman had during her lifetime (total fertility) fell from 5 in 1950–55 to less than 3 in 1990–95. (The number neces-

sary just to “replace” the current generation is 2.1.) In the more developed regions, total fertility fell from 2.77 to 1.68 over the same period. In the less developed regions it fell from more than 6 to 3.3. Total fertility in Mexico was 3.1 in 1990–95. In Spain it stood at 1.3, and in Italy, it was 1.2.

Official forecasts of eventual world population size have been steadily falling. In 1992–93, the World Bank predicted world population would exceed 10 billion by the year 2050. In 1996, the U.N. predicted 9 billion for 2050. If the trend continues, the next estimate will be lower still.

**MYTH 2: Overpopulation is causing global warming.**

The message that is most likely to arouse the fervor of young people is that overpopulation is destroying the environment and the biosphere. On this point, the first thing to keep in mind is that some of the most beautiful parts of the world, with the highest environmental quality, are in densely populated countries such as western Germany, which has more than 600 persons per square mile, and the Netherlands, which has almost 1,200 persons per square mile, compared with 330 in China. Several myths promote the belief that we are engulfed in an environmental catastrophe. For instance, some scientists say population growth is causing global warming. But there is much disagreement in the scientific community about this. Seventy-nine scientists issued the “Leipzig Declaration” in 1995 saying “ ... There does not exist today a general scientific consensus about ... greenhouse warming ... ” Additionally, the satellite readings of global temperature, available on the NASA Web site at [www.nasa.com](http://www.nasa.com), do not show a warming trend. And further, respected climatologists such as Hugh Ellsaesser, Richard S. Lindzen and Robert C. Balling vigorously dispute the notion of a global warming danger.

**MYTH 3: Overpopulation causes ozone depletion.**

Like global warming, the cause and significance of the so-called ozone “hole” is a matter of intense scientific dispute, although the United States and other nations have agreed to reductions in the use of chlorofluorocarbons (CFCs), which were alleged to have caused it. S. Fred Singer, an atmospheric physicist who participated in the earliest ozone measurements, calls the ozone scare a “misuse of science.” In fact, many think the chief function of the CFC ban has been to help big chemical companies establish highly profitable new monopolies on the CFC substitutes which they developed.

**Myth 4: The world’s forests are disappearing because of overpopulation.**

This is an important matter because forests are an essential part of the world’s environment and, therefore, humanity’s well-being. Today we know that trees in-



hale carbon dioxide and exhale oxygen, which means that they are a first line of defense against air pollution and the specter of global warming. The world forested area, estimated by the Food and Agriculture Organization of the U.N. (FAO), currently amounts to four billion hectares, covering 30 percent of the land surface of the earth. Few people realize this is the same figure as in the 1950s. In the United States, vast forests cover a third of the land, according to the U.S. Forest Service. That's equivalent to two-thirds of the amount of land that was forested when the Europeans arrived in the 1600s. This acreage has not declined since 1920. In fact, annual forest growth today is more than 3<sup>1</sup>/<sub>2</sub> times what it was in 1920. Two-thirds of the nation's forests are classed as timberland, capable of producing at least 20 cubic feet per acre of industrial wood annually. Another fact: Trees are growing 33 percent faster than they are being cut.

The highest volumes of growth occur on privately-owned forest industry land, while the government-owned national forests, where the trees are older, have the lowest volumes of tree growth. The National Wilderness Preservation System grew from nine million acres in 1964 to 96 million acres in 1993. But this is not enough for the environmentalists of The Wildlands Project, who hope to turn fully half of the land area of the United States into wilderness areas inhabited by grizzly bears, wolverines and mountain lions, and make it off-limits to humans. There has also been great agitation about the "destruction of the tropical rainforests." Someone has claimed that an area twice the size of Belgium is now being logged worldwide each year, but people don't realize Belgium could fit into the world's tropical forests 500 times, and in the meantime, the rest of the world's trees—99.6 percent of them—are continuing to grow. One of the greatest of these tropical stands exists in Brazil, with more than half of the forests of South America. FAO and Brazilian government figures suggest that logging takes about two-tenths of one percent of forest acreage per year, and in 1993, Brazilian forests covered 58 percent of the country's total land area. Such figures hardly suggest a catastrophic decline. Another thing that's misleading is that FAO figures show a "decline" in forest cover even when forest land is appropriated for use as public parks, and not a single tree is cut down. And if in fact some deforestation is occurring in Brazil, it can scarcely be the result of overpopulation; Brazil has less than half as many people per square mile (31.2) as the world average (101).

**MYTH 5: Air pollution is the result of overpopulation, and acid rain, a byproduct of air pollution, is destroying lakes, rivers and forests.**

In fact, air and water pollution levels have been highest in the centrally-planned economies of Eastern Europe and China, where population growth is low or negative. Legendary air pollution in Poland and Russia has occurred in areas with thinly-settled populations. In the United States, air pollution is declining significantly. The federal government's National Acid Precipitation Assessment Program recently reported "no widespread forest or crop damage in the United States" related to acid rain.

**MYTH 6: Many plants and animals are disappearing because of the growth in human numbers.**

There is absolutely no scientific data whatsoever to support this claim. Even a scientist such as David Jablonski, who believes species will decline, says, "We have no idea how many species are out there and how many are dying." Some species, such as blue whales, spotted owls and blackfooted ferrets, have been found to be more numerous than was once thought. Since many species exist in forests and the earth's forest cover is remaining about the same, the claims of massive species extinction appear doubtful.

**MYTH 7: Overpopulation is threatening the world food supply.**

According to the Food and Agriculture Organization, world food supplies exceed requirements in all world areas, amounting to a surplus approaching 50 percent in 1990 in the developed countries, and 17 percent in the developing regions. "Globally, food supplies have more than doubled in the last 40 years ... between 1962 and 1991, average daily per capita food supplies increased more than 15 percent ... at a global level, there is probably no obstacle to food production rising to meet demand," according to FAO documents prepared for the 1996 World Food Summit. The FAO also reported that less than a third as many people had less than 2100 calories per person per day in 1990-92 as had been the case in 1969-71. At present, farmers use less than half of the world's arable land. The conversion of land to urban and built-up uses to accommodate a larger population will absorb less than two percent of the world's land, and "is not likely to seriously diminish the supply of land for agricultural production," according to Paul Waggoner, writing for the Council for Agricultural Science and Technology in 1994.

**Myth 8: Overpopulation is the chief cause of poverty.**

In reality, problems commonly blamed on "overpopulation" are the result of bad economic policy. For example, Western journalists blamed the Ethiopian famine on "overpopulation," but that was simply not true. The Ethiopian government caused it by confiscating the food stocks of traders and farmers and exporting them to buy arms. That country's leftist regime, not its population, caused the tragedy. In fact, Africa, beset with problems often blamed on "overpopulation," has only one-fifth the population density of Europe, and has an unexploited food-raising potential that could feed twice the present population of the world, according to estimates by Roger Revelle of Harvard and the University of San Diego. Economists writing for the International Monetary Fund in 1994 said that African economic problems result from excessive government spending, high taxes on farmers, inflation, restrictions on trade, too much government ownership, and overregulation of private economic activity. There was no mention of overpopulation.

The government of the Philippines relies on foreign aid to control population growth, but protects monopolies which buy farmers' outputs at artificially low prices, and sell them inputs at artificially high prices, causing widespread poverty. Advocates of population control blame "overpopulation" for poverty in Bangladesh. But the government dominates the buying and processing of jute, the major cash crop, so that farmers receive less for their efforts than they would in a free market. Impoverished farmers flee to the city, but the government owns 40 percent of industry and regulates the rest with price controls, high taxes and unpublished rules administered by a huge, corrupt, foreign-aid dependent bureaucracy. Jobs are hard to find and poverty is rampant. This crowding leads to problems such as sporadic or inefficient food distribution, but this problem is caused—as in Ethiopia—by that country's flawed domestic policies.

It is often claimed that poverty in China is the result of "overpopulation." But Taiwan, with a population density five times as great as mainland China's, produces many times as much per capita. South Korea, with a population density 3.6 times as great as China's, has a per capita output almost 16 times as great. The Malaysian government abandoned population control in 1984, ushering in remarkable economic growth under free market reforms, while Ecuador, Uruguay, Bulgaria and other countries complained at the International Conference on Population and Development in Cairo that though they had reduced their population growth, they still had deteriorating economies.

**Myth 9: Women and men throughout the world are begging for the means to control their fertility.**

Not so, according to reports from such places as Africa, Bangladesh and the Philippines. The fact is, surplus condoms and birth control pills fill warehouses in the less developed world and women flee the birth control workers and beg to have their implants and IUDs removed.

U.S. foreign assistance law requires countries receiving American foreign aid to take steps to reduce population growth [you can find this in 22 U.S. Code, sec. 2151-1; 22 U.S. Code, sec. 2151(b)]. Far from meeting an "unmet need" for birth control, foreign-supported family planners in India, Bangladesh and other countries must pay, or force, their clients to accept it, according to reports from these countries. Foreign-supported population control is so unpopular in Bangladesh that riots over this issue prevented the prime minister from attending the International Conference on Population and Development in Cairo in 1994.

Dr. Margaret Ogola, a Kenyan pediatrician, disputed the claim of an "unmet need" for family planning at the International Conference on Population and Development in Cairo in 1994. She said that foreign aid givers have lavished pills, condoms and IUDs on hospitals and clinics in Kenya, but that simple medicines for common

diseases remain unavailable. A United Nations survey of abortion and birth control policies throughout the world found that high proportions of women were familiar with and were using “traditional” methods (NFP) of limiting births.

In 1981, the typical Bangladeshi woman was having seven children during her lifetime; since then the number has fallen to 3.4. According to Bangladesh press reports in 1994, the secretary of health acknowledged that “coercion, blackmail [and] abuse of payment provisions” were problems in the population control program. Alarmed by extremely low fertility, South Korea reported to the International Conference in Cairo that it has slashed its government expenditures on birth control. Singapore, faced with below-replacement fertility, reported that it now offers tax rebates to couples with more than two children. Government-supported “family planning” agencies in the United States, such as Planned Parenthood, claim their services save public assistance costs. In fact, published research has shown that states which spend large amounts on birth control subsequently have higher costs of public assistance. Research also shows that states which require parental consent for a minor to have an abortion have lower rates of adolescent pregnancy.

### **Myth 10: Overpopulation causes war and revolution.**

The most war-torn continent on earth—Africa—is also one of the least densely populated, with about half as many people per square mile as in the world as a whole. Bad governments, propped up by ineptly and unjustly managed foreign aid, are more probably the root of strife.

The worldwide movement which promotes population control is not small or weak. It is a powerful alliance of United Nations agencies, national governments, foundations and “nongovernmental organizations.” It commands many billions of dollars in resources. Its members include family planning agencies, radical leftist environmental organizations such as the Sierra Club and the World Wildlife Fund, development planners, international financial institutions such as the World Bank, foreign relations agencies such as the U.S. Agency for International Development, and “research” organizations such as Worldwatch Institute. Its ideology increasingly dominates school and college instructional programs and textbook publishing.

*Dr. Jacqueline R. Kasun is an economist and the author of The War Against Population: The Economics and Ideology of World Population Control (Ignatius, 1988, 1998).*

*Source:* [http://www.lifeissues.net/writers/kas/kas\\_01overpopulation.html](http://www.lifeissues.net/writers/kas/kas_01overpopulation.html)  
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# THE ILLEGAL SALE OF FETAL TISSUE

SUPPLEMENT

## ABORTED BABIES HARVESTED FOR RESEARCH

**IN 1999**, LIFE DYNAMICS, a pro-life organization based in Denton, Texas, revealed the disturbing results of an undercover investigation into the harvesting and sale of body parts obtained from aborted babies. Most of their information was provided by a technician who visited abortion clinics to obtain body parts requested by research laboratories, universities, and pharmaceutical companies.

This technician, “Kelly” (a pseudonym), worked for a company called Anatomic Gift Foundation (AGF) that acted as a middleman between the abortion clinics and the clients desiring tissue. After Kelly realized the inhuman nature of the cash-for-body parts industry, she approached Life Dynamics in 1997 in hopes of making public the knowledge of its gruesome practices.

Because it is illegal to actually sell body parts, middlemen like AGF pay “site fees” and year-end “bonuses” to abortion clinics for allowing them on their premises in order to procure the tissue requested by universities, laboratories, etc. As you can see from the lists included in this supplement, however, it is clear that specific prices are set for particular body parts. These lists are copies of actual price lists obtained by Life Dynamics during their investigation.

Kelly reported that she would see the bodies of 30–40 late term babies each week at the abortion clinic where she was stationed, and 90% of those babies were perfectly healthy.

The abortionists would use the least invasive techniques for performing the abortions so that as much of the baby as possible would be fit for harvesting. The Partial-Birth Abortion procedure is the favored method of abortion for those wishing to provide intact body parts since it does no damage to the limbs or chest.

Kelly revealed that it was common to open the chest cavity of what was thought to be a dead baby, and find the heart still beating. She also stated that abortionists would kill the live-born babies by drowning them, breaking their necks, or beating them with forceps.

While Life Dynamics' exposé received some attention from the media and politicians in Washington, D.C., nothing was ever done to ensure that the illegal practice of selling body parts would stop.

Life Dynamics offers a complete report on the investigation as well as a video interview with "Kelly." The report and the video can be obtained by contacting Life Dynamics: P.O. Box 2226, Denton, TX 76202. (940) 380-8800. [www.lifedynamics.com](http://www.lifedynamics.com)

*The following are copies of price lists obtained by Life Dynamics during their investigation into the marketing of fetal tissue.*

Fees-for-Services  
 Schedule A  
 Embryonic/Fetal  
 Effective 6/98

Fees are based on gross dissections unless otherwise indicated. Additional fees may apply for fine or special resections and fixation.

ELECTIVE TERMINATIONS			
PROCEDURE	GESTATIONAL AGE	FRESH	FROZEN
2ND TRIMESTER D & E	13–24 weeks	\$90.00	\$130.00 per specimen
1ST TRIMESTER ASPIRATION	6–12 weeks	\$220.00	\$260.00 per specimen
SPONTANEOUS (MISCARRIAGE)	6–40 weeks	\$240.00	\$280.00 per specimen

**OPENING LINES**

A DIVISION OF CONSULTATIVE & DIAGNOSTIC PATHOLOGY, INC.  
 P.O. Box 508  
 West Frankfort, IL 62896  
 Phone: 800-490-9980  
 Fax: 618-937-1525

**Fee for Services Schedule**

	<b>Price</b>
Unprocessed Specimen (>8 weeks)	\$70
Unprocessed Specimen (<8 weeks)	\$50
Livers (<8 weeks)	\$150
Livers (>8 weeks)	\$125
Spleens (<8 weeks)	\$75
Spleens (>8 weeks)	\$50
Pancreas (<8 weeks)	\$100
Pancreas (>8 weeks)	\$75
Thymus (<8 weeks)	\$100
Thymus (>8 weeks)	\$75
Intestines & Mesentary	\$50
Mysentary (<8 weeks)	\$125
Mysentary (>8 weeks)	\$100
Kidney—with/without adrenal (<8 weeks)	\$125
Kidney—with/without adrenal (>8 weeks)	\$100
Limbs (at least 2)	\$150
Brain (<8 weeks)	\$999
Brain (>8 weeks)	\$150
Pituitary Gland (>8 weeks)	\$300
Bone Marrow (<8 weeks)	\$350
Bone Marrow (>8 weeks)	\$250
Ears (<8 weeks)	\$75
Ears (>8 weeks)	\$50
Eyes (<8 weeks)	\$75
Eyes (>8 weeks)	\$50
Skin (>12 weeks)	\$100
Lung & Heart Block	\$150
Intact Embryonic Cadaver (<8 weeks)	\$400
Intact Embryonic Cadaver (>8 weeks)	\$600
Intact Calvarium	\$125
Intact Trunk (with/without limbs)	\$500
Gonads	\$550
Cord Blood (Snap Frozen LN2)	\$125
Spinal Column	\$150
Spinal Cord	\$325

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## THE HARD CASES

# 24

SUPPLEMENT

### ABORTING THE HANDICAPPED

**IN A 1969 LEGISLATIVE DEBATE** on a proposed bill permitting abortion for fetal abnormalities, New York State Assemblyman and polio victim, Martin Ginsberg stated, “What this bill says is that those who are malformed or abnormal have no reason to be a part of our society. If we are prepared to say that a life should not come into this world malformed or abnormal, then tomorrow we should be prepared to say that a life already in this world which becomes malformed or abnormal should not be permitted to live.”

Allowing a fetal deformity exception for abortion is an extension of the utilitarian, quality-of-life ethic. In other words, some lives are not worth living. Even if this were true, who should have the right to say which individuals are not worthy of life or to justify the intervention of direct killing? Certainly not those doing—and profiting from—such killing!

Allowing abortion for “defects” turns genetic screening into a “search and destroy mission.” This is a purely eugenic application of human technology.

Genetic screening is not 100% accurate. Furthermore, genetic screening sets up a “test” for all prospective newborns: you must meet our criteria and pass our “test” to escape the threat of termination. If you fail the test, whether or not you are spared is dependent upon our (mother’s, father’s and doctor’s) discretion.

Whose interests does abortion for fetal defects serve? To say it serves the interests of the preborn is absurd. Many individuals in our nation were “defective” before birth. Yet they live and prosper in society despite their impairments. Clearly, it was in their interest to be born and experience life.

Abortion for eugenics may serve the interests of others, but motives here may well be selfish and cannot justify taking innocent human life.

A society may benefit financially by removing some future “burdens” and their associated expenses via abortion, yet this puts a monetary value on human life. When young Jessica McClure was trapped in a well in Texas, no one said, “Let’s give up. It’s costing too much money; the girl’s life is not worth it.” Additionally, the benefits, financial and otherwise, that the impaired child may return to society are not known and thus not even considered.

Finally, society’s true interests would not be served, even if a policy of aborting the handicapped was proven to be monetarily “cost-effective” and adopted along with the necessary and utilitarian ethic: the costs in terms of human suffering, moral decay and devaluing human life are inestimable, and would clearly proscribe its application.



## REPRODUCTIVE TECHNOLOGIES

### THE MEANING AND PURPOSE OF MARRIAGE

Sexual intercourse is intended for marriage. In marriage, sex is both unitive and procreative. Married love acts to unite the spouses not just physically, but emotionally, spiritually, and psychologically. The procreative dimension of sex flows directly from the unitive, since the same act which unites the couple also allows for the possibility of a new life to begin.

When we acknowledge the unitive and procreative aspects of marriage, it becomes clear that we must also respect the following:

*Human Life Itself:* All human beings have a right to life. From conception to natural death, human life must be respected as intrinsically good.

*Responsible Parenthood:* Children are gifts and parents should treat them as such. Just as children should never be viewed as burdens to be abused, they should also not be treated as objects meant to fulfill the personal wishes of the parents.

We can come to understand why certain reproductive technologies are morally wrong by examining them in light of the unitive and procreative nature of marriage, the inalienable right to life of all human beings, and the demands of responsible parenthood.

### IN VITRO FERTILIZATION (IVF) AND DISCARDING EMBRYOS

*In vitro* fertilization involves removing eggs from the mother, and sperm cells from the father (usually obtained via masturbation), and fertilizing over 20 of them in a

petri dish. Technicians then determine which of the newly conceived embryos have the best chance for survival and implant two to four of them inside the mother's uterus. The rest of the embryos are either frozen for later attempts at implantation or discarded. If the frozen embryos are not used, they are either destroyed or remain frozen for as long as the parents are willing to pay for storage. The American Society of Reproductive Medicine has stated that there are approximately 400,000 frozen embryos in storage in the United States today.<sup>45</sup>

The actual process of IVF—fertilizing eggs outside of the mother's body so that new life arises directly from manipulations of science rather than an act of love between a husband and wife—is morally wrong because it separates procreation from the natural union of married love.

Furthermore, destroying embryos produced by IVF is an act of murder. Freezing such embryos in a sort of “suspended animation” is gravely disrespectful of the dignity of these tiny human persons.

#### ARTIFICIAL INSEMINATION AND SURROGATE MOTHERHOOD

##### *Artificial Insemination by Donor (AID)*

Artificial insemination by donor involves a man other than a husband (often a stranger) donating his semen, which is then artificially deposited inside a woman's uterus at the time that fertilization will most likely occur.

AID, while it does not involve a woman having sexual relations with someone other than her husband, does cause her to procreate with someone other than her husband, and thereby violates the unity of marriage. According to the true meaning of married love, procreation requires bodily union between the spouses. AID not only deprives the spouses of this union, but also deprives the husband of the gift of sharing in the biological parenthood of the child. Parents who choose to have a child via AID willfully deprive that child of a family environment made up of his biological parents and thereby fail to exercise responsible parenthood. (This is not to say that parents who adopt children fail to act responsibly or that adopted children cannot enjoy a rich and loving family environment. Adopting a child is a wonderful gift of love, but to *purposely* deprive a child of his biological parents is wrong.)

##### *Artificial Insemination by Husband (AIH)*

In this procedure, the husband's sperm and wife's ovum are used instead of those from donors. The procedure is otherwise the same as AID.

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<sup>45</sup> MSNBC. 8 May 2003. 19 August 2003 <<http://stacks.msnbc.com/news/910920.asp?cp1=1>>

The procreative dimension of marriage flows from the unitive. The conception of a child through the marital act is the indirect result of the unitive love expressed between two spouses. This is true even if the parents were hoping to conceive at the time of physical union. While AIH occurs using sperm and ovum from a married couple, it still separates conception from the marital act since fertilization occurs apart from an act of sexual union between the spouses. To directly produce a child turns that child into a commodity rather than a gift. Using technology to manufacture human beings is a direct affront to human dignity.

### ***Surrogate Motherhood***

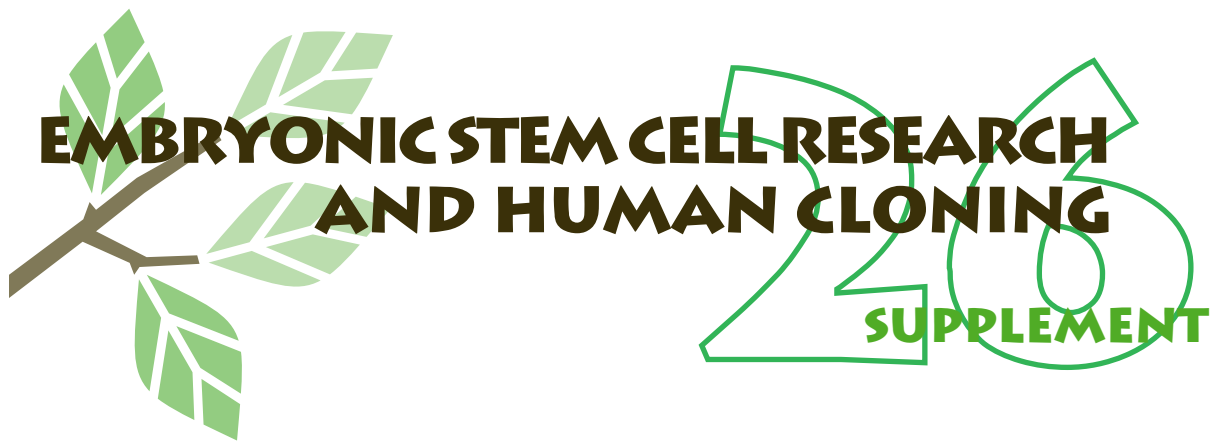
It is for the same reasons as those listed above for AID and AIH that the practice of “surrogate motherhood” is also wrong. In this situation, a couple hires a woman to bear a child for them: a child conceived either via artificial insemination of the husband’s sperm into the surrogate mother’s uterus or by *in vitro* fertilization of the husband’s sperm and wife’s ovum, which are then transferred to the surrogate mother’s uterus. Both of these methods separate procreation from the unity of the spouses and also cause a separation between genetic parenthood and gestational parenthood—another instance of irresponsibility on the part of the parents.

### **THE RIGHT ATTITUDE TOWARD TECHNOLOGY**

The use of technology to increase fertility is not always wrong. Some technological interventions serve the desires of spouses to have children in ways that are morally good. For example, medication to correct impotence or a surgical procedure to repair a damaged fallopian tube is morally good. By correcting physical “brokenness” without separating procreation from the unity of the marital act, technology and modern medicine can actually serve to reinforce the very meaning of sex in marriage as something that both binds the couple together and provides the opportunity for new life to enter the world.

Technology that substitutes for sexual intercourse to bring about conception, however, severs the connection between the unitive and procreative dimensions of marriage and is morally wrong. Parents who willfully choose to conceive a child outside of the personal relationship of married love exhibit a great disrespect for the dignity and integrity of their child, for each other, and for the true meaning of sex. Such an attitude is similar to that shown by those who engage in sex outside of marriage: their sexual relationships are a lie, since they cannot truly express the unity and permanence of the marriage bond, and are also gravely disrespectful of the child who could be conceived as a result of their actions.





## TREATING THE EMBRYO WITH DIGNITY

### STEM CELLS

A **stem cell** is a cell with two characteristics:

1. the property of unlimited self-maintenance—*i. e.*, the ability to reproduce itself over a long period of time without changing.
2. the capability to produce other types of cells such as brain, muscle, lung, etc.

An **embryonic stem cell** is a stem cell taken from an early human embryo that, when taken, results in the death of the embryo.

An **adult stem cell** is a stem cell taken from an adult's bone marrow, fat cells, brain cells, or other tissues. Stem cells can also be taken from the umbilical cord blood after the birth of a baby.

### STEM CELL RESEARCH

Much of the controversy concerning stem cell research has centered around the ethical and moral questions raised by the use of human embryos in medical research. Public opinion is sharply divided regarding this research, yet it is largely assumed that from a scientific point of view there is little or no debate on the matter. The scientific validity of embryonic stem cell research is usually characterized as indisputable and the support of the scientific community as unanimous.

In reality, this is hardly the case. While the scientific advantages and potential medical application of embryonic stem cells have received considerable attention

in the mainstream media, the sizable problems with transplanting embryonic stem cells into patients have been largely ignored.

#### ARGUMENTS AGAINST EMBRYONIC STEM CELL RESEARCH

The same complications associated with organ transplant also apply to embryonic stem cell transplant. The rejection of transplanted cells and tissues can be slowed to some extent by a close match of the donor to the patient, but except in cases of identical twins (a perfect genetic match), transplanted cells will eventually be rejected by the immune system. Stem cell transplants, like organ transplants, would not constitute a cure; they would merely buy time. In most cases, this time can only be purchased at the expense of permanently suppressing the immune system.

The proposed solutions to the problem of immune rejection are either scientifically unrealistic or socially objectionable. These proposed solutions can be summarized as follows:

1. One proposal involves large scale genetic engineering of embryonic stem cells with the aim of changing their immune traits to provide a better match for the patient. However, there is no current evidence that this could be accomplished. There is a great risk that genetic mutations would be introduced into embryonic stem cells by genetic engineering, and that these mutations would be difficult to detect before a transplant.
2. Another proposed solution is that of “therapeutic cloning,” in which genetic information from the original embryonic stem cell would be replaced with genetic information from the patient, resulting in an embryonic copy or clone of the patient. This human clone would then be grown as a source of stem cells for transplant. The most current scientific research from animal cloning experiments, however, indicates that such “therapeutic” clones will very likely be abnormal and would not give rise to healthy replacement tissue.
3. A third solution has been to generate a large bank of embryos with various genetic characteristics for use in transplants. Intentionally producing large numbers of human embryos specifically for scientific and medical use is not an option most people are ready to embrace.

Thus, the three proposed solutions to the problem of immune rejection are not solutions at all. Transplanting embryonic stem cells runs the serious risk of introducing cells with abnormal properties into patients. This is of particular concern considering the enormous tumor-forming potential of embryonic stem cells. No level of quality control currently available would guarantee that this very real and awful possibility could be prevented.



**THE SCIENTIFIC PROMISE OF ADULT STEM CELL RESEARCH**

In spite of the significant limitations to the potential usefulness of embryonic stem cells, the argument in favor of this research would be considerably stronger if there were no viable alternatives. Yet this is not the case. In recent years, tremendous progress has been made in research on adult stem cells, which can be induced to become any one of a wide range of mature cell types.

The scientific and ethical advantages of using adult stem cells instead of embryonic ones are significant. Deriving cells from an adult patient's own tissues bypasses the problem of immune rejection, and therapeutic use of adult stem cells raises very few ethical issues.

The concern that cells derived from diseased patients may themselves be abnormal is largely unsupported. Most human illnesses are caused by injury or by foreign agents (toxins, bacteria, viruses, etc.) that, if left untreated, would affect adult and embryonic stem cells equally. Even in the minority of cases where human illness is caused by genetic factors, the vast majority of such illnesses occur relatively late in the patient's life. The late onset of genetic diseases suggests such disorders would take years or even decades to reemerge in newly generated replacement cells.

**CONCLUSION**

Good scientific research must always show the utmost respect for human life. Adult stem cell research meets this standard and holds considerable scientific promise. Embryonic stem cell research, on the other hand, does not.





# CHILD ABUSE 28 SUPPLEMENT

## HOW ABORTION AFFECTS SIBLINGS

**WHEN A CHILD LEARNS** that his mother has aborted his baby brother or sister, he begins to see his mother as an agent of death instead of an agent of life.

Instead of ridding the nation of child abuse by eliminating “unwanted” children, reports of child abuse have skyrocketed since the courts began to permit abortion in America. This pattern of increased abuse has also appeared in Canada, Britain and Japan. Former Surgeon General C. Everett Koop writes, “In 1972, there were 60,000 [reported] child-abuse incidents ... Just four years later, the number ... passed the half million mark. Child abuse is the fifth most frequent cause of death among children.” According to the U.S. Department of Health and Human Services, just under 1 million children were victims of substantiated or indicated child abuse and neglect in 1997. Further, 41 states reported that 967 children were known to have died as a result of abuse or neglect, and that number only includes those cases reported to child protective services agencies.

Dr. Philip Ney, a professor of psychiatry at the University of Christ Church, New Zealand, has concluded that abortion is linked to child abuse. He found that “maternal bonding instincts are weakened by the deliberate denial of maternal attraction which must take place in an abortion.” After all, if it is acceptable to abuse one’s offspring before birth, why not after birth as well?

“The abortion mentality reinforces the attitude of treating children like objects, objects that can be wanted or unwanted according to whether ‘it’ satisfies parental needs,” wrote David Reardon in *Aborted Women*. C. Henry Kempe, a child abuse expert, explains, “Basic in the abuser’s attitude toward infants is the conviction, largely unconscious, that children exist in order to satisfy parental needs.”

The psychological impact of abortion on siblings is also significant. Dr. Edward Sheridan has provided therapy for abortion-traumatized siblings for over 30 years. “If no explanation is given [for the abortion], this confusion may lead the child to somehow feel personally responsible for the loss,” he says. “On the other hand, if the child becomes aware that the mother actively chose to ‘get rid’ of the sibling, he often begins to fear her.”



# SUFFERING 29 SUPPLEMENT

## THE MYSTERY OF SUFFERING

AT SOME POINT IN LIFE, everyone considers questions related to human suffering. It is not uncommon to hear the skeptical question, “If there is a God, why is there so much pain and suffering in the world?” This question has been asked for thousands of years, and, in fact, it is the main question asked in the Old Testament’s Book of Job.

It tells the story of a righteous man who endures seemingly endless and progressively worse hardships. Throughout the story, Job loses nearly everything. In the end, Job asks God why he is suffering so much. God knows, of course, but he does not give Job an answer. Job’s suffering—often like our own—remains a mystery.

Many of us do not recognize our suffering as having any value at all. This is not surprising since our perspective is limited. Yet good can always come about as a result of suffering, and our acceptance of suffering can help us grow and become stronger. We may not see how this is possible, but it is.

Many of us, at one time or other, have been “losers.” Maybe we were part of a losing team. Or perhaps we applied to a college or a job and were rejected and lost our chance of fulfilling our plans. These are examples of suffering through which we can become stronger. They can help us to recognize that we may need to practice more, study more, pray more—or to simply realize that God’s plans are often different from our own.

The same can also be said of more serious examples of suffering in our lives. Our immediate reaction might consist of a mixture of sorrow, depression, frustration, and anger. As time goes on, however, we realize that we can grow through our experience of hardships.

There are countless examples in everyday life of ways in which our attitude toward suffering can help us to become stronger: a husband and wife experience the miscarriage of a child and are brought closer together after their loss; older siblings whose parents divorce become more mature and look out for their younger brothers and sisters to help them cope with the breakup of their family; someone diagnosed with cancer uses the time he has left to reconcile himself with God and his estranged family members.

Of course, in each of these situations, the attitudes of those who are suffering may make matters much worse for themselves. The couple who miscarried may blame God or each other for the loss of the child. The older children of divorce may follow their parents' example and likewise selfishly turn their backs on their family. The man with cancer may isolate himself completely and spend his final days increasingly bitter.

Stated more simply: we often have no control over the events that happen to us, but we do have control over our reactions to them, and it is our reactions that more greatly determine how we will be affected by those events.

**“IF SUFFERING IS A BAD THING, SHOULDN'T WE JUST AVOID IT ENTIRELY?”**

At first glance, the answer to this question would seem to be, “Yes.” On the one hand, it is good and admirable to ease someone's suffering—in fact, that's what we're supposed to do. However, we must choose only good means to accomplish our goal; thus, it is easy to see why avoiding suffering at all costs isn't such a good idea.

For example, consider someone with Parkinson's disease. Those afflicted with this incurable disease often experience a breakdown of their central nervous system, which eventually can cause them great difficulty in performing such basic tasks as walking and talking. Clearly, witnessing Parkinson's take its toll on a loved one is very difficult, but to what length should health care providers go to alleviate the suffering of those with the disease?

Many people believe that there is nothing wrong with obtaining stem cells from human embryos (that is, babies at a very early stage of development) for purposes of researching diseases, and then destroying the embryo after the cells have been acquired.

Many people also find nothing wrong with allowing a dying person to choose to have his life cut short (in other words, to have a doctor help him commit suicide), all in the name of eliminating suffering. After all, the argument goes, assisted suicide is a “victimless crime”: if an individual wants to freely choose to do something that directly harms himself and no one else, shouldn't he legally be allowed to do it?

According to this logic, we as a society would also have to legalize other supposedly victimless crimes such as drug use and prostitution. Clearly, we can see the danger in thinking that there should be no limits to what we can do to avoid suffering.

In the end, one's attitude towards suffering depends on one's religious beliefs. Those who believe in God and an afterlife believe that each person possesses an immortal soul, and that what happens to the immortal soul in the next life is infinitely more important than what happens to the mortal body in this one. The duration and severity of someone's suffering here on earth is nothing compared to all eternity. Thus, those who believe in God are more likely to accept suffering in this world because they know that there is more to life than what we experience here on earth.

On the other hand, if someone denies the immortality of the soul, that person believes that the body is all that there is, and that this life here on earth is as good as it gets. It could be tempting, then, to eliminate anything that threatens one's life or health even if it means using irrational and unnatural means to do so.

Already, tiny human babies are being created in laboratories in an attempt to use them to find cures for diseases. People are paying thousands, if not millions, of dollars to try to "cheat death" and prolong their lives for a few more months or years through extraordinary means. With modern technology, cryonics allows people to have their dead bodies frozen and—they hope—brought back to life some time in the future.

While these things may have been the stuff of science fiction just a few generations ago, they are now upon us. Since many people no longer believe that God exists—and thus, no longer believe that each of us has an immortal soul—many people instead prefer to "play God" and make unnatural attempts to "immortalize" our bodies.

### **"So, WHAT'S THE POINT?"**

Still, many people wonder: if there is a God, and if He does not want us to suffer, why *do* we suffer? Ultimately, we must remember that good can and does come about as a result of our suffering. Beyond that, we must admit that we may never know the reasons for particular instances of suffering. God may, over time, reveal to us the purpose of our suffering—or, as in Job's case, He may let our suffering remain a mystery.







# EUTHANASIA 30 SUPPLEMENT

## EUTHANASIA & THE RIGHT TO DIE

### DEFINITIONS

- **EUTHANASIA:** The *intentional* killing by act or omission of a dependent human being for his or her alleged benefit.
  - **VOLUNTARY EUTHANASIA:** The person who is killed has requested to be killed.
  - **NON-VOLUNTARY EUTHANASIA:** The person who is killed has made no request to be killed and has given no consent.
  - **INVOLUNTARY EUTHANASIA:** The person who is killed has expressed a wish to stay alive.
  - **ASSISTED SUICIDE:** Intentionally providing an individual with the information, guidance, and means to take his or her own life.
  - **PHYSICIAN ASSISTED SUICIDE:** A doctor helps another person to kill himself.<sup>46</sup>

### I ACCUSE

In light of the above definitions, consider the following scenario:

A happily married couple—she is a pianist; he a rising scientist—have their love suddenly tested by a decline in the wife’s health. Diagnosed with multiple sclerosis, she falls victim to a steady loss of muscle control and paralysis. The desperate husband uses all his professional skills to save her. But ultimately he must watch her deteriorate in hideous pain. The wife worries that she will soon no longer be “a person anymore—just a lump of flesh—and a torture” for her husband. She begs her husband to kill her before

<sup>46</sup> *Euthanasia.com*. 2003. 8 July 2003 <<http://www.euthanasia.com/definitions.html>>.

that happens. And eventually, worn down, the reluctant husband releases his wife from her misery with poison.

The husband is indicted for murder. But the understanding judge and jury soon agree that, given the circumstances, the husband is not a killer, and the law needs to be reformed. Meanwhile, in impassioned public comments, the husband attacks “the proponents of outmoded beliefs and antiquated laws” who inflict unnecessary anguish on the terminally ill, “who suffer without hope and whose death would be deliverance for them.”<sup>47</sup>

While the above story portrays a situation that is becoming more and more common in the 21st century, the author reveals that it is not unique to the present day. The tale of a husband who is acquitted for poisoning his dying wife is actually the plot of the movie *Ich Klage an* (“*I Accuse*”), a film produced in 1941 by the Third Reich as part of a propaganda campaign to gain public support for euthanasia. The message of the film was that compassion for the suffering is a legitimate basis for intentionally ending human life. Acceptance of this idea was meant to lead the German people to embrace, or at the very least, tolerate, a policy that claimed to solve society’s problems by eliminating the mentally and physically handicapped, those dying from terminal illnesses and other “antisocial elements.”

*I Accuse* was a box office hit. What occurred in the following years under the Nazi policy of “cleaning up” society will never be forgotten. Convincing the German people to accept killing in the name of compassion was a clear step towards securing public acceptance of eliminating other groups of human beings identified by the State as “useless” or as a threat to “ethnic purity.”

### **BREAKING TRUST**

In the 5th century B.C., Hippocrates, a Greek physician and scientist, became convinced that the role of physicians needed to be changed. The physicians of his day played a dual role, using their knowledge of medicine either to heal and save lives or to end them. Hippocrates believed that trust was an essential element of a good doctor-patient relationship and that the patient ought to be able to trust that his doctor’s skill would not be used to harm him.

The true art of medicine requires that the patient be treated as more than just a disease or a collection of parts. The most successful medical treatment comes about when physicians understand that their role is to preserve life to the best of their ability and never to destroy it. If a doctor willingly exercises not only his healing power, but the power to take life as well, he is not respecting his patient’s dignity as a human being. In such a situation, how is a relationship of trust ever to be established?

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<sup>47</sup> Chaput, Archbishop Charles J. “Eugenics to Euthanasia.” *Crisis* Oct. 1997

Hippocrates spelled out his philosophy in an oath that, for thousands of years, nearly all doctors recited upon completing medical school. Although an altered version of the Hippocratic Oath is now usually recited, the original version of the oath contains the following pledge: “I will keep them [the patients] from harm and injustice. I will neither give a deadly drug to anybody who asked for it, nor will I make a suggestion to this effect.” When people demand that doctors ought to be able to prescribe lethal drugs to patients who want to die, and when doctors take part in “assisted suicide” and other forms of euthanasia, the very essence of trust is destroyed.

### **A SLIPPERY SLOPE**

If legalized, euthanasia would be impossible to control. The State could never be certain that all deaths were truly voluntary, and would not be able to protect the vulnerable (the infirm, handicapped, and elderly) from being affected by outside pressure to “do the right thing” by ending their lives. The elderly, afraid of becoming burdens to their families, would be especially susceptible to this pressure.

Evidence of this “slippery slope” phenomenon can be found in the Netherlands, where voluntary euthanasia for the terminally ill was legalized in 1973. Over the last 30 years, regulations have been so greatly relaxed that not only is voluntary euthanasia for psychological and social reasons allowed, but non-voluntary euthanasia is also permitted. In such a climate, consider how vulnerable those are who lack the physical ability to speak for themselves and voice a desire to live. What is to prevent a doctor or a family member from deciding that, for whatever reason, another person’s life is too unbearable to continue?

A natural consequence of legalizing euthanasia is a reduction in hospice and palliative (pain relieving) care. It should not come as a surprise to learn that there are only a handful of hospices in the Netherlands. Hospices provide a place for the terminally ill to die naturally, with dignity, and in as little pain as medically possible. Countries where euthanasia is illegal have many more resources for providing this type of treatment and comfort. A government and a medical community that do not value human life from conception to natural death would be much more likely to view the funding of hospice care as a waste of public resources.

### **“CHOICE” ENTERS THE DEBATE**

Early in 2003, the pro-euthanasia Hemlock Society USA, founded in 1980, changed its “Good Life, Good Death” motto to “Promoting End-of-Life Choice.”<sup>48</sup> In 2005, the group changed its name to Compassion & Choices. According to the chairman

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<sup>48</sup> Smith, Wesley J. *Catholic Educator’s Resource Center*. 2003. 25 June 2003 < <http://catholiceducation.org/articles/euthanasia/eu0024.html> >.

of the board, “[t]he new name is a more direct and accurate description of who we are and the issues we support.”<sup>49</sup>

It is no coincidence that as “choice” language becomes more apparent in the pro-euthanasia movement, we are reminded of another movement and the issues it supports. The slogans “pro-choice” and “freedom of choice” were invented and then popularized by abortion advocates as a way of gaining public support for abortion. The language of “choice” enabled them to draw the debate away from abortion—the killing of an innocent human being—and instead focus on the idea that laws prohibiting abortion were depriving women of a “right to choose.”

Just as NARAL and other pro-abortion forces worked for the overturning of all laws restricting abortion in the name of a “right to choose,” pro-euthanasia groups like Compassion & Choices are working to effect change “[w]here the law is inadequate to provide for end-of-life choice.”<sup>50</sup> By insisting that “choice” rather than the taking of human life is really the central issue, those in favor of euthanasia are attempting to sway public opinion so that euthanasia will be perceived as a positive, empowering, and self-affirming act, both for the individuals expressing the wish to die and for those who assist or support them in killing themselves.

### RESPONDING TO SUFFERING

Those who believe in a “right to die” tend to paint the picture of a totally incapacitated person suffering unbearable pain as proof of the need for euthanasia. Modern medicine, however, is capable of providing pain relief without resorting to killing the patient.

Rather than encouraging despair and a desire to die, the medical community should be committed to alleviating suffering, while at all times respecting the supreme value of life, whatever its physical or emotional burdens or limitations might be. (*See also Life Topic #29 on Suffering.*)

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<sup>49</sup> *End of Life Choices*. July 21, 2003. July 22, 2003 <<http://www.endoflifechoices.org/PressRelease.htm>>.

<sup>50</sup> *The Hemlock Society USA*. 2002. 8 July 2003 <<http://www.hemlock.org/about/>>



## **PRO-LIFE FEMINISM**

“**PRO-LIFE**” AND “**FEMINISM**” are two terms that most people today do not associate with each other. This is because both terms are so often misunderstood.

To be pro-life does not only mean that someone is anti-abortion. It also means that one is in favor of making choices that most greatly benefit all human life. Practically speaking, in the case of abortion, this primarily means the lives of two people: a mother and her baby. Being pro-life, then, means that one is both pro-woman and pro-child.

Feminism was once defined as “the radical notion that women are human beings.” If feminism is based on the ideas that women and men are equal in dignity, and that women themselves have a unique role to play in family and in society, then feminism is a commonsense idea. Real feminists recognize that a woman’s most unique role is that of a mother, and that a mother’s natural instinct is to protect and nurture her children, not to harm them.

### **REAL FEMINISTS ARE PRO-LIFE**

Historians have observed that the development of the early feminist movement in the United States occurred as a response to the Industrial Revolution, which is loosely defined as the series of large-scale societal changes that resulted from the United States’ transition from an agricultural economy to an industrial economy.

When the United States was largely an agricultural society, men and women both contributed to the “family business” of farming. As American society became more industrial, however, the task of working to support a family became almost exclusively the job of men, while women usually stayed at home to tend to the family’s children.

Considering also that women did not yet have the right to vote (which they would not get until 1920), the early feminist movement emerged to work for women's rights—especially employment rights—and to ensure that women would be treated fairly and with dignity.

One of the chief aims of the early feminist movement was to improve conditions for mothers and children, as evidenced by these words of Susan B. Anthony:

Sweeter even than to have had the joy of caring for children of my own has it been to me to help bring about a better state of things for mothers generally, so their unborn little ones could not be willed away from them.<sup>51</sup>

Anthony and her contemporaries were adamantly pro-life. Mary Wollstonecraft, Sarah & Angelina Grimké, Elizabeth Cady Stanton, and Lucretia Mott, among others, all staunchly believed that abortion was an evil that constituted an enemy of true womanhood. Many of these early feminists, who were also firmly committed to working to end slavery, plainly saw that their support for abolitionism and feminism meant that they must also protect babies in their mothers' wombs.

In an 1873 letter, Stanton wrote:

When we consider that women are treated as property, it is degrading to women that we should treat our children as property to be disposed of as we see fit.<sup>52</sup>

Likewise insightful are these words from fellow contemporary feminist Mattie Brinkerhoff:

When a man steals to satisfy hunger, we may safely conclude that there is something wrong in society—so when a woman destroys the life of her unborn child, it is an evidence that either by education or circumstances she has been greatly wronged.<sup>53</sup>

Here, Brinkerhoff points out the need not simply to oppose abortion, but to offer pregnant women real, life-affirming options so they will not feel compelled to resort to aborting their children.

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<sup>51</sup> *Values—Feminists for Life of America—ProWoman—Pro Life*. 27 April 2003. 19 August 2003. <<http://www.fflny.org/values.htm>>.

<sup>52</sup> Letter to Julia Ward Howe, October 16, 1873, recorded in Howe's diary at Harvard University Library.

<sup>53</sup> Quoted in: *Feminists for Life of America*. 2000. 4 February 2003. <<http://www.feministsforlife.org/history/foremoth.htm>>.

**FEMINISM: IT'S NOT WHAT IT USED TO BE**

Sadly, most prominent organizations that identify themselves as supporting “feminist” ideals today—such as the National Organization for Women (NOW) and Feminist Majority—have departed from the pro-life views of our country’s Feminist Foremothers, and have instead committed themselves to working to keep abortion legal.

Usually, when confronted with evidence of the strongly held pro-life convictions of the early American feminists, most contemporary pro-abortion feminists will attempt to distort what their predecessors really thought.

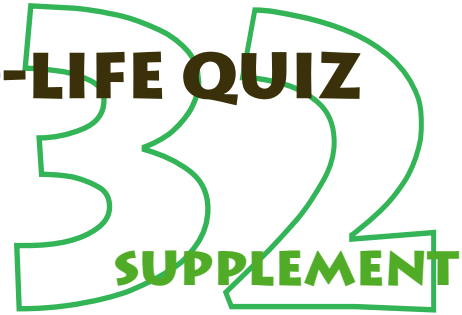
Read for yourself what America’s Feminist Foremothers believed about abortion. The website for Feminists for Life of America—[feministsforlife.org](http://feministsforlife.org)—provides a good introduction to pro-life feminist history. You’ll discover what Susan B. Anthony and many other early feminists plainly knew: that abortion is a crime against both child and mother.







## PRO-LIFE QUIZ



### KNOW YOUR FACTS

1. In what year was the *Roe v. Wade* decision, which legalized abortion, handed down by the U.S. Supreme Court?
2. What was the name of the companion case to *Roe v. Wade*, whose decision was also handed down on the same day? (This case legalized abortion throughout all nine months of pregnancy.)
3. Approximately how many abortion clinics are in operation in the U.S. today?
4. What is the most commonly performed surgical abortion procedure?
5. For every abortion clinic in the U.S., there are \_\_\_\_\_ Pregnancy Resource Centers set up to provide women with help and alternatives to abortion.
6. Approximately how many days after conception does the unborn baby's heart begin to beat?
7. Approximately how many surgical abortions are performed each day in the United States?
8. When does life begin?
9. True or False: A baby's sex is determined at the moment of conception.
10. What organization is the largest abortion provider in the world?
11. At approximately what point in fetal development can brain waves be detected?
12. True or False: According to national polls, today's teens are more pro-life than their parents' generation.

#### ANSWERS:

1. 1973; 2. *Doe v. Bolton*; 3. 700-750; 4. D & C / Suction Aspiration; 5. Five; 6. 18-21; 7. 3,700; 8. At conception; 9. True; 10. Planned Parenthood; 11. 6 weeks; 12. True





# APPENDIX

## **THE FEDERAL EQUAL ACCESS ACT STUDENT-LED CLUBS IN PUBLIC HIGH SCHOOLS**

### **OVERVIEW OF THE LAW:**

Most student-led, special interest, extra-curricular clubs must be allowed to organize in most U.S. high schools. Their right to assemble is usually protected under a federal law—the Equal Access Act, (20 U.S.C. §§ 4071-74). The Equal Access Act was passed in the Senate with a vote of 88–11, passed in the House 337–77, and became law on August 11, 1984.

The law was originally promoted by conservative Christian groups to allow students to organize religious clubs in public secondary schools. It is estimated that the number of Christian Bible clubs in high schools rose from 100 in 1980 to 15,000 by 1995. The Equal Access Act was a major contributor to this increase.

The Act affects much more than Christian clubs. It is now being used to support the right of students to organize other types of clubs, including pro-life clubs. School districts can opt out of the Act by not allowing any extra-curricular clubs.

### **ABOUT THE LAW:**

The law applies only to public secondary schools which:

- Receive federal financial assistance.
- Already have “a limited open forum,” *i.e.*, at least one student-led, extra-curricular club that meets outside of class time. Chess, model building, political, religious and many similar types of clubs are considered to be extra-curricular based. A French club might be considered to be curriculum related.

The language of the Act is quite clear. Such schools must allow additional clubs to be organized, as long as:

- Attendance is voluntary.
- The group is student-initiated.
- The group is not sponsored by the school itself, by teachers, by other school employees, or by the government. This means that such employees cannot promote, lead or participate in a meeting. However, a teacher or other school employee can be assigned to a group for “custodial purposes.”
- The group is not disruptive, *i.e.*, it “does not materially and substantially interfere with the orderly conduct of educational activities within the school.”
- Persons from the community may not “direct, conduct, control, or regularly attend activities of student groups.”

The school is required to treat all of its student-led extra-curricular clubs equally:

- Each club must have equal access to meeting spaces, the PA system, school periodicals, bulletin board space, etc.
- School officials have the right to monitor meetings.
- Officials can require all clubs to follow a set of rules, including non-discrimination policies. However, a court has ruled that religious clubs can discriminate against persons of other faiths in their selection of officers.
- The school may limit meeting times and locations, but must apply rules equally to all groups.
- The school may prohibit people from the community from attending student clubs. This rule must apply equally to all groups.

Thus, if the school receives financial support from the federal government and already has one or more student-initiated, extra-curricular clubs on campus, then additional clubs cannot be prohibited, except in the case of a group that can be shown to be disruptive to the educational process.

*Source:* ReligiousTolerance.org, “The Federal Access Act.” 2003. 27 June 2006  
<[http://www.religioustolerance.org/equ\\_acce.htm](http://www.religioustolerance.org/equ_acce.htm)>

## **SAMPLE MISSION STATEMENTS**

### **GRAND RAPIDS RIGHT TO LIFE**

Who we are:

We are a group of students throughout the Grand Rapids [Mich.] area who are dedicated to protecting innocent life from conception until natural death.

What we do:

We educate ourselves and others on current pro-life issues facing our generation. We do this in many ways such as developing pro-life groups in our school, volunteering at pro-life events, attending meetings at Grand Rapids Right to Life, and always celebrating the gift of life.

### **STUDENTS FOR LIFE OF AMERICA**

The mission of Students for Life of America is to:

- Educate pro-life college students about the issues of abortion, euthanasia, and infanticide.
- Raise up student leaders in the pro-life movement.
- Provide resources to facilitate the work of college pro-lifers.
- Engender better communication and collaboration among pro-life organizations, both student and non-student.

### **GENERATION LIFE**

The Vision of Generation Life is a world that is saturated with respect for human life and sexuality.

Generation Life intends to, with the help of God, successfully defeat abortion and capture the hearts and souls of America's youth for God. We will energize and equip the young generation to passionately stand for justice through concerts, rallies, fellowship, training seminars, chastity education, and cutting-edge activities in the public square.

### **YOUTH DEFENCE**

We are Ireland's most active pro-life group, working to best protect mothers and babies from the horror of abortion. Our aim is to be a voice for the voiceless and end the most lethal form of discrimination practised against the child in the womb. We believe that Life is a right, not a privilege, and in doing so, we actively seek constitutional protection for the unborn child.

**SURVIVORS**

Compelled by the Gospel of our Lord Jesus Christ and our respect for life, the Survivors of the Abortion Holocaust speak out on behalf of the 1/3 of our generation that was lost to abortion since 1973.

Dedicated to defending the right to life of future generations, we are engaged in a battle to end America's genocide. We recognize the urgency of this war, as over 3,000 children die each day in the United States because of abortion.

The Survivors of the Abortion Holocaust encourage and empower the youth of today as they dare to rise up against the slaughter of innocent children through abortion. We believe that it is not enough to know that abortion is wrong; we are called to expose the horrific truth to the world.

We are committed to educating and equipping young activists who have a heart for the pre-born and are willing to be used by God to "defend those unjustly sentenced to death."

**ROCK FOR LIFE**

RFL is committed to offering the truth about abortion, infanticide, and euthanasia to America's youth through music and ministry.

Young people are being deceived and manipulated by the music industry! Many of today's popular artists speak out for abortion rights and raise money for pro-abortion causes. They are feeding our youth with the lie that abortion is not only an answer to their problems, but a right they must fight to protect.

To counter this assault on young people, Rock For Life works to bring together bands who stand for the truth—that life is sacred from fertilization until natural death—with no exceptions, no compromise, and no apologies. Rock for Life is dedicated to this fight until abortion is abolished and a respect for the gift of life is restored.

**WORLD YOUTH ALLIANCE**

Promoting the dignity of the person at the international level. Encouraging solidarity between the developed and the developing worlds. Building a culture of Life.

## GENERATIONS FOR LIFE CURRICULUM MATERIALS ORDER FORM

	PRICE	QUANTITY	TOTAL
10–12 week Fetal Model	\$0.30		
Gold or Silver Precious Feet Pin	\$0.50		
<i>The First Nine Months</i>	\$0.30		
<i>Life or Death / Did You Know?</i>	\$0.20		
<i>Dilation and Evacuation Abortion Diagram</i>	\$0.80		
<i>The Pain That Follows</i>	\$0.10		
<i>Sidewalk Counseling</i>	\$0.30		
<i>Language of Illusion</i>	\$0.20		
<i>Planned Parenthood: It's Not What You Think</i>	\$0.10		
<i>Lovematters.com</i>	\$0.50		
<i>From the Logic That Brought You Slavery ...</i>	\$0.05		
<i>Abortion, The Hidden Holocaust</i>	\$0.10		
<i>Sing a Little Louder</i>	\$0.10		
<i>American War Casualties</i>	\$0.10		
<i>Forgotten Fathers: Men and Abortion</i>	\$0.20		
<i>Adoption vs. Abortion: Similarities and Differences</i>	\$0.10		
<i>Mom?!</i>	\$0.20		
<i>Birthparents: 10 Most Asked Questions about Adoption</i>	\$0.20		
<i>The Abortion Experience for Victims of Rape and Incest</i>	\$0.30		
<i>Hard Cases Make Good People</i>	\$0.10		
<i>Never Again? Never Was!</i>	\$0.20		
	SUB-TOTAL		
	SHIPPING		<b>\$2.50</b>
	<b>TOTAL</b>		

Generations for Life  
Material Order  
6160 N. Cicero Ave., Suite 605  
Chicago, IL 60646

